

# A Life Explored Care Home Service

CUPAR

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**Service provided by:**

A Life Explored (Care) Limited

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## About the service

A Life Explored (Care) Ltd is registered to provide a care home service to a maximum of six young people aged between 12 years and 20 years. The service has been registered with the Care Inspectorate since April 2011 and operates from three rural houses in Fife with separate office premises. Each house can provide care for two young people.

The service provides 1:1 support and care aimed to help vulnerable young people who for a variety of reasons are unable to reside with their families. Young people have their own single rooms and the communal space in each of the houses consists of a sitting room, a kitchen and each house has a number of separate living areas.

Aims of the service include:

- To provide as home-like a place as possible, which may be different from what children have experienced so far in life, where children can experience nurture, safety and a sense of belonging and being cared for.
- To develop 're-parenting' relationships with our children which are nurturing and therapeutic.
- To be mindful of how our children communicate, supporting them to understand their inner world, their past and link them to their thoughts and feelings.
- To understand the importance of language and how this impacts our children and culture.
- To ensure each of our children goes to sleep at night in their own bedroom which is warm, clean, safe and cared for.
- To provide rhythms and routines which promote safety and wellbeing in our children.
- To provide an environment where coercion and physical restraint are unnecessary.
- To ensure that the adults looking after our children are positive role models.
- To ensure our children are engaged with education both formal and informal and that achievement becomes a part of everyday life.
- To work in partnership with the wider helping team to ensure their social, emotional and educational needs are met and they are offered aspirations for the future.
- To support the adults who are caring for our children both practically through training and creating a learning environment. Support adults emotionally through support and supervision.
- Understand the wider process and continually find ways to safely work through and break patterns of rejection for kids.

A Life Explored accepts referrals for children and young people with highly complex social, emotional and behavioural challenges, many of whom have been unable to maintain family based or residential care. The service remains committed to a non-violent environment that does not use physical restraint.

Each young person has a 'helping team' of three adults supported by a team leader in each house.

At the time of the inspection there were four young people living within two houses. One of the service's houses was not in use at the time of the inspection.

It should be noted that this inspection took place during the COVID-19 pandemic restrictions and therefore the revised methodology for conducting inspections in these circumstances. This consisted of a blended approach of scrutiny and a short on-site visit.

## What people told us

This inspection was undertaken during the COVID-19 global pandemic. We had the opportunity to undertake a short visit to both houses and met with all four young people living within the service. One young person chose not to speak to us. One young person spoke to us alone with the support of a member of staff. The other two young people spoke to us in the presence of staff, although one of these young people spoke with us briefly alone while showing us around the house.

We observed the interactions between staff and young people during these visits. Observations of these interactions were positive, nurturing and included appropriate use of humour and physical affection.

We received written and verbal feedback from seven placing social workers and a range of other stakeholders including education, health and external consultants.

We spoke with three family members/important people for the young people.

Feedback we received from young people included:

"I like it here and I have been made to feel welcome."

"The food is good, and we get to choose what we want".

"I don't like how much time I am allowed on the PC or TV".

"This is my home, but I don't always feel safe".

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

**2 - Weak**

We found that young people within the service experienced a warm caring and nurturing approach from staff teams who were dedicated to their needs and were motivated to follow the therapeutic "re-parenting" approach used by the service. This focused on attunement to the young person's mood state, positive role modelling, therapeutic conversations and opportunities for reflection to help young people to recognise and understand their behaviour and their responses.

All external professionals, families and education staff spoken to praised staff for "going above and beyond" to help their young person to overcome life challenges and move forward with their lives.

However, we have identified significant issues of concern which relate to staff confidence, training and well-

being and this is discussed fully under the How good is our staff team section of this report.

Young people experienced privacy within their bedroom spaces and confidentiality was assured, both in relation to written and verbal communication. A copy of the "easy read" version of the Health and Social Care Standards had helped them to understand their rights and most young people in the service were aware of how to raise a complaint.

Complaints to the care inspectorate have been raised by young people since the last inspection and we note that these have been dealt with in a sensitive and timely manner by staff in the helping teams and service managers.

