

# Action for Children - Edinburgh Care Home Service

Edinburgh

**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2020

**Service provided by:**  
Action for Children

**Service provider number:**  
SP2003002604

**Service no:**  
CS2003014401

## About the service

Action for Children works in partnership with local authorities in east central Scotland. The service provides short breaks for a maximum of five children and young people with a learning disability and challenging behaviour up to the age of 19. The service also provides an 'emergency' bed for young people in crisis.

The children and young people have planned breaks of varying lengths and frequency based on their and their family's needs. Children and families also receive outreach support between periods of residential respite.

The service is situated in a residential area of South Edinburgh, close to local amenities and public transport links. The accommodation consists of a single storey, six bedroom building with an enclosed garden/play area. The accommodation is decorated and furnished to a high standard.

The building is adapted to cater for young people who use a wheelchair.

The key aim of the project is to provide "a comprehensive and flexible support service for children and their families, as responsive as possible to their needs".

## What people told us

Young people appeared to be happy living in the service. During the inspection we spoke with one young person and we observed interaction between three young people and staff.

We received one Care Inspectorate questionnaire from one young person using the service and some of their comments included:

"I have my own room and I am happy with this".

"I have a say in what is in my care plan, but not enough".

"I met the staff and other young people for a visit before I came to stay here".

"I feel safe staying here all of the time".

"I have someone to speak to if I am worried or scared".

**How well do we support children and young people's wellbeing?****3 - Adequate**

During the inspection we found that the service was providing a good standard of care and support for young people. We observed compassionate approaches which took account of young people's need for comforting, physical touch, and emotional support to help regulate their feelings and emotions, during times of crisis and distress. We observed young people's behaviours being addressed in a compassionate yet focussed way, ensuring young people's needs were met and they were able to both participate in enjoyable activities while promoting clear routines, important to their daily structure.

During our discussions with young people, they told us they liked being in the house and that staff supported them to express their views and feelings about being there. They also said they liked the staff and had good relationships with them.

At the time of the inspection, most of the young people staying in the service had limited verbal communication. We observed staff using various methods of communication, for example, Picture Exchange Communication System (PECS), visual timetables and Signalong. We saw that this enabled young people to make choices regarding activities, food and personal hygiene routines.

There was some good evidence of some young people making progress because of the work of the service. These included improvements in socialisation and independence skills. We explored how young people spent their leisure time and found that staff considered young people's personal preferences and interests. Young people were given opportunities to enjoy a range of activities, for example, trips to parks in local and wider areas

and arts and crafts. We observed young people playing outside in the garden which was adapted to meet their needs. This provided a safe environment where young people could play. We reviewed written records which showed that young people were participating in new activities which promoted their sense of achievement.

Prior to young people arriving for their stay, their bedroom was personalised to reflect their interests. This helped young people feel welcomed and valued. The service worked hard overall to ensure young people's needs and presences were prioritised. However, we found that on occasion, young people had their allocated days changed due to staff shortages and this made 'matching' young people together difficult. We discussed this with the manager who reassured us that in each instance young people's short break were re-arranged, through careful consideration of their needs and wishes. Changes to plans for young people could cause distress for them and their families. We therefore asked that the service continue to address any shortfalls in staffing and work with families, to agree suitable alternatives if needed, to allow young people maximum opportunity to access the service.

The service had access to a psychologist two days each week. He was available for consultation regarding individual young people and their support plans. A member of the team held an overview of behaviour support information and worked in conjunction with the psychologist to risk assess and manage young people's behavioural profile. This work focused upon keeping young people safe, while identifying supports aimed at modifying behaviours.

We saw that young people were supported to get the most out of life. For example, staff supported young people to try new experiences and take part in activities in the local and wider area. We saw through incident reports that this could be difficult for some young people who were unsure of their environment. There was however a focus within the service on supporting young people's achievements and to encourage them to grow and develop through active involvement.

The safety and wellbeing of young people was a high priority, with comprehensive child and adult protection policies and procedures in place. The organisation had a procedure in place for reporting, recording, and reviewing allegations and significant incidents. We found that these were effectively utilised to inform practice and management procedures.

