

## Care service inspection report

# Good Shepherd Centre - Close Support Unit

## School Care Accommodation Service

Greenock Road  
Bishopton  
PA7 5PF

Inspected by: Anne Borland

Type of inspection: Unannounced

Inspection completed on: 21 February 2013



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## Service provided by:

Board of Managers of The Good Shepherd Centre

## Service provider number:

SP2003000257

## Care service number:

CS2006133835

## Contact details for the inspector who inspected this service:

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support		N/A
Quality of Environment		N/A
Quality of Staffing	6	Excellent
Quality of Management and Leadership	6	Excellent

### What the service does well

The staff members in the service were observed to have warm, engaging and professional relationships with the young people. Young people were benefiting from person centred care which was positively impacting on individual outcomes and their quality of life while living in the service. The staff team were pro-active in supporting young people in making good, safe choices. The skills, abilities and talents of the young people were supported and promoted by the team and management who fully embraced practise which positively impacted on resilience and self esteem.

### What the service could do better

The service could improve the recording in the development plan by making the priorities for improvement explicit.

### What the service has done since the last inspection

The service continues to integrate and embed the 'Getting it Right for Every Child' (GIRFEC) principles into the systems of assessment, planning and practices throughout the organisation.

### Conclusion

The Good Shepherd Centre- Close Support Unit continues to provide an excellent service.

## **Who did this inspection**

Anne Borland

# 1 About the service we inspected

Good Shepherd Close Support Unit consists of a purpose built building to provide support for up to six young people, and a cottage for three young people, all of whom have been residing in the secure unit. It functions as a transitions resource facilitating young people who may be ready to leave the secure unit, but still require additional support before moving on to a less structured environment.

The establishment is situated in a rural setting near Bishopton, Renfrewshire, and is attached to the secure unit where it shares management arrangements and most facilities.

An Operations Team oversees all security within and around the building.

The Close Support Unit is administered by a voluntary Board of Managers on behalf of the Catholic Church in Scotland. The board is affiliated to the Cora Foundation (Counselling or Referral Agency) who are responsible for the strategic management of three such establishments in Scotland.

The service has been registered with the Care Inspectorate since 1 April 2011

The mission statement of the Secure/Close Support Unit states:

"We view a placement with us as a positive opportunity where the young person can begin to recognise, and reach, their full potential emotionally, physically, socially and spiritually".

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - N/A**

**Quality of Environment - N/A**

**Quality of Staffing - Grade 6 - Excellent**

**Quality of Management and Leadership - Grade 6 - Excellent**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### **What we did during the inspection**

This unannounced inspection was carried out on the 21 February 2013. During the course of the inspection the Inspector spoke with three young people, two residential workers, a senior practitioner, the manager, assistant manager, duty manager and the manager. Relevant records were examined and feedback was provided on the day of inspection.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The manager provided a self assessment at the beginning of this inspection year which identified strengths and areas for improvement.

## Taking the views of people using the care service into account

The Inspector met with three young people who were living in the service. All were extremely positive about the care and support provided to them by the staff and management of the service. All confirmed being involved in decision making relating to their own support needs and to decisions relating to group living. Some of the comments made by the young people are detailed below:

"Staff always try their best for you "

"Staff go right out of their way"

"Staff are really pleased for you when you do well"

"Meetings are every week and they do listen, like the play station times got changed from 7pm to 9.30 -10pm"

"It's structured here but not super structured, the rules are fair"

"It's done a lot for me I was really different six months ago, now I feel I've got a focus now and things to look forward too"

"The programme team help"



"Staff are really good at working out when you're down and sad and always try to help"

"This is the most homely place like this I've been in, it's miles better"

"The meetings are good we all get a say"

"We get treated like young adults; there is more level of trust"

"I came in with nothing and feel I've got more confidence now and have an idea for the future"

"It's good, the staff are really friendly"

"It would be good if we had more space outside, like a football pitch".

