

St. Mary's Kenmure Secure Accommodation Service

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Unannounced

Completed on:

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Service provided by:

St. Marys Kenmure

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About the service

St. Mary's Kenmure is a secure accommodation service that provides 24 secure beds for young people (male and female), aged from 11 to 18 years. Located in the north east of Glasgow, in Bishopbriggs, St. Mary's Kenmure is governed by an independent board of managers and is affiliated to the Cora Foundation, a registered charity committed to Christian social care and education.

The service has a campus-style facility, which is formed by grouping four house units, an education centre, administration, and a catering centre around a large central courtyard containing an outdoor recreation area, which is the main circulation route within St. Mary's Kenmure. Additionally, there are indoor recreational facilities, including a swimming pool, a well equipped gymnasium, and a cinema.

The accommodation for the young people is a single bedroom. This includes a toilet and shower en suite with fixtures and fittings designed to limit self harm. There is a living/dining and kitchen area, office, and a visitors/activities room in each unit. Perimeter security is provided by the buildings and is supplemented by CCTV monitored by a designated team of operations staff.

The stated objective of St. Mary's Kenmure is to offer "individual young people who are experiencing and presenting difficulties in the community, a stable, safe, secure, stimulating environment to promote growth and development leading to eventual return to the community".

The Care Inspectorate is a member of the <https://www.nationalpreventivemechanism.org.uk/>, a group of organisations designated to monitor the treatment and conditions of those people who have been deprived of their liberty. This includes children and young people in secure care.

This service has been registered since 24 January 2012.

What people told us

During the inspection, we spoke with 16 young people on an individual basis and several others informally. We gathered a range of views which reflected varying opinions about the service:

- Almost all young people said they had good trusting relationships with some staff.
- Almost all commented positively about the range of activities on offer.
- Almost all of the young people we met with commented negatively about the food.
- Most young people appreciated the way that the living accommodation had been decorated and furnished to make it more homely and comfortable, although several said that the bedrooms weren't very nice or comfortable.
- The young people who commented were positive about education.
- In one unit in particular, young people all appreciated the sense of calm and respect which had been established.

Before the inspection, we sent out questionnaires to young people asking for their views of the service at St. Mary's Kenmure. We received seven responses, six of which indicated that, overall, young people were happy

with the quality of care they received. One young person said that they didn't know whether they were happy or not. Comments made included:

- "I have built up a positive relationship with my key worker who has helped me whilst I am here and who I can go to."
- "Not enough staff for one-to-one chats when upset, sometimes we need more staff."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's wellbeing?	4 - Good
How good is our leadership?	6 - Excellent
How good is our staffing?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

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

4 - Good

Most young people described positive relationships with staff. All said that they had people they could talk to if they needed to. Throughout the inspection, we observed positive and affectionate interactions, frequently seeing hugs or an arm around the shoulder. There was a lot of laughter and good-hearted banter amongst young people and staff.

The service actively promoted an ethos of dignity and respect. It was in the process of embedding a trauma-informed approach to caring for young people based on the establishment of trusting relationships and individualised responses to young people's needs. While acknowledging that there was room to develop this further, and further training was planned, this change had already resulted in a significant reduction in the use of more controlling measures of care, including physical intervention and single separation.

In discussion, staff demonstrated an understanding that strong relationships were the foundation of all the care and support they offered. Being thoughtful and considerate to each other had helped to create a culture of mutual respect which new young people were quick to understand and adopt. As a result, young people felt settled and nurtured.

Staff were sensitive to the needs of young people arriving for the first time and adopted individualised approaches to helping them to settle in. In a positive initiative, young people had recently been involved in making a DVD to help new admissions to get a picture of St. Mary's Kenmure before they arrived.

Young people had access to independent advocacy through Who Cares? Scotland and children's rights officers (CROs). Although all had a link with a children's rights officer, there were less opportunities for young people from south of the border. However, the service had sought to mitigate this by ensuring that staff were familiar with the legal and rights issues which were relevant to cross-border placements.

