

Springfield House Care Home Service

Cupar

Type of inspection:
Unannounced

Completed on:
11 December 2019

Service provided by:
Applied Care & Development Limited

Service provider number:
SP2003003432

Service no:
CS2013317845

About the service

Springfield House is a care home service registered to care for up to nine young people between the ages of 8 and 19 years. It is situated in a rural location near Cupar in Fife.

The provider of the service is Applied Care and Development Limited, (ACAD), a private limited company with its registered office in Dumfries.

This service has been registered with the Care Inspectorate since 30 October 2013, with Ladeddie Steading added to the registration on 6 April 2017.

The premises consist of a detached, two-storey former farmhouse, Ladeddie Farmhouse and a detached single storey house, Ladeddie Steading. The houses are adjacent to one another. Both premises present as homely and are decorated, furnished and maintained to a good standard.

At the time of this inspection, four children and young people were living in the Farmhouse and three young people were living in the Steading.

Introduction

We found that the service had experienced a number of changes over the past year. In particular a number of staff, which had included those in leadership positions, had left the service, within a short time of each other, at Ladeddie Steading. In response, a new trainee manager had been appointed and new staff recruited.

The remaining house, Ladeddie Farmhouse, is managed by an experienced, longer term member of staff who, as the registered manager, has overall responsibility for both houses but does not have line management responsibility for the trainee manager.

We discussed the potential difficulties involved in this arrangement for the staff and young people living at Springfield with the managing director of the service. We were pleased to note that an application to vary the service to allow for two separate services was nearing completion and that management arrangements in both would be distinctive and streamlined.

We would emphasise that we spoke to a number of staff from each house. All staff held positive views of their current managers and training opportunities within the service. All expressed a wish to remain and impressed as motivated to make and sustain the necessary improvements within the service.

What people told us

We spoke directly with all children in the service and heard their views and experiences. We received questionnaire responses from all children and young people and spoke directly with three parents.

We heard that not all children and young people felt safe within the house. This view was expressed by young people and their parents. The focus of concerns was in part related to frequent changes of staff and inconsistencies in routines due to staff being new and unfamiliar with house routines. Another young person told us that their privacy was not always respected by staff and this had upset her.

A number of parents expressed that they felt that there was an overall "lack of control" by staff of the young people, which had resulted in their feeling that their own child or young person may be vulnerable within the house.

We were told that there had also been an incidence of bullying which a parent and young person felt could have been responded to more fully and appropriately.

Most children and young people felt that there was at least one member of staff on shift that they could confide in, and expressed positive views about the range of activities and opportunities for leisure.

A minority of children told us that they felt either isolated or unhappy or that they used the house as a "place to stay" until they could leave.

How well do we support children and young people's wellbeing?

2 - Weak

We found that staff had interacted with children and young people with kindness and had used humour and a positive attitude to help ensure that all living in both houses were listened to and supported. We felt that this had helped children and young people to feel nurtured and able to approach staff for help and advice.

Overall, we found that children and young people had experienced effective support to understand and exercise their human rights. We found that there was easily accessible and clear guidance for children and young people to enable them to make suggestions and complaints in a confidential manner which had included organisations that would offer confidential support and advice.

We saw examples where staff had worked hard to ensure that issues of prejudice and discrimination were directly challenged and resolved. We noted that the service had made good use of a private flat within one of the houses to support children and young people's particular emotional and mental health needs during a specific period. We saw that there had been active discussions on gender discrimination at young people's

meetings and work had been done with older young people to understand and respond to the needs of a younger child who moved into the service. We felt that this positive approach had supported young people to reflect on issues of diversity and mutual responsibility and respect.

In addition to the above we found that children and young people had ways of expressing their views; weekly young people's meetings had taken place, for example, and we saw that occasional feedback to the service had been given through questionnaires completed by young people. We felt that managers could usefully work together to ensure consistency of approach in this regard and further improve and optimise opportunities for participation and involvement within the service.

We noted that a number of staff had left the service at the same time over this inspection year and this had disrupted overall continuity and had resulted in feelings of insecurity and loss for many children and young people living at the service. While we noted that recruitment of staff by the provider to ensure a full complement was ongoing, we saw that staff shortages were at times met by staff who had travelled from the provider's other services and who were not fully familiar with the children and young people and their needs and circumstances. The service therefore needs to develop a robust recruitment strategy to ensure that children and young people are cared for by staff with whom they have meaningful nurturing relationships and can provide continuity of care. See Requirement 1.