We noted that young people were invited to give formal feedback via the service's survey monkey system. While this process is normally carried out on an annual basis, we heard that due to challenges associated with the pandemic, this has not been completed since April 2019. While we acknowledge the point made by the service, we felt that the time lapse was unfortunate and was an opportunity lost for young people to express their views in this more formal forum.

We heard that young people have participated in staff interviews and whilst this was encouraging, we were unable to see any consistent input from young people which informed the overall development of the service.

We asked the service to continue to improve and develop its participation process. This would ensure that young people have a wide range of opportunities to express their views and ensure good outcomes. We advised the service that we would be monitoring progress as a matter of priority at the next inspection.

We saw that staff had worked hard during periods of restrictions on movement and activities due to the pandemic. We observed that children had enjoyed a wide range of indoor and outdoor activities and had been encouraged to go for short bike rides on their own, thus encouraging trust and building skills to encourage interdependence.

Birthdays and all national holidays had been celebrated fully and the details written in daily diaries along with photographs which were included in the staff's weekly communication newsletter. These activities had allowed young people to have fun and build trust and strengthen their relationships with staff. Outdoor events had additionally provided a welcome break from their homes.

Children and young people should be fully aware of how different organisations can help them to feel empowered and enabled to express their views independently.

While we acknowledged that the service employed a children's rights officer through Barnardo's and had informed young people of this service when they moved in, staff spoken to advised that this service had not been accessed in any form, for over one year. Not all staff in helping teams were aware of the role of a children's rights worker.

We would encourage the service to embrace a culture which promotes informal or independent advocacy with an external professional who could visit the young people regularly. This would, we felt, allow for greater opportunities for young people to express their opinions and concerns independently of the service and may reduce feelings of isolation as well as and provide external supports and safeguards for them. This will form an area for improvement (1).

Young people should be enabled to engage fully in the school experience and maximise attainment as well

as attendance. This should include the development of life skills.

At the last inspection we noted that none of the young people was in full time education. We had asked the service to continue to progress their efforts to assist young people with their education.

During this inspection, we found that none of the young people had managed to attain school attendance on a full-time basis and that young people had missed out on some invaluable learning opportunities offered during the period of pandemic restrictions.

For example, we were told by teaching staff that places had been offered to all young people at a Life Explored, from January 2021. However, they were advised by the service that, due to the risks associated with the pandemic, they had taken the decision to undertake home schooling for all their young people. We were told that a period of further discussion with the managers of the service had resulted in unnecessary delays, in some cases, of several weeks. The service acknowledged that regrettable delays in attendance had been experienced by some young people.

We were hopeful that attendance would increase as this would also help with social contact, friendships and reduce feelings of isolation.

We further heard from teaching staff that one young person "not infrequently" presented at school complaining of extreme tiredness due to lack of sleep induced by the noise level and continually heightened behaviour within the home, especially where this involved police intervention. A level of concern was expressed for this young person's wellbeing and their ability to learn in such circumstances.

We felt that the service's response in relation to education would have resulted in poorer outcomes for young people in relation to their academic and social learning and their ability to reach their potential and make constructive and aspirational plans for their future as adults. This will form Requirement 1.

The service's policy does not endorse the use of physical restraint under any circumstances. There was a strong emphasis on de-escalation techniques in which all staff have been trained. However, during this inspection, we saw that on a number of occasions police were needed to intervene. We were concerned that, though used as a last resort, police intervention, at times requiring forced entry, would have a traumatic and negative effect on the emotional regulation of young people involved and other young people in the house. Therefore not all young people felt safe in the service and we saw that, on occasions, young people's safety and wellbeing was compromised.

Prior to and throughout this inspection, we had been notified of serious incidents of physical and verbal aggression which had involved some young people whose distressed behaviour could not be contained.

Some young people expressed fear and anxiety when locked in their own bedrooms, sometimes for lengthy periods, while staff attempted to contain the other young person's heightened behaviour. We further noted that another young person in the service had received a verbal threat of harm from a young person known to be volatile and aggressive when in a state of heightened behaviour.

We heard from staff, and noted from records, that some young people had expressed that they felt fearful and anxious because staff were not able to prevent them from harming themselves (by removing a weapon from them, for example) or from hurting the staff themselves. Staff spoken to told us that their concerns, when reported, were minimised or dismissed as responses associated with past trauma experienced by young people that would not be acted upon.