Staff were well informed about human rights and young people felt valued in an environment in which diversity was acknowledged and celebrated. The inclusive and informed environment enabled young people to explore and express their gender identity and to access appropriate support.

The service adopted a flexible approach to carrying out personal and premises searches, using risk assessments which took account of young people's individual circumstances but which also took account of environmental risks with the aim of achieving a balance between safeguarding the individual's privacy and dignity, and promoting the safety and wellbeing of the group.

Young people routinely exercised choice in their day-to-day lives. Staff knew them well and contributed to their wellbeing by recognising and supporting their individual preferences. For example, in relation to morning routines, clothing, and leisure time preferences.

Young people were meaningfully consulted about aspects of service development, with the service encouraging young people to act as champions and to seek and represent the views of others about a range of issues. A recently re-established young people's forum was well attended, well managed, and provided a formal yet accessible way of involving young people in developing aspects of the service. Young people also attended senior management meetings and were welcomed to meet with the senior management team on an individual basis.

Young people benefited from a wide range of activities and had regular daily access to swimming, gym, outdoor pitch, and media room. Staff worked hard to manage things to make sure that young people got access to their activities of choice. On the whole, young people were really enthusiastic about the choice and range of activities on offer, although one young person found the timetabling of activities frustrating and said that sometimes it led to delays in getting to the activity of choice. In consultation with young people, the service continued to make the most of the facilities. For example, they had established scuba club with opportunities for young people to gain Professional Association of Diving Instructors (PADI) certificates, expanded the use of the gym, and planned to purchase mini kayaks for use in the pool.

There was some excitement around at the time of the inspection with young people learning scripts for auditions for a pantomime to take place in December. They had been given a generous allowance to buy clothes to participate in an awards ceremony which was planned for later in the term, making the most of the occasion to celebrate their achievements. This reflects a service which is committed to valuing young people and promoting resilience.

In a very creative initiative, young people had the opportunity to express themselves through life story work through art, working with a therapist who enabled them to recall and tell their life story in their own way, and using high quality illustrated posters and books which were properly printed and published, in an amazingly life-affirming means of expressing and validating their lived experience.

Most young people attended education in a bright, well equipped school which offered a range of national and vocational qualifications. All young people had an individualised learning support plan. The school was increasing

opportunities for them to gain wider achievements which are transferable to the working world, such as Driving Theory Test, Sports Leadership Award, and Awards Scheme Development and Accreditation Network (ASDAN), as well as supporting young people to achieve senior phase academic qualifications.

There was a well organised approach to supporting young people to get into classes in the morning, although we observed that this did not always work effectively, with the result that a young person didn't get into school on time and therefore missed the whole class. This was a cause of frustration.

The implementation of the 'healthy start' was encouraging young people and staff to make the most of the beginning of the day and included them walking the daily mile and sharing a healthy breakfast. This has the aim of improving young people's capacity to concentrate and get the most out of the school day.

We observed some very good transitions planning with detailed information sharing and opportunities for relationship building. The health and wellbeing team has recently been extended to include a transitions worker who has engaged with Skills Development Scotland with a view to developing links to increase employability and careers opportunities. The focus will be on practical cookery programmes and developing life skills, such as opening a bank account. Within education and, to a lesser extent in the units, young people enjoy cooking and baking and said that this is something they would like to do more of.

There was good evidence to show that the service responded promptly and effectively to potential child protection allegations.

We saw that some very positive work was being done with regard to helping young people to recognise and manage risk. The service worked to help young people identify and minimise the specific risks they faced. They had a balanced approach to managing risks of self harm, with the emphasis being on supporting young people to develop alternative strategies to manage their distress. One young person told us that they had been upset by the impact of others hurting themselves, although we were assured by the service that this was something they were aware of and that staff responded quickly and sensitively to minimise the impact on others.

From our observations and discussions, we found that young people experienced sensitive and compassionate care. There had been a strong focus on the creation of a more nurturing physical environment, with most staff having had training to enhance their understanding of relationship-based care. Going forward, the service needs to make sure that all staff receive the training and support they need to fully understand and implement this approach, as some were clearly more confident than others in implementing this model of care. Nevertheless, this approach has already led to a significant reduction in the use of physical restraint, damage to the environment, and injuries to staff.