We felt that the above arrangements had resulted in poorer outcomes for some children and young people in the service who had been unable to form steady and secure relationships based on trust by staff who knew them well and were familiar with their routines. We would expect to see a significant improvement at the next inspection.

We found that not all children and young people felt that their privacy was assured within their house. For example, we heard that staff had often knocked and had directly entered their bedrooms without warning, an action which had left them feeling unsafe.

We saw that there had been an incident where a young person, known to be vulnerable within the service due to incidents of bullying, had further experienced an incident of vandalism of her private rooms, which had left her feeling distressed and humiliated. We found that the incident of bullying was not fully or completely addressed in respect of reparation to the young person who had been the recipient of the incident. The young person involved told us that they had not received an apology from staff or those involved and felt that they continued to feel vulnerable and afraid within the service.

We noted that the provider had a service wide anti-bullying policy in place; however this had not been updated as scheduled and we were not satisfied that all staff had sufficient understanding of the procedures involved to implement the policy in a meaningful way that embraced the values in relation to dignity and respect and had ensured that all children and young people within the service were protected. This will form Area for improvement 1.

While strengths could be identified these were outweighed by significant weaknesses which substantially affect young people's experiences and outcomes. We evaluated this quality indicator as weak.

We found that some children and young people were enabled to make the most of opportunities to connect with family and friends and one social worker spoken to identified this as a strength within the service. For example we heard from one a parent that they felt welcomed by the service and communicated with frequently on an informal basis and we saw that arrangements had been put in to place to allow one young person to stay over on a regular basis at a friend's home, with good communication between the service's staff and all other adults involved.

We further observed that one of the young person's close relations had been asked to join the service on Christmas day to celebrate with them. We could see that this invitation was welcomed and this gesture had supported the young person's sense of self esteem and feeling of belonging to a wider family.

However, not all parents spoken to felt included or updated on the progress of their child or young person. We spoke to the internal and external managers about this and we were assured that plans to make the current system more robust and effective were being devised and would be implemented in the near future. We will examine progress at the next inspection.

We saw that children and young people had been supported to attend a wide range of activities which had been tailored to suit their own choices and interests and to learn new skills. For example we spoke to a younger child who told us that he had been excited to have joined a community football team and that swimming lessons had been arranged and he looked forward to attending. Others young people had attended pop and rock concerts and cinema and other leisure activities, with staff who used their individual skills and interests to contribute to their experiences. We felt that this approach encouraged children and young people to have fun while they developed social skills and learned to cooperate with their peers.

We found that not all children and young people staying at the service had attended school. For example we noted one instance where there had been a substantial delay in settling a child into a local school and another where a young person had missed school due to sleeping on a settee in the lounge area, as she had refused to sleep in her bed. While we acknowledged that the service had also experienced success in the area of school attendance with some young people, we felt that significant improvements must be made in order to prevent poorer outcomes for children in relation to educational attainment. See Requirement 2.

Overall we found that there were some strengths which were having a positive impact but that consistently positive experiences for children and young people in the service was reduced significantly due to key areas of performance which need to improve. We evaluated this quality indicator as adequate.

We found that children and young people had been supported to access health services in respect of their physical health and wellbeing. We heard from one social worker that this had made a significant difference to one young person who had been persuaded to attend appointments in respect of a wide range of medical issues which had included extensive dental treatment, all of which had significantly improved his overall health and wellbeing.

We found that most young people had access to specialist mental health services through the Community Adolescent Mental Health Service (CAMHS) within the locality. However, we found an incidence where a request to the provider to secure much needed psychological support for a young person could have received a more timely response and that internal communication issues had resulted in an unnecessary delay.

We noted that while children and young people had choice and sociable arrangements for group meals were in place, further consideration could have been given to the provision of a well balanced diet and healthier methods of cooking food in order to ensure optimal physical health for children and young people. We were pleased to see that diet and wellbeing had been noted as an area for improvement and we will note progress on this at the next inspection.