We were told that this perceived lack of support had resulted in some staff feeling very stressed and unconfident in their own ability to keep young people safe.

We considered that staff whose own emotions were uncontained would be less able to provide the high quality of care required to ensure that the young people in their care always felt safe and secure.

We concluded that young people's safety and security needs were not always met within the service. These concerns require to be addressed in the form of structured improvements by the provider and will form Requirement 2.

We found that children experienced nurturing, therapeutic care by staff who had a good understanding of trauma and had recognised and promoted young people's capacity for growth and change.

We were pleased to find that the service had continued to provide nourishing and freshly prepared meals and that young people had actively been involved in food preparation, choice of weekly menu as well as looking after the service's chickens who provide a fresh supply of eggs. We felt that this encouraged young people to understand and care for chickens as pets and as a source of fresh food.

While we were satisfied that the young people's physical health needs were proactively met and that effective measures were in place in relation to medication in line with legislation, we were concerned that young people living at A Life Explored had not had their mental health needs fully or effectively met.

We were particularly concerned to learn that work with the community adolescent mental health service (CAMHS) to help a young person with acute and complex mental health issues had been delayed over a lengthy period and only now fully progressed. We also heard from the same mental health service that they had not received a referral for another young person who was in crisis despite the assurances we had been given that such a referral had been made.

While we accept that aspects which affected progress of this referral were beyond the services control, we felt that an earlier and more co-ordinated approach by social work professionals and A Life Explored staff, might have assisted in more successful and improved outcome for this young person.

We acknowledge that the service provided an induction programme and relevant on-going training. However, we felt that, given the highly complex needs of the young people looked after, the service should develop an improvement plan which has a robust and preventive approach, to young people's mental health. This plan should reflect the views and opinions of staff and young people. This will form an area for improvement (2).

Overall, we felt that there were some strengths that could be identified but these were outweighed by serious and significant weaknesses in critical aspects of the services performance, such as the assurance of the young people's welfare and safety, which substantially affect people's experiences and outcomes. This informed an overall grade of weak for this key question.

## Requirements

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

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state "I am supported to achieve my potential in education and employment if this is right for me" (HSCS 1.27) and "I am encouraged and supported to make and keep friendships, including with people of my own age" (HSCS 2:19).

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. In order to prevent serious risk to young people's safety and wellbeing, the provider must ensure all young people and staff are protected from violent incidents and the living and working environment is safe. Appropriate procedures should be developed and put in place to ensure this is the case.

This is to ensure care and support is consistent with 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);

'My needs are met by the right number of people' (HSCS 3.15).

'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made' (HSCS 3.22) and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This is in order to comply with Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

### Areas for improvement

1. The service should ensure that young people have full and meaningful access to a range of services that support their rights, views and life choices . This should include advocacy services.

This is to ensure that their care and support is consistent with Health and Social Care Standards, which state

"I am empowered to be as independent and as in control of my life as I want and can be" (HSCS 2:2) and

"I am supported to understand and uphold my rights" (HSCS 2:3).

2. The service should ensure that all young people can access specialist intervention and a range of professional advice to ensure optimal health, well-being and recovery.

This is to ensure that care and support is consistent with the Health and Social care standards, which state:

"I know how different organisations can support my health and wellbeing and can contact them if I wish" (HSCS 2:26) and

"I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services" (HSCS 1.28).

## How good is our leadership?

## 3 - Adequate

The provider's ambitious, child-focused vision and values were clearly identified in their aims and objectives. However, the provider had further progress to be made before they could implement their vision of a 'specialist' service with a skilled and experienced staff group supporting young people with complex needs. We have addressed this through some of the requirements in the How good is our staff team? section of this report.

In line with our findings during this inspection, we would ask that the service look at the Care Inspectorate's admissions guidance and consider updating their aims and objectives to include detail on staffing skills, experience and arrangements. This will form an area for improvement (1).

We found that the service had in place an up-to-date improvement plan. This was written to the SHANARRI (safe, healthy, active, nurtured, achieving, respected and responsible and included) well-being indicators from Getting it Right for Every Child (GIRFEC). Whilst this plan had been updated and showed evidence of progress within the service, we felt that it could be more SMART (specific, measurable, achievable, realistic and time-bound). This would help ensure that identified items are monitored, their progress sustained and would act to evidence a strong commitment to ongoing improvement and outcomes for young people.