The health and wellbeing team had significantly expanded since the last inspection. There was now a full- and a part-time nurse, two health and wellbeing workers (in post since August, delivering intervention programmes), and a recently appointed transitions worker. They have a comprehensive action plan and are already delivering health programmes, including sexual health/healthy relationships, parenting education, and a substance misuse toolkit. There are also plans to provide an accredited health issues course, a healthy eating practical programme, and accredited mental health training.

Young people's physical health needs were well met, with onsite nurses and regular visits from the GP, dentist, and optician. There are well established links with the Sandyford Clinic which provides advice and treatment on sexual health matters.

The arrangements for managing medication were generally good, with effective training, storage, and audit systems in place. Unfortunately there had been a recent event when a lack of clarity in communication had

resulted in a young person being without essential medication for several days. An internal investigation has identified and implemented a detailed action plan to make sure that any similar incidents are avoided in future.

Almost all of the young people we spoke with made negative comments about the food. The service described the measures it had put in place in recent months to address food provision, however at the time of the inspection these had not yet had an impact on the quality of young people's food experience. While recognising that there is always likely to be a range of views according to individual preferences, we found that there was a lack of choice and variety available to young people with specific dietary needs (such as vegetarian) and we felt that there was a lack of engagement with young people around food choice **(see area for improvement 1)**.

Areas for improvement

1. The service should improve young people's experience of food by involving them as far as possible in choosing and preparing food and, in particular, it should ensure that any dietary requirements are understood and catered for.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33); and "My meals and snacks meet my cultural and dietary needs, beliefs, and preferences" (HSCS 1.37).

How good is our leadership?

6 - Excellent

The director, along with the assistant directors and senior management team, provided strong leadership and a clear vision for the development of the service. This had led to significant change in the culture and practice of the service. This, in turn, had a major impact, including a huge reduction in damage to the environment, a reduction in the use of physical intervention, a reduction in staff injuries and sickness absence, and a reduction in staff turnover.

All of the staff we spoke to were positive about the impact of the leadership on the service and, in some cases, talked about their amazement and pride in how the service had moved forward.

The service used a range of quality assurance processes to monitor and develop the quality of the service. This included systems at unit level, including case file audits, health and safety checks, and incident review and analysis. Qualitative audits of case files and incident records had contributed to both the development of the quality of recording and staff skills.

The service had recently changed the way that it collected and analysed information about incidents, breaking down incident by type to help make sure that all relevant incidents in young people's lives were considered when reviewing their progress. Reflective discussion about incidents at team meetings and team handovers helped to ensure that relevant information about young people was made sense of.

Robust systems were in place to deal with staff conduct issues and there was good evidence that learning from incidents had contributed to improvements in systems.

The director of the service was in a position of influence nationally and was leading the sector in developing training in working with girls. She had developed the first Scottish Qualifications Authority (SQA) approved qualification for working with girls, which was about to be rolled out across the service.

The director had also developed a new supervision model based on the SHANARRI (safe, healthy, achieving, nurtured, active, respected, responsible, and included) indicators (plus hope). This had been rolled out across the service and was providing a structured, interactive approach to supervision. Unit managers had been able to influence how this was used in practice, which had led to further development of the model which was more effective and more practical. The director of service advised that this model had been shared across other providers, including some local authorities.

Young people were regularly consulted about aspects of service provision. They had also been supported to participate in national events, including the care review. They had also recently collaborated with the Care Inspectorate to develop resources to support the provision of compassionate care and had made a film to help young people understand what the service was about before they came to St. Mary's Kenmure.

Young people also acted as champions for a variety of issues. They had recently recommenced meeting with senior staff. Their views were taken seriously and they attended senior management meetings to present their views.

The service was well supported by a dedicated board of directors who understood and valued the vision and direction of the service.

