

Newton House Care Home Service

Broxburn

Type of inspection:
Unannounced

Completed on:
8 April 2020

Service provided by:
West Lothian Council

Service provider number:
SP2003002601

Service no:
CS2003011108

About the service

Newton House is a small care home service provided by West Lothian Council. It is one of three residential services for children and young people provided by West Lothian Council. At the time of the inspection the service was in the process of varying their conditions of registration with the care inspectorate following a restructuring of the residential services in West Lothian.

The service had previously operated as an annexe of one of West Lothian's other care homes for children and young people (Letham House) and had varied the conditions of registration to operate as a separate care home on a short term basis. The service conditions of registration were agreed as follows:

Number(s) and Age(s) of person(s) to whom service may be provided:

1. To provide a care home to a maximum of 2 children and young people.

Any other conditions unique to the service:

2. Any temporary accommodation for children in excess of the stipulated number of places must be notified to the Care Inspectorate and follow the Care Inspectorate's stated policy on emergency relaxation of conditions on numbers.

3. To comply with the current staffing schedule, dated 14 July 2015, which must be displayed together with the certificate.

4. Under the peripatetic management structure the maximum number of services which the manager can have responsibility for is two. The other service linked to this structure being Whitrigg House, CS2003011110.

The service was provided from a small terraced house in the village of Newton. There was no longer a regular bus service in the local area, however a reduced bus/taxi could be arranged to provide transport into the nearby town of South Queensferry.

At the time of the inspection there were two young people aged 16 staying in Newton House.

What people told us

Due to the circumstances at the time of the inspection we were not able to chat directly with the two young people. We observed their interactions with the adults caring for them and spoke with others involved with them who knew them well

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

4 - Good

The young people had positive relationships with the adults caring for them. We saw spontaneous laughter and mutual respect. Adults were conscientious in maintaining a calm, gentle manner towards the children/young people and were very respectful towards them. We saw that they were setting an example through the way they spoke with the young people and with each other, and were sensitive to cultural and language differences. They made sure that young people respected each other's privacy and that records were held securely with confidentiality maintained. Staff used appropriate resources and translation aids to communicate when young people did not have English as a first language.

The young people were supported to take part in activities and education, and go to swimming or the gym as they wished. As they had many meetings with other agencies involved, staff supported them to attend these and helped them with transport where required. Staff demonstrated a commitment to ensuring diversity was valued so that young people felt a sense of worth and their abilities and cultural differences were respected and celebrated.

Staff knew what they should do if they had concerns about a child/young person's wellbeing and intervened appropriately to maintain safety and healthy relationships. They took steps to protect children/young people from sexual exploitation and linked with the local police to help prevent situations from arising. As there had not been recent formal child protection training provided, the service should prioritise this in planning training so that all staff had updated training.

Young people were registered with local health services. We saw that systems were in place to medication effectively if the young people needed any. Staff supported the young people to shop for ingredients they needed to make a range of healthy nutritious meals, which the young people prepared themselves, as well as meals prepared for them by staff if they wished.

How good is our leadership?

3 - Adequate

There were some systems in place to monitor quality of the service provided. The external manager visited the service and provided an overview. While the manager was absent, the service linked with the manager of their sister service for day-to-day support and guidance. However, we found that quality assurance systems were not effective at the time of the inspection. We acknowledged that the service was in a period of transition, which had made an impact on staff morale. In addition, difficulties with internet access resulted in issues for staff making records and accessing the provider's database. This meant some delay in updating information at times.

The Care Inspectorate had not been notified of any incidents, accidents or missing young people for the last year. When we looked at the service's records of incidents, it was evident that significant events in young people's lives, which had potentially detrimental effects, had not been recorded as incidents. In accordance with legislation, a provider must record and notify the Care Inspectorate of all accidents, incidents or injuries to a person using a care service.

We heard about very positive aftercare provided to young people who had moved on from the service, by staff and managers. We suggested that the service look at ways to formalise these arrangements to recognise their responsibilities in Continuing Care. They should allow dedicated time, so that there was no detriment to the care for the existing children/young people, while building on the positive relationships in place. These could be outlined in a service improvement plan and statement of aims and functions. We agreed that the service was in need of a thorough review of their provision, to agree their aims and ethos and establish this in their methodology and practice. (see area for improvement 1)

It was evident that the service's programme of staff supervision and appraisal had not been maintained. Staff confirmed that they had frequent opportunities for informal support from the management team,

however, little formal supervision had taken place.

As the service was going through a period of change, supervision could form an integral part of support for change management and provide opportunities for the staff team to discuss anxieties and clarify future roles and responsibilities, as well as identifying training needs and a means for evaluating their practice. (see requirement 1)

Requirements

1.

