

## St. Mary's Kenmure Secure Accommodation Service

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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 a registered charity (SC 029984). It is an approved exam centre with the Scottish Qualifications Authority (SQA), the registrar for Independent schools, and is regularly inspected by Her Majesty's Inspectorate of Education (HMIE).

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 gymnasium, and a cinema.

The accommodation for the young people is a single bedroom. This includes an en suite toilet and shower 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. Some house units have a well equipped sensory room.

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.

We carried out this inspection in January 2021, at the height of the Covid-19 pandemic. Following a considered risk assessment, we decided not to visit the premises in order to avoid any additional risk of infection to the young people and staff in the service. Instead, we carried out a virtual inspection, which involved examining documents online and interviewing young people and staff via Teams or by phone, and which also included a virtual tour of the premises recorded by young people.

## What people told us

During the inspection, we spoke with 13 young people via Teams. Almost all of them presented a positive view of the service and, particularly, their relationships with staff. One young person told us: "The staff are the best thing about St. Mary's. They are helpful. They always have time for you". Another told us: "This is the best place I have been in because people really listen to me and take my point of view into account".

A number of young people talked about staff spending time with them, joining in activities, and described having fun and a laugh. Some young people felt that the staff they had were really good but that there weren't enough of them. They complained that "their" staff were often called away to other units for one reason or another.

Young people also felt safe and some mentioned that respect for staff and other young people was important and promoted by staff. Young people confirmed that they were involved in their care plans and one young person described how they had been supported to express their views and have things move at their pace.

A number of young people described how they had made progress and talked about how they had been helped to manage their emotions and, in particular, how to manage anger. One young person told us: "I have grown up a lot. I have changed, matured since I've been here. I know how to behave, how to be polite".

Most of the young people we spoke to enjoyed education and clearly took pride in their achievements in school.

The young people we spoke to expressed a range of views about the food at St. Mary's Kenmure. Some didn't like the food but some said that they enjoyed the food and felt they were healthier as they were eating better than before.

Young people were very positive about the range of activities on offer.

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

### 3 - Adequate

All of the young people we spoke to described positive, supportive relationships with staff. The social workers and parents we spoke with agreed that relationships were good. The progress recorded in young people's plans suggested that these relationships helped them to achieve positive outcomes.

There was a nurturing environment, with young people enjoying physical interaction in a way that suited them. Young people and staff had fun together, including playing games, karaoke, baking and cooking, gym, swimming, and football. The fact that staff spent time alongside young people was one of the things they seemed to really appreciate. It helped to build and cement relationships.

Staff were sensitive to young people's feelings when they were arriving at St. Mary's Kenmure for the first time. There were clear policies and procedures which staff followed to make sure that the transition into St. Mary's Kenmure was as comfortable as possible. For example, one social worker told us that she was able to spend time with the young person she was responsible for to help him settle in on his first evening. A parent described how she was encouraged to make frequent contact to reassure herself that her child had settled well. Search policy and procedures reflected respect for young people's rights and dignity and were gender-sensitive. Searches were carried out on a risk-assessed basis.

There were positive examples of staff working with young people and others to understand and meet specific cultural needs. This had included inviting in individuals who brought special hair and skin products to suit different skin and hair types. There were discussions about the range of different beliefs and cook nights which celebrated food from different cultures.

There were good examples of staff working closely with young people to make sure that they were able to express themselves, including when verbal communication was difficult. Developing a close relationship and learning from young people about how they were best able to communicate had significantly impacted on their ability to communicate and, consequently, helped to reduce anxiety and increase positive experiences.

Young people were encouraged to express their views in various ways, including key time sessions, young people's meetings, and through ongoing informal opportunities. There were good examples of young people's involvement in choosing the décor of their bedrooms and shared living spaces. Some participation groups/opportunities had been adversely affected by Covid-19, though some had recently been reinstated (for example, the health and wellbeing group).

Young people exercised choice in their day-to-day lives. They receive personalised care based on an understanding of their individual strengths and preferences. Young people who had specific communication needs were enabled to express their views and able to make choices. For example, one young person with significant communication difficulties had been enabled to express their views and develop positive communication with staff, with the result that incidents of physical intervention had significantly reduced.

Young people were enabled to make the most of opportunities to connect with family and friends. Their right to have meaningful relationships with siblings was recognised and actively promoted where this is in their best interests.

Young people and their families were very happy with the way that families had been welcomed into St. Mary's Kenmure, with staff making a real effort to ensure that younger siblings, in particular, were able to relax and have fun. The outcome of this was that young people and families felt valued and included. We also found clear evidence, in one young person's case, of the support given to build and maintain positive relationships with family. This was very important to their care plan and progress and from their account and their mother's, this had been achieved.