### **Taking carers' views into account**

The Inspector did not meet with any parents at this inspection. We examined the responses parents provided in the services own satisfaction questionnaires. These were positive about the care and support provided to their children. Parents were also happy with the communication from staff members.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### **Quality Theme 1: Quality of Care and Support - NOT ASSESSED**

## **Quality Theme 2: Quality of Environment - NOT ASSESSED**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 – Excellent

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

### Service strengths

The service actively involved the young people and parents in the assessment and improvement of the staffing within the service. Young people in the service were involved in the recruitment of staff. Young people's views on staff performance contribute to the formal appraisal of staff and ongoing learning and development needs.

Meetings were held with young people to consider staff performance in relation to the national care standards. During a recent meeting young people focused on Standard Privacy and Dignity and reported that staff performed well in this area and saw no area in which they had to improve. An example provided by a young person was of staff members carrying out the search procedure. Staff members were described as "ensuring we (the young people) are covered up at all times". Young people also cited the use of signs which indicated when they would be using the shower; therefore the viewing window would be obscured for that period of time (unless contravening an individual risk assessment).

Young people can request a new key worker and following full consideration this has been implemented.

The view of young people and parents views were incorporated into the assessment of the service and reflected in the ongoing development of the service as a whole.

Young people who met with the Inspector expressed the view that staff members were professional in their approach and provided an excellent level of support.

### Areas for improvement

The service should continue in seeking the views of young people and parents.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### Service strengths

The service had a staff selection policy and procedures which promoted safer recruitment practices. The Inspector examined the personnel files of three recently employed staff members. These files provided evidence that policy and procedures were complied with. This had included the completion of an application form which included an account of skills, experience, qualifications and the contact details of two referees. An interview process took place and references were checked for suitability. This had included the names of the current or most recent employer. Checks were undertaken with the Scottish Social Services Council (SSSC) to check the registration status of the applicant. There was a declaration relating to criminal conviction and a check carried out with Disclosure Scotland and the Protection of Vulnerable groups.

Newly appointed staff members were issued a contract of employment, copies of which were held in the files sampled. These included conditions of employment and required staff signing a confidentiality, and code of practice.

Induction training took place for staff over a six months period where mandatory training was provided. Staff members who met with the Inspector confirmed this process and written evidence was also found in staff training records. Newly recruited staff members underwent a 6 month probationary period before being deemed suitable to be employed on a permanent basis. New staff members were given the opportunity to shadow more experienced staff and were allocated a mentor.

### Areas for improvement

In one file examined it was found that the check lists was not updated, however all necessary recruitment informational and suitability checks had been carried out. The service identified a need to continue to monitor the effectiveness of the induction period.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Service strengths

Staff members were all registered with the SSSC as is required to carry out their role in working with young people living in the services. Staff members were issued with the SSSC code of Practice when commencing employment. The staff team met regularly to discuss the progress of young people, share views, discuss service development and plan for future events. There were good systems of communication which include written and verbal exchanges. Staff members reported team morale as being good and stated feeling valued by management.

Staff members were qualified to a minimum of Scottish Vocational Qualification 3 (SVQ 3) and a Higher National Certificate (HNC). However many staff held qualifications in advance of this level. Training provided to the team from both within the organisation and by external providers. This included mandatory training, some of which included Therapeutic Crisis Intervention, Health and Safety, Fire Warden and Child Protection. A calendar of training was available and staff members were able to request places on training courses. Recent training had included, 'Getting it Right for Every Child' (GIRFEC), Care and Trauma training, Medication training, Transitions training and Aspergers Training.

The service had also held a development day to consider the ongoing improvement agenda of the service.

There was evidence of the staff members seeking out additional training when necessary. This had included support from the National Autistic Society. The staff within the service received good training input regarding the mental wellbeing of the young people.

The staff team were able consult with service's clinical, forensic psychologist and trauma team to agree specific strategies in working to meet the needs of individual young people. Staff members could also make use of these services if feeling stressed or needing debriefed following significant events.

The service had a comprehensive policy and procedures in place which staff members were required to adhere to. Staff understanding of policies and procedures was integrated into staff induction, formal supervision and within team meetings. Staff members signed to confirm being aware of the content of policy and procedures. Evidence was found of staff following procedures, for example, in reporting conduct issues in keeping with the 'Whistle Blowing' procedure.