In order to ensure that the staff team are supported, trained, competent and skilled, reflecting on their practice and following their professional codes, the provider must, by July 31st 2020, implement a programme of formal, recorded, one to one staff supervision and appraisal.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14)

It is also necessary to comply with SSI (2002) 114 13 (a) a requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users;

and

(c) a requirement to ensure that persons employed in the provision of the care service receive-

(i) training appropriate to the work they are to perform;

and

(ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

and

In order to comply with the Scottish Social Services Council Codes of Practice for employers which state "Effectively managing and supervising staff to support effective practice and good conduct and supporting staff to address deficiencies in their conduct. (2.2)

Areas for improvement

1. As we have discussed, it was evident that the service was going through a period of transition. We advised that they should use this opportunity to draw up a statement of aims and functions, and following this a dynamic improvement plan based on self evaluation and quality assurance processes.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

2. The Care Inspectorate had not been notified of any incidents, accidents or missing young people for the last year.

When we looked at the service's records of incidents, it was evident that significant events in young people's lives, which had potentially detrimental effects, had not been recorded as incidents.

This meant that there was no evidence of analysis of these events and learning from them, and no evidence that quality assurance of the care provided was carried out. In accordance with legislation, a provider must notify the Care Inspectorate of all accidents, incidents or injuries to a person using a care service. We advised that, with immediate effect, the service Provider and manager should address these issues.

This is to ensure that care and support is consistent with Health and Social Care Standards which state : "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.(HSCS 4.10)

How good is our staff team?

4 - Good

The manager confirmed that the Provider used safer recruitment practices for the employment of new staff. As no new staff had been recruited for several years we were unable to see evidence of this. The Provider had systems in place to confirm PVG (Protection of Vulnerable Groups) checks and recheck these routinely. Staff were also appropriately registered with the SSSC, and there was a system in place to make sure registrations were renewed as necessary. The Provider and manager needed to implement a programme of staff training, linked to their programme of staff supervision and appraisal so that training needs could be identified and appropriate training provided as a result. We advised that in order to help staff support children/young people in line with current best practice, training on the impact of adverse childhood experiences on children/young people's development and trauma informed care would be beneficial. In developing a professional workforce to provide a high standard of care, the management team should consider the use of language, both in records made and in day-to-day interactions with young people using positive reframing, with staff setting an example.

In order to support the staff team through the period of transition, the management team should ensure that staff meetings were further developed to allow for reflection on practice and embedding their agreed aims and ethos. In order meet the assessed needs of all of the young people, the provider and manager needed to make sure enough staff with the necessary skills were on each shift, and deployed effectively.

Staff we spoke with during the inspection were motivated to providing the best care they could for the young people living at Newton. They acknowledged that the recent transitions within the care services had been unsettling for staff and the young people, but they were committed to providing high quality support to the young people. In staff questionnaires returned completed to the Care Inspectorate, six out of eight staff indicated that they did not feel safe at work. When we discussed this we agreed this issue related to the service previously when in the previous premises, and staff currently employed at Newton did feel safe in their work.

How good is our setting?

3 - Adequate

The house was decorated and furnished comfortably to a good standard. Systems were in place to provide routine maintenance and repairs. Staff had created a warm, homely atmosphere through the use of soft furnishings and fittings. The young people had individual bedrooms, however there was only one bathroom which they, and staff and visitors, had to share. We indicated that sharing handtowels presented a risk of the spread of infection and advised that by providing individual use handtowels or paper towels this risk could be reduced.

Space was very limited, and while the house had a small garden, this meant that staff and young people were always in close proximity, which could have a detrimental impact for privacy and dignity.

Due to the very limited public transport, which was provided via a 'bus taxi' service, young people were usually reliant on staff to transport them. This meant that their development of skills in independent travel was also limited.

We discussed plans for the service and while we agreed it provided the best solution for the young people currently living there, and confirmed we were in accordance with their continuing to stay there, we strongly advised that the Provider reviewed it's use in future.

How well is our care and support planned?

4 - Good

Care plans were in place for each young person. Due to particular circumstances, we acknowledged that information available was limited and this restricted forming thorough assessments of individual needs. Plans were reviewed regularly and usually updated following changes in circumstances and needs, however as we have discussed earlier in this report, staff had limited internet access to enable them to make prompt changes. We advised that arrangements should be made so that staff were enabled to keep all plans and records up to date without detracting from their providing direct support.

The staff team linked closely with other professionals involved with the young people, and through working together in this way were beginning to get to know the young people's likes and personalities, so that they could provide appropriate support tailored to meet their individual needs. They accessed translation services appropriately to make sure that the young people understood what was outlined in their care plans, as well as for day-to-day planning. Risk assessments were in place for each young person. However, they could be more detailed and should be reviewed to fully identify the risks presented, what actions were needed as a result, and who would be involved.

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	4 - Good
1.2 Children and young people get the most out of life	4 - Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - Good

How good is our setting?	3 - Adequate
4.1 Children and young people experience high quality facilities	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good

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