Health risk assessments were updated prior to young people accessing the service and updated after their departure. Where necessary, we saw staff were confident in accessing emergency healthcare to ensure the safety of young people during their stay in the service. However, when we reviewed procedures and practice relating to medication, we found discrepancies. This included inaccurate records. We discussed this with the manager who took prompt action to remedy the information. To ensure the safety and wellbeing of all young people, the provider must ensure medication is accurately accounted for on young people's arrival and departure. The service must also take measures to review and implement robust medication procedures (See Requirement 1).

## Requirements

1. To ensure the safety and wellbeing of all young people, and to enable all young people to feel safe, the provider must take urgent action to review the procedure for managing medication, ensuring medication is counted upon young people's arrival and departure and administration is carried out in line with best practice.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210

'Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of service users'.

To ensure children's and young people's safety and wellbeing is maximised. The service should take urgent action in relation to the recording and administration of medication.

This is in line with Health and Social Care Standards which state: 'I use a service and organisation that are well led and managed'. (HSCS 4.23)

Timescale: By 1 April 2020.

## How good is our leadership?

## 3 - Adequate

We spoke with the manager who had only been in post for a short time prior to this inspection. Although we heard of their plans for the service, the initial focus for the manager was to provide regular supervision for staff as the service had experienced a lot of change due to the previous manager leaving. We read the development plan which was in the process of being updated. However, when in discussion with staff they stated they were not aware of the content of the plan. The service needs to involve staff in the development of the plan to ensure that their views and observations can be taken into account. (See Area for Improvement 1).

During the inspection we reviewed records which demonstrated that some evidence of quality assurance was being carried out. For example, we saw some evidence of auditing following incident reporting. We were told that a Clinical Psychologist regularly met with the staff team to review incidents and behaviour recording with staff. This enabled reflection on practice and changes to support plans and approaches where needed. The manager was still becoming familiar with this approach and we will follow up its effectiveness and impact at the next inspection.

We noted that the regularity of team meetings had been highlighted as a recommendation in our last report. We heard that the previous manager had ensured that team meetings were taking place regularly but were now taking place less often. We discussed the importance of team meetings with the manager and were assured that the frequency would be addressed. (See Area for Improvement 2).

## Areas for improvement

1. The manager should ensure that staff are aware of and have the opportunity to contribute to the service development plan.

This is to ensure leadership and quality assurance are consistent with the Health and Social Care Standards (HSCS) which state: '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).

2. Staff meetings should be regular in order to share practice and develop consistency in the service.

This is to ensure leadership and quality assurance are consistent with the Health and Social Care Standards (HSCS) which state: '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).

## How good is our staff team?

4 - Good

We observed staff who were skilled in engaging with young people and their practice demonstrated the affection they held for them. We also observed staff engaging in a fun way with young people, where laughter was heard while playing games outside in the garden and during lunch.

Regular supervision was in place which provided a means for the manager to monitor progress and support staff to reflect on practice as well as identifying areas of development. Staff had attended training to enhance their practice to support young people with the impact of trauma and managing challenging behaviour. Some staff told us this has assisted them with their practice.

We also saw an induction plan for new staff. Staff were expected to undertake a probationary period prior to being confirmed in post. The plan was used in supervision to focus on practice, development and learning.

When considering the effectiveness of staff working well together, staff told us that they were adjusting to the new management style adopted by the new manager. Some staff spoke about 'struggling with this', due to the different style of the previous manager. Staff also spoke about not feeling equipped to deal with some of the challenges displayed by some young people and they felt further training was needed. We discussed staff training with the manager who assured us that a training plan would be implemented, and concerns of staff will be acted upon. (See Area for improvement 1).

We observed staff spending time with young people at mealtimes and being responsive to their needs. Young people benefited from having enough staff and the potential to develop meaningful relationships.

Despite observing effective communication between managers and staff, we found this could be improved upon by focusing on and using outcome focused language in plans, team meetings and changeovers. Overall, we found there were some strengths, however, improvements were needed to improve positive experiences for young people.