There was substantial evidence that the director and management team had implemented a highly effective improvement plan which had a significant positive impact on young people's experiences and outcomes. The sector-leading pace of change in culture and practice was remarkable. Notwithstanding the areas for improvement identified elsewhere in this report, which we are confident that the service will address promptly, we consider the service's performance in relation to this key question to be excellent.

How good is our staff team?

5 - Very Good

The service adhered to its staffing schedule which was a condition of registration. During discussion with the assistant director, we advised that the Care Inspectorate no longer required services to use staffing schedules. Rather, we expect services to keep staffing levels under review and adjust these in line with the assessed needs of young people, keeping a record of this on a four-weekly basis.

We looked at a sample of staffing rotas and it appeared that the service consistently had a minimum of three care staff on every shift, with additional staff available regularly on backshifts on Friday, Saturday, and Sunday as per the staffing schedule. Some young people had been identified as being in need of one-to-one support and, in these cases, additional staff were deployed. The service also had an additional staff member in all units on a 4pm-12pm shift, providing additional support in the evenings and over bedtime. The deployment of peripatetic assistant unit managers helped to ensure flexibility of support across the service.

From our observations, it appeared that there were sufficient staff to meet the needs of young people with care and compassion. Although, on occasion, some young people felt that staff were "taken away" from them by other, more "attention seeking", young people and one young person commented that there wasn't enough one-to-one time. The service should continue to monitor situations where there is a high demand on staff time and make sure that staff are able to consistently meet the needs of all young people.

Most staff appeared to be confident and competent in their respective roles. We observed some very flexible and responsive working, including on the night shifts.

Staff received a wide range of training to support their work with young people. They commented positively about the availability and quality of training. There were very good systems in place for monitoring staff training and ensuring that staff were kept up to date with this. The service should continue to embed trauma-informed/aware practice across the service, as we found some staff to be less aware and confident than others in this model of practice.

From our discussions with staff, and from almost all of the pre-inspection questionnaires we received, we found that staff were motivated and confident.

Staff were well supported through a system of structured supervision and good informal support from both management and peers. They felt valued. The service have put in place additional supports for staff, including access to cognitive behavioural therapy (CBT) and mindfulness training. This had contributed to a reduction in staff sickness and staff turnover, and, consequently, contributed to children and young people benefiting from greater stability and consistent relationships.

How good is our setting?

4 - Good

The shared areas in the units had been improved with the purchase of comfortable, non-secure furniture and pleasant soft furnishings. There was improved lighting in the main living areas. All main areas had a central feature wall which had a television and a fireplace. Photographs of young people and staff helped to create a sense of belonging.

There were additional shared spaces in each house, including a games room and a quiet room. In one unit, a well equipped sensory room had been installed with training planned for staff so that they could make the most of the equipment for young people.

One of the dining areas had been furnished with a single, domestic-style table and chairs which added to the homely feel. There was limited seating available which meant that staff and young people couldn't all sit and eat together if they wanted to. In discussion, the director told us that consideration could be given to reducing the size of the staff office and using the space to create bigger, more comfortable dining areas.

Young people's bedrooms had been improved to have a built-in technology area with a fitted bed. The showers had been improved with a shower tray and a privacy screen.

Young people were able to personalise their bedrooms with their choice of colour, soft furnishings, bedding, and artwork and they were able to keep pets provided they did so responsibly.

Not all young people liked their rooms and some said that their beds weren't comfortable. We noted that some placed their mattresses on the floor so they could watch television. In response to these comments, the service purchased beanbags to improve the comfort of the rooms. During the inspection some rooms were found to be untidy and in need of minor repairs.

We noted that the issues raised had been addressed by the time of our second visit.

At the time of the inspection, one young person was occupying a 'respite' bed. This meant that he was in a unit with his peers during the day but at night, or if he wanted time out in his room, he was taken across the courtyard to his bedroom which was located in a corridor adjoining another unit. The bedrooms in this unit had not been refurbished in the same way that those in other units had. Although we were told that the respite beds were only used on a short term basis, we felt that some further improvement of this part of the premises was

necessary to make sure that all young people experienced the same high standard of nurturing environment which the service was committed to creating.