### Areas for improvement

Whilst some staff have had training on the impact of drugs and alcohol the service could consider making this part of the rolling programme of training for staff.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0



## **Quality Theme 4: Quality of Management and Leadership**

Grade awarded for this theme: 6 - Excellent

### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### **Service strengths**

Refer to Theme 3. Statement 1.

#### **Areas for improvement**

Refer to Theme 3. Statement 1.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We involve our workforce in determining the direction and future objectives of the service.

### Service strengths

Staff members had annual appraisals in which they gave an account of their skills, abilities, development areas on training needs. The line manager provided a corresponding account of performance. During the appraisal meeting an agreement was made to target areas for the continued professional development of the worker. Evidence found in appraisal forms of workers being supported to attain goals specified in appraisals. There had been good opportunities for career progression within the service. Within the staffing structure there was a senior practitioner post which was a recognition of the skills, knowledge and leadership qualities of experienced workers.

There had been opportunities for staff to become involved in service development by taking part in short life working groups to focus on specific areas, such as, activities, young people participation and improving the mental health wellbeing of young people. The service held two service development days a year and this was linked to the provider's improvement agenda.

The service management promoted staff self directed learning to compliment the training provided by the service, and also to fulfil post registration requirements of the SSSC. Staff members were allocated 12 hours reading and development time a year and were required to record how this time had been spent. Evidence was found of staff members refreshing on policy and procedures, national care standards, familiarising themselves with new relevant legislation and the findings of significant event enquiries.

The provider promoted and rewarded good practice. Staff members throughout the service were recently granted an additional annual leave day in recognition of the good quality work carried out with specific young people who had extremely complex needs and challenging behaviour.

### Areas for improvement

The service identified a need to continue effective monitoring of the newly implemented arrangements which promoted practices based on a shared understanding of goals and of ethos of the service.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

#### Service strengths

The service had a wide range of quality assurance systems in place.

Monthly audits were carried on by management on medication, incidents, searches, and complaints. The Board of Directors conducted randomised audits of documentation and visited the service speaking with young people and staff members. The manager was required to present a monthly report to the Board. Care plan files were audited by the assistant manager. All violent incidents were quality checked by senior management. The findings of all audits were recorded and identified whether further action required to be taken.

As stated previously, young people and parents were encouraged to give their views, both in the form of questionnaires or within formal or informal meetings. Responses were extremely positive.

There was a robust complaints procedure in place which was known to staff and young people. Evidence was provided which confirmed that appropriate action was taken following the receipt of a complaint and that the subsequent investigation was thorough.

The service completed an annual report of the work of the service

A service development plan 2012- 13 was in place which aligned GIRFEC principles to operations within the service. Current performance was recorded as a percentage against all of the wellbeing statements.

#### Areas for improvement

The service development plan was a large document which could perhaps benefit from a section which specifically details the priority areas for improvement.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

None.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - Not Assessed</b>	
<b>Quality of Environment - Not Assessed</b>	
<b>Quality of Staffing - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 2	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Management and Leadership - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 2	6 - Excellent
Statement 4	6 - Excellent

## 6 Inspection and grading history

Date	Type	Gradings
27 Aug 2012	Unannounced	Care and support 6 - Excellent Environment 6 - Excellent Staffing Not Assessed Management and Leadership Not Assessed
28 Mar 2012	Unannounced	Care and support 6 - Excellent Environment Not Assessed Staffing 6 - Excellent Management and Leadership Not Assessed
5 Sep 2011	Unannounced	Care and support 6 - Excellent Environment Not Assessed Staffing 6 - Excellent Management and Leadership Not Assessed
25 Oct 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed

## Inspection report continued

		Staffing Management and Leadership	5 - Very Good Not Assessed
24 Mar 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed 5 - Very Good
16 Sep 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 4 - Good
31 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good
27 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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ہے بایں تہہ سہ ہونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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یہ درخواست کے ساتھ ہی ہونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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