We found that not all incidents reportable to the Care Inspectorate had been reported in accordance with policy and not all incidents had been updated. This had included an allegation of abuse made by a child and

an incident of serious bullying. We discussed the current procedure in detail with the managers and were assured that they now had a clear understanding of our policy. See Requirement 3.

Overall we found that there were some strengths in the service that were having a positive impact but that consistently positive experiences for children and young people was reduced significantly due to key areas of performance which need to improve. We evaluated this quality indicator as adequate.

Requirements

1. The provider must ensure that they develop a robust recruitment strategy and that they have sufficient staff working in the service at all times so that meaningful and nurturing relationships with young people are developed, staff know young people well and provide continuity of care to meet their individual needs .

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4 (1)(a) whereby the provider must make proper provision for the health, welfare and safety of service users.

2.

The provider must ensure that effective processes and arrangements are in place to enable children and young people to have consistently positive learning experiences in order to reach their potential in school attendance and educational attainment.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) whereby the provider must make proper provision for the health, welfare and safety of service users.

3.

The provider must ensure that notifications are made to the Care Inspectorate which cover the full range of notifiable events listed in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must further ensure that all notifications are fully updated as necessary and that this is completed in a timely manner.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) a requirement whereby the provider must make proper provision for the health, welfare and safety of service users.

Areas for improvement

1. The provider must ensure that its anti-bullying policy is fully updated. The service should devise and implement a service specific policy based on this document which is sufficiently robust, effective and understood by all staff, children and young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "My care and support meets my needs and is right for me" (HSCS 1:19) and "I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can" (HSCS 2.15).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

We saw that children's care plans were up to date and were based on the SHANARRI indicators (safe, healthy, active, nurtured, achieving, respected, responsible and included) detailed within the 'Getting it right for every child' (GIRFEC) documentation. We noted that staff had attended and had contributed full reports to children and young people's looked after and accommodated (LAAC) reviews.

We saw that all children and young people had been given regular opportunities to review and influence their care plan. There was highly visible, well written material in both houses in relation to opportunities for inclusion in the life of the house, the complaints system and sources of independent advocacy. We saw that this was understood by children and young people in the service and we felt that this supported them to feel enabled to express their views and wishes with confidence.

We found that there were robust and up to date risk assessments. We felt that this helped staff to identify each individual child's needs to ensure their safety and wellbeing.

We saw that children's care plans had an integrated "cycle of change" approach which had identified and recorded agreed and important areas of change and charted their progress through to achievement. While we noted that this was a strength within the provider's care planning process, we found that the approach had not been applied consistently in respect of all children and young people within the houses at the Springfield House service.

We saw that daily logs and monthly reviews had been completed and were up to date. However, we noted that not all serious incidents and their outcomes for the child or young person involved had been reported on. This meant that, in such cases, such as bullying for example, there was no record of the support the young people had been given to acknowledge and reflect on such incidents and to make the necessary change needed.

We noted an incidence of recording which was not appropriate or consistent with the service's stated approach in relation to risk reduction in respect of the individual concerned. We felt that this information could have impacted negatively on the young person's feelings of safety and security within the service.

We discussed the above factors with the service manager who acknowledged the need for consistency and accuracy in recording. It was agreed that further training and regular management audit would help to ensure that all staff had a full understanding of the provider's approach. This will form Area for improvement 1.

We noted that one of the houses within the service had made some use of visiting professionals such as community police over the last year and the other had started to use programmes developed by Barnardos to help young people with specific needs. However, we felt that support to children and young people could be greatly strengthened by the engagement of specialist health advice, and information services in relation to matters such as the promotion of good sleep patterns, prevention of bullying and health promotion within the care planning process. We discussed this with the internal and external managers who acknowledged the need for improvement in this area and were confident that systems to manage this would be put in to place as a matter of priority. We will examine progress in this area at the next inspection.

Overall we found that there were some strengths which were having a positive impact for children and young people but that consistently positive experiences were reduced significantly due to key areas of performance which need to improve. We evaluated this quality indicator as adequate.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's wellbeing?	2 - Weak
1.1 Children and young people experience compassion, dignity and respect	2 - Weak
1.2 Children and young people get the most out of life	3 - Adequate
1.3 Children and young people's health benefits from their care and support they experience	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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