## Areas for improvement

## How good is our setting?

4 - Good

Young people's rooms were personalised with their own belongings so that they felt comfortable during their stay.

Staff used systems in place to promote healthy lifestyles for young people who were encouraged to take part in activities and be part of the local community where they could develop a range of skills including social skills. This included young people being supported to spend time out of the house when they attended for their breaks.

We observed staff taking young people to the local supermarket to buy food with them. We also found that young people were supported to access local community resources and although this could be challenging for some young people, staff carried out risk assessments to make this safe for those involved.

Young people had access to local GP practices and there was local transport nearby to support young people explore their local community. We also read in records young people were supported to travel on local transport to increase their confidence being in different environments.

During the inspection we noted that often activities were planned at short notice or on the day. To enhance young people's experience of being out in the local community forward planning would support young people be more involved in the planning. We will look at this area at the next inspection.

### How well is our care and support planned?

### 3 - Adequate

During the inspection we looked at young people's records including personal plans and risk assessments. The content of some of the documents were confusing and there was a need for clear aims, goals, and guidance for staff to use to help young people achieve their aims and goals. We also saw that care plans could be improved to reflect outcomes and despite hearing good evidence of outcomes, this was not recorded clearly in care plans and risk assessments. There was also a need for clearer outcomes for young people to be developed with individual residents, so that this could reflect their hopes and ambitions. These should be recorded and used to influence care planning and to identify ways in which staff can directly support young people.

Although aspects of care planning were effective, we found that care planning by the service required improvement. One care plan we reviewed had not been updated within timescales, and in all plans, while outcomes were identified, these were general and not specific to the needs of the individual. The risk assessment format needed to improve, so that risks were clearly identified and were proportionate to the circumstances of each young person. Referral information, to help inform care planning, could have been more detailed and, while we found that regular reviews of support took place, these were not always fully recorded.

Despite some positive outcomes and achievements being recorded we felt that plans could be improved by being informed by rights and values. This would enhance young people's understanding and experience while staying in the service.

We found that there were some strengths in this area, however, improvements were required to maximise young people having clearer understanding of outcomes in their care plans and risk assessments.

We evaluated quality in this area as needing improvement, to enhance positive outcomes for young people.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The views of a minority of staff attached to the Woodburn service regarding induction and support should be explored.

Health and Social Care Standards - 4: I have confidence in the organisation providing my care and support - Wellbeing - 4.23: I use a service and organisation that are well led and managed.

**This area for improvement was made on 16 May 2018.**

#### Action taken since then

This recommendation has been met. Staff attend staff meetings with the team and are included in induction processes.

#### Previous area for improvement 2

Staff meetings should be held regularly.

Health and Social Care Standards 4: I have confidence in the organisation providing my care and support - Wellbeing - 4.23: I use a service and organisation that are well led and managed.

**This area for improvement was made on 16 May 2018.**

#### Action taken since then

This area of improvement remains outstanding and will be looked at the next inspection.

#### Previous area for improvement 3

All staff should receive regular one-one supervision from a senior/manager.

Health and Social Care Standards - 4: I have confidence in the organisation providing my care and support - Wellbeing - 4.23: I use a service and organisation that are well led and managed.

**This area for improvement was made on 16 May 2018.**

#### Action taken since then

This area of improvement has been met. The manager now has regular supervision with the staff team.

#### Previous area for improvement 4

The service should explore further the use of SHANARRI wellbeing indicators in care planning recording.



Health and Social Care Standards - 1. I experience high quality care and support that is right for me - Responsive care and support - 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

**This area for improvement was made on 16 May 2018.**

## Action taken since then

The service has made some improvements to introduce the SHANARRI wellbeing indicators in young people's care plans.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support children and young people's wellbeing?	3 - Adequate
1.1 Children and young people experience compassion, dignity and respect	3 - Adequate
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 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?	4 - Good
4.3 Children and young people can be connected with and involved in the wider community	4 - Good
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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.