Since the last inspection, the service had completed a staff workplace morale exercise after concerns were raised by staff at all levels about issues that affect morale including support, supervision and communication. A recovery plan was also completed regarding the service's staffing levels in August 2020. These were comprehensive pieces of work. Both of these had aspects which we felt could have been included in the service improvement plan. We would recommend that the service consolidate all plans together in order to create one comprehensive plan.

We heard that the service formally sought feedback in the form of an annual survey. Questionnaires were issued to young people, families, social workers and their own staff to gather their views about the quality of service provided. They subsequently reported on this feedback in the annual report.

We would like to see the service better evidence the ongoing feedback and self-evaluation it uses throughout the year as we saw no continuous, robust evaluation of young people's outcomes and experiences to ensure they receive the best possible care and support.

During our inspection we found that there were some systems in place to monitor service delivery (including medication, environmental, case file and management audits). Managers told us that they regularly reviewed key documents, however the overall evidence was mixed and we were unable to fully evaluate the effectiveness of the service's quality assurance systems in improving outcomes for children and young people. This will form an area for improvement (2).

The service was using exit interviews to gather the views of staff who have moved on. We saw no evidence that the service has undertaken an analysis of these views which would inform any improvements in outcomes.

We asked the service to consider how it lets people know how they have influenced the service. For young people this is important so they can have evidence of being influential and give them confidence to have their voice heard.

We found leaders to be passionate and visionary and they were routinely involved in meetings about the



young people. Managers were involved in the care and support of young people and play a key role in monitoring the quality of experiences, safeguarding and promoting positive outcomes.

Whilst there was a real recognition of the potential of the impact of the pandemic we felt that the managers could have made better use of technology and virtual means of keeping in contact with the individual houses. The service had in place a strict COVID-19 policy which, while positive, was very restrictive for both staff and young people and in our view was led by anxiety about low staffing levels and the potential impact on the service of any COVID-19 outbreak.

We heard of a number of positive changes in recent months such as weekly meetings to take place with the police, review of on call policy and the implementation of the learning space, however, some of these appear to have been, in our view, crisis driven and were at such early stages of implementation we were unable to form an analysis of these and we will therefore review these at the next inspection.

A consistent theme of feedback from staff was about poor communication between managers and staff. We saw that this was highlighted in the staff morale exercise in August 2019 and were concerned that this theme was still evident. We heard that managers are working hard to improve communication. We asked the service to consider how to make communication more robust to ensure that staff are fully informed and also in order to allow young people to understand why changes may have been made to their care plans. Poor outcomes for young people could be anticipated if communication and lack of clarity for staff does not improve.

We would ask that the service undertake a self-evaluation in order to identify a plan of improvement. This forms an area for improvement (3).

Following a very serious incident, the service had commissioned CALM training to undertake a critical incident analysis. This was followed up by a consultation with CALM to discuss and review practice. This was a positive piece of work which will support the service to develop further. We would ask the service to consider these recommendations fully and incorporate them into a comprehensive service development plan. We will review the progress made at the next inspection. This will form a requirement (1).

Overall, we identified some strengths but felt that these just outweigh the weaknesses. Strengths may have a positive impact but the likelihood of achieving positive experiences and outcomes for young people is reduced significantly because key areas need to improve. We have graded this key question as adequate.

## Requirements

1. The service must demonstrate to the Care Inspectorate how they have considered the recommendations from the CALM consultation and provide us with an action plan by 14 May 2021.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state

'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11) and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS 4.14).

This is in order to comply with Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. The Aims and Objectives for A Life Explored should reflect its current use as a service for young people with complex needs and who have experienced a range of social, emotional and behavioural challenges which require a high level of understanding and support. The Aims and Objectives should reflect the high-level needs of the young people staff will be expected to support.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

'My care and support meets my needs and is right for me' (HSCS 1.19) and

'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

2. To ensure that young people have confidence in the service providing their care and support the service should develop comprehensive and effective systems for auditing and learning from records, reviews and consultations.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

3. The provider should implement a process of self-evaluation to help identify where to target efforts to support improvement. This process should involve obtaining the views of young people, parents, staff and other stakeholders. The service should review the service improvement plan in light of the self-evaluation, the findings of this scrutiny assessment and the impact of the pandemic, with a view to ensuring this is a realistic and achievable plan for the short- to medium-term.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

**2 - Weak**

Staff evidenced warm, nurturing and genuine relationships with young people. Knowledge of the individual needs of young people supported positive interactions. Young people were seen to be benefitting from a committed staff team.