From our discussions with young people, we heard that staff and young people had a lot of fun together. The environments seemed relaxed and staff focused on using humour to build positive relationships. Despite the limitations of Covid-19, young people still had access to a wide range of activities as well as chances to try new things. One young person had learned to swim, whilst others had developed keen interests in cooking and baking. Young people were regularly praised and encouraged.

The encouragement continued from care into education, where young people had individual learning plans. From our discussions with the head teacher, we could see clear plans to create resilient young people who were able to get realistic employment and hold onto those jobs. We heard that there were longer-term plans to create more vocational opportunities within St. Mary's Kenmure to help young people get ready for going back into the community.

We were impressed that school had continued throughout the lockdown with limited impact on the young people. A lot of hard work had gone into ensuring this happened.

There were numerous examples of young people who had previously disengaged from education, who were now attending and achieving national qualifications. The young people we spoke with clearly gained a sense of pride and achievement from their engagement in education.

At times, young people were unable to manage education and returned to the care environment. However, there were clear plans in place to support young people into education in a safe manner and throughout a very challenging and restricted time.

There were the foundations for young people to be given the opportunity to learn life skills. These were targeted towards young people getting ready for transitions back into the community. The staff had creatively utilised the tasks within the care environments to support learning and independence. Young people were given the opportunity to work within St. Mary's Kenmure in a well risk-assessed way. For

example, some young people were working in the kitchen, gaining life skills that would support them in the future and helping to create ambition and a desire for employment when back in the community.

Young people were protected from harmful use of the internet and social networks as a result of the IT systems in place. The quality of IT systems caused frustration for young people, relatives, and professionals due to the quality of connectivity across the service. However, at time of the inspection the service told us that this issue had been recognised and that a new internet provider had been identified, with a view to making improvements as a priority.

The service has a clear child protection guidance and policy linked to national guidance and up to date research. We found that this had been implemented most of the time. However, there had been occasions where young people had come to harm as a result of practice that was outwith this guidance or where the supervision of young people had been unsatisfactory. After these incidents, actions had been taken to analyse the events and plans had been put in place to ensure young people were better protected.

Some children and young people had developed the skills necessary to understand risk and make informed decisions to make their lives better. When young people relapsed towards historical negative behaviours, the staff helped them to refocus and continue on their positive journey. Some young people had moved on positively from St. Mary's Kenmure as a result of this approach. The service was developing and increasing the structured support to young people as they moved back into the community.

We saw some very positive examples of multi-disciplinary collaborative work which made successful transitions more likely.

However, we also noted that there were some young people who had been unable to make progress within St. Mary's Kenmure and had transitioned onwards without improvement. Where this had happened, we found that St. Mary's Kenmure had worked with relevant agencies to help access alternative suitable resources. Close attention to assessment of both the young person and the service's ability to meet their needs at the point of admission was recognised as being the key to successful placements.

Young people could be confident that if they were threatened or bullied by other young people, this would be challenged and addressed. Where young people came with charges directly related to discrimination, they will be supported to learn about diversity and the importance of being inclusive.

Staff were alert to tension between peers and took appropriate steps to address this, with any suggestion of bullying behaviour quickly identified and addressed by staff.

Within the past six months, St. Mary's Kenmure had established a specialist intervention team (SIT) which delivered a range of interventions identified for individual young people during a formulation assessment. It was helpful that a range of staff were involved in the assessment and able to contribute to it. Initial feedback from staff and via reports was encouraging, with plans for the SIT team to provide training for staff in understanding therapeutic approaches.

However, we found that staff's understanding of trauma-aware practice varied across the service, with some being positive about their training input, while others gave the impression that "it's what we have always done". While many had embraced the opportunities for young people, and for their own professional development, there appeared to be some resistance to this model of working in some parts of the service. The senior management team should make sure that it plans constructively to fully integrate the SIT team into the existing structure of the organisation.

Individual crisis management plans (ICMPs) identified well thought out strategies which were used to support young people in distress. Through the development of a more therapeutic approach, the service had achieved a significant reduction of over 28% in incidents of restraint over the past year. It is the stated intention of the senior management team to work towards the eradication of physical intervention.

Staff were trained in therapeutic crisis intervention (TCI) which includes de-escalation and physical intervention. Systems were in place for the recording of incidents of restraint. The sample of reports we looked at highlighted areas of learning regarding the use of TCI. It appeared that there were restrictive techniques used which TCI did not cover (for example, when moving young people) and a significant number of incident reports made reference to "digressing from TCI". From our review of incident records, we also found some that suggested that staff seemed to have escalated situations with young people.