There was a well used courtyard which ensured that young people got access to fresh air. This had an all-weather pitch which was well used by young people throughout the year to play sports. There was also an animal enclosure which had rabbits which were looked after by young people.

The service had a specialist sports area which included a well resourced games hall, a cinema room, gym, and also a swimming pool. These areas were well used by young people on a daily basis. The service made really good use of these facilities to make sure that young people's families, especially when they had younger siblings, had the opportunity to have fun, relaxed visits.

The school had been updated and refurbished to provide a bright, modern learning environment.

The service had a well functioning maintenance department. This ensured that all equipment was maintained and future developments were well planned. All essential equipment was regularly serviced and there was a programmed approach to ensuring vehicles, water compliance, and specialist equipment was regularly checked and updated by competent people.

CCTV was used in a way that supported young people's privacy and dignity. It was regularly maintained by an outside agency and did not feel intrusive. The service demonstrated that CCTV had been used effectively to safeguard young people.

While we noted important strengths which had contributed to the quality of young people's experience in the service, in order to maximise young people's wellbeing, the service should address the identified areas for improvement in line with the Health and Social Care Standards as detailed below **(see area for improvement 1)**.

Areas for improvement

1. The service should ensure that all young people experience a very high quality environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I experience an environment that is well looked-after with clean, tidy, well maintained premises, furnishings, and equipment" (HSCS 5.22).

How well is our care and support planned?

5 - Very Good

All young people had extensive and comprehensive assessment reports which were written in the first six weeks and fed into the planning process for the care and support that young people received. This used a variety of previous assessments so as to minimise revisiting trauma that young people had previously been exposed to, as well as Start:AV (Short-term Assessment of Risk and Treatability: Adolescent Version) and a mental health assessment.

Young people were fully involved in the creation of these assessments as they had individual meetings with staff and also completed a comprehensive suite of questionnaires. These took account of best practice and current research which was attributed throughout each aspect of the assessment report.

All of this created a comprehensive assessment of the young person that fed into a plan of practical strategies that staff used to support young people. This included direct specialist work, such as CBT, inputs in personal and social education (PSE), or simply a programmed approach by their key team. This included individual crisis management plans (ICMP) and robust risk assessments, both of which were found to be regularly reviewed. Young people were fully involved in the creation and reviewing of both these documents.

The service worked in a multi-disciplinary way when creating plans for young people and took advice from a range of professionals to ensure that there was a comprehensive range of supports that would help young people to have positive outcomes. The care plans format had been developed to reflect the SHANARRI wellbeing indicators and set out targets for young people to achieve in all aspects of their care. Progress towards desired outcomes was regularly reviewed and clearly recorded.

The service was focused on ensuring that their records were written in a person-centred way to ensure that young people were written to and about in a respectful way. The daily records and weekly reports to social workers showed that young people's records were written in a positive and meaningful way. Young people were encouraged to read and contribute to their daily recordings and we found that some, though not all, had done this. The service was encouraged to continue to develop this further but we acknowledge that they have made some significant progress in this regard.

Plans were found to be dynamic and changing, reflecting complex strategies that staff used to support young people. They were flexible and responsive to the emerging needs of young people. We found that staff were diligent in having regular, focused one-to-one contact with young people and that these were very much informed by what young people wished to work on.

The service should continue to try to encourage young people to sign their care plans. There was an acknowledgment that they had attended their review meetings but there was no signature on the documentation to show that young people had been involved.

The service was planning to develop the use of iPads in care planning. This would help to facilitate information being shared directly with young people.

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?	4 - Good
1.1 Children and young people experience compassion, dignity and respect	5 - Very Good

1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How good is our leadership?	6 - Excellent
2.2 Quality assurance and improvement are led well	6 - Excellent
How good is our staff team?	5 - Very Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	5 - Very Good
How good is our setting?	4 - Good
4.1 Children and young people experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	5 - Very Good

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