The incident records suggest there is some work required in respect of staff approaches to incidents and in the learning from debriefs. There is a need to link more closely the systems for debriefing, quality assurance, and training to maximise the development of staff skills in this area and to support the organisation's aim of further reduction and eventual eradication of the need for physical intervention with young people (**see area for improvement 1**).

Children and young people had the support of a school nurse, the SIT team, and (outwith Covid-19) visiting doctors, dentists, and opticians. Initial healthcare assessments were carried out by the nurse and identified any immediate healthcare needs, including ongoing treatment or medication the young people needed. Dental care has been a massive challenge throughout the pandemic which has been a real loss for young people. The service was currently planning some structural changes so this could be reinstated.

All staff were trained to give medication, with the nurse auditing medication and organising medication reviews, where required. Overall, we found that the systems for managing young people's medication were safe and effective.

Young people had the opportunity to engage in a range of physical activities (slightly but not overly restricted by Covid-19) which supported good health and provided a purposeful structure to the day.

We saw some very positive examples of young people being helped to improve their sleep patterns with the support of SIT and care staff.

Some young people had enjoyed having pets and had cared for them responsibly over a long period of time. Staff were open to supporting young people to have pets and took an interest in them.

Young people's views on all aspects of the food varied widely. The chef discussed her plans (past and present) for young people to share their views. However, responses so far had been limited and had not raised the mixed views which were expressed to us. We saw good examples of the chef responding to young people's requests, of food rotas devised by the young people, and of more homecooked food than previously, yet there was still a number of negative responses to the meals provided. We felt that mealtime arrangements (including a lack of space for young people and staff to sit together and staff bringing their own food) could be improved.

Despite the continued mixed views about food, we recognised that there had been an improvement, overall, in the provision of food and the involvement of young people in this and that the service should continue to build on the progress made to date.

## Areas for improvement

1. The service should review the current practice of moving young people or otherwise digressing from approved therapeutic crisis intervention (TCI) moves and ensure that staff are fully aware of the limited circumstances in which this is acceptable.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24); and "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 leadership?

### 4 - Good

There had been a complete change of management team since the last inspection. The interim management team, comprising the director, service manager, head of education, and HR manager came together at very short notice to support St. Mary's Kenmure.

In doing so, and in the face of the additional challenges posed by Covid-19, they have done a remarkable job of providing support and security to young people. In addition, they have made good progress in a number of areas, including implementing a new, simplified supervision structure, developing the specialist intervention team, and securing a dedicated advocacy service through Partners in Advocacy. In addition, unit managers have provided a sense of security and continuity of care throughout very uncertain times.

There were some well organised structures in place for monitoring and improving the quality of the service. These included a range of checks and audits carried out by unit managers, assisted by assistant unit managers and supported by the quality improvement (QI) manager.

There were effective systems in place for auditing care plans. Both the unit managers and the QI lead had an active role in this process, which included checks that processes had been followed, checks for accuracy, and qualitative evaluation of the content. We found that this focus on the quality of care planning was reflected in the quality of the care plans we looked at, which were of a very good standard.

We suggested that the service should further develop its approach to quality assurance by making use of exit information and destinations to help to evaluate the impact of St. Mary's Kenmure on outcomes for young people.

There were systems in place for monitoring incidents of physical restraint. The information gathered was analysed and used for a variety of purposes, including reports to the board and to illustrate young people's progress. As noted elsewhere in this report, a greater focus on the quality and content of incident recording, including debriefs, is necessary to support improvements in this key area of practice.

Throughout the past year, the board of governors had demonstrated strong leadership and a commitment to service improvement for both young people and staff. They had undertaken a staff survey and published a response to issues raised. They planned to continue to use this going forward as a means of involving staff and listening to their views. They had put in place 'Ask the Board' as another means of ensuring that staff could raise issues directly with them.

We heard about the wider organisational plans. The interim director had undertaken an extensive evaluation of the service's performance and had reported to the board. There are a number of significant changes



within this report. However, we were impressed with the focus on The Promise and the need to direct the organisation in line with the Secure Care and Pathway Standards.

During the inspection, we found examples of very good practice, innovative approaches, and high staff confidence but this wasn't consistent across the service. The management team need to make sure that standards of practice develop evenly across the service.

They need to focus on key areas for improvement, including those already identified but also including the development of a clear model of care, embedding and integrating the SIT team fully, and a review of current practice in physical restraint.

Going forward, the service now needs to stabilise the management structure and ensure that staff and young people continue to be supported to recover from the uncertainties of the past year.

## How good is our staff team?

### 4 - Good

The service had in place a detailed process for assessing the numbers, experience, qualifications, and skill mix of staff required to support the young people, taking into account young people's individual needs and risk. These assessments were reviewed with in line with changing needs or circumstances.

There was a perception from some staff and young people that, on occasions, staff were moved from their unit to staff house unit five (HU5) to facilitate isolation for those young people who had been at risk of Covid-19.

However, we found that the service had in fact deployed additional staff in response to the need to staff HU5 and that there were sufficient numbers of staff, albeit that some staff may have been moved in order to provide an appropriate balance of skills and experience. We found that staff were committed to making sure young people's needs were met and adopted a flexible approach to their work patterns, where required.

Some staff reported low staff morale due to feelings of uncertainty around inconsistent Covid-19 guidance from external sources, together with the changes that had occurred within the management team through the year. We recognise that this has been an extremely difficult year and that much has been asked of staff in all roles within the organisation.

The senior management team gave assurances that while they can't always control the external uncertainty, they always consider the safety and wellbeing of young people and staff as a first priority. The commitment of the whole staff team during this time, and the way that they have provided continuity of care for young people throughout, is commendable.

The service training plan had necessarily been reduced due to the impact of Covid-19 guidance, however essential training, such as in child protection, child safeguarding, medication, behaviour management models, and the staff induction continued. Albeit, sometimes in condensed form. Staff were also continuing to identify their training needs in collaboration with house managers to develop their personal development plans (PDPs). Short, medium, and longer-term goals were identified. Furthermore, training and development themes for each house were identified and prioritised for 2021.

The training and development plan would benefit from synchronisation with the service development plan, as we found some inconsistent views and understanding of how these were to progress. The service should look to include topics relating to diversity and gender issues for all staff.



The service's six-week induction programme covered child protection, child sexual exploitation (CSE), therapeutic crisis intervention, PACE ASSIST (playfulness, acceptance, curiosity, and empathy model), health and safety, emergency first aid, as well as role clarification and care worker responsibilities. Although somewhat affected by Covid-19, considering the service had been able to continue to deliver a shortened induction covering prioritised areas of training. New staff were offered a high level of support through structured supervision and mentoring and it was clear that this had enabled recently recruited staff to develop skills and grow in confidence.

Staff were registered with the appropriate professional bodies, though a high percentage of registrations were conditional on them achieving the necessary HNC (Higher National Certificate) and SVQ (Scottish Vocational Qualifications) qualifications. The senior management team gave assurances that the organisation had in place sufficient resources and supports to enable staff to achieve the necessary qualifications within the prescribed timescales.

Whilst we found staff relationships were generally positive, we did note significant differences within staff groups on the views of the service development and progress. As noted elsewhere in this report, the senior management should make sure that staff approaches to care develop consistently across the service.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**5 - Very Good**

On the whole, young people were leading positive, healthy, enjoyable, and meaningful lives through the implementation of high quality, SMART (specific, measurable, attainable, relevant, and time-bound) care planning strategies. These were underpinned by robust assessments of risk and need. Recent changes to the approach have resulted in staff across the service being better informed about the needs of young people and how this impacts on them making progress.

Individual crisis management plans were detailed, individualised, and reflective of staff's understanding of young people. We found that the service actively sought and supported multi-agency involvement in the planning process. The SIT team is a recent development which we found was already enhancing the quality of assessment and individualised interventions for young people. This is relatively a new part of the service and needs to be given an opportunity to embed into the service as a whole.

There were good examples of the service and social work teams working together to agree plans that enabled young people to progress at the pace that was right for them. There were also some very good examples of collaborative planning which was aimed at providing the best possible support for young people leaving St. Mary's Kenmure.

We found very good evidence that young people were supported to contribute to the development of their care plans in a meaningful way. There was also very good evidence that staff advocated for young people and empowered them to express their views to good effect. The social workers we spoke with felt this was an important strength.

Written records for young people reflected rights, values, principles, and codes of practice.

## 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 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).

**This area for improvement was made on 23 March 2020.**

#### Action taken since then

The service had made some improvements to both the quality of food and the extent to which young people were involved in discussions and planning around food. Much more food was homecooked. At this inspection, there was still a range of views, positive and negative, about the quality of food. But, on the whole, we found that there had been an improvement. The service should continue to engage with young people on this matter.

#### Previous area for improvement 2

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).

**This area for improvement was made on 23 March 2020.**

#### Action taken since then

Due to the Covid-19 situation, we did not visit the premises. From videos presented by young people we found that there had been some improvements to the shared living areas and bedrooms, and that further improvements were planned. We were reassured by the fact that the service had requested a variation to its conditions of registration which eliminated the regular use of the three respite beds in HU5, which had previously been used to house young people on a short-term basis until a vacancy became available in the main units. Although still being used on occasion for young people who needed to isolate due to Covid-19, the practice of routinely using this least appropriate part of the service has now ceased.

## 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	5 - Very 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	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good

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 well is our care planned?	5 - Very Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	not assessed
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