We saw that staff employed were required to have a high level of self-awareness and an ability to reflect on the impact of their responses on young people they looked after. This approach was underpinned by the provision of a range of internal and external therapeutic supervision.

The service evidenced that they received a high level of support from a range of external consultants. However, we were, at times, unclear who attended these sessions and there was limited evidence of how information and learning was then shared with staff.

We were concerned to find that significantly high staff turnover means that a high percentage of staff had not yet obtained the minimum qualifications and therefore had conditions attached to their Scottish Social Services Council registration (SSSC). The service should review their recruitment process to ensure they are recruiting staff who can meet the complex needs of the young people being cared for. This forms an area for improvement (1).

The service has a robust induction process which has recently been reviewed and updated, however, there was limited evidence of follow up training on attachment and trauma in order to aid a deeper understanding. We were not confident that all staff have been equipped with the relevant training and support and are not all highly skilled in resolving conflict which could result in poor outcomes for young people.

Some staff felt they lacked the skills and confidence to meet the needs of children and young people with more complex needs. They also felt that the training provided, whilst in some instances being of good quality, had not filled these perceived deficits. We were of the view that there is a need for more in-depth learning in order to support staff to care for complex young people. This forms a requirement (1).

We found that the service routinely complete incident reports and de-briefs with staff after a significant incident. These supported reflections and development of staff. The service had at times struggled to meet more complex areas of need with consistency and confidence. This was reflected in a number of incidents where the level of emotional distress, physical aggression and increased risk presented great challenges to the service. Poor outcomes can be anticipated for young people involved in such incidents.

A significant number of staff told us that they do not feel safe at work, therefore, we are not confident that they can provide emotional containment for young people. Many staff told us that morale was low with a lack of support from managers being a key feature of this. The staff morale survey in August 2019 does not appear to have addressed this and this continues to be a feature within part of the staff team.

We found that staff were not confident to report unsafe working practices and concerns. This was evidenced by the number of staff who requested to remain anonymous during their feedback and the high number of complaints made to the Care Inspectorate in recent months.

We reviewed a sample of team meeting minutes and questioned their effectiveness. We saw some opportunities for group discussions about approaches to young people's care, however, we found there was mixed attendance and a lack of clarity of action points and follow up within the records.

Following a recent review, we were told that reflective group meetings have been replaced with learning spaces. These are in the early stages and we will review the effectiveness of these in future inspections.

We were unable to see how the individual needs of young people influences staff development and training.

We found that the service had not fully implemented care and development plans and 6 month probation reviews for staff. We therefore concluded that there was limited evidence of the monitoring and development of staff values, skills and knowledge base of staff which could lead to poor outcomes for young people.

There were mixed responses from staff regarding the quality and frequency of supervision. We reviewed a sample of records and found them to be generally lacking evidence of an appropriate space to reflect and there is limited discussion and identification of learning. The frequency of supervision for staff varied, with some longer gaps of up to three months. We were reassured to hear that during the footprint of this inspection all managers had attended supervision training and that for one of the houses the decision had been made to increase staff supervision to 2-3 weekly. The service acknowledges the impact of a significant incident with one of the young person and were responding to support the staff team. In addition to this, we were told that there are plans for a weekly house meeting to be implemented which we hope will support improved outcomes for young people. These are all very recent changes and we are unable to report on the effectiveness of these for this inspection. This forms an area for improvement (2).

A strength of the service was the provision of regular clinical supervision with an external supervisor. Staff told us that these were valuable sessions.

In order to improve outcomes for young people the service should ensure that all aspects of support are working as a whole, as at present we felt that the ability of staff to provide attuned care and support is compromised. We were concerned that not all elements were working together to provide a consistent level of support to all staff which in turn will have an impact on the progression of positive outcomes for young people.

The 'helping team' model and 1:1 ratio is a strength but also a challenge for both staff and young people. We heard from staff that they recognised the importance of this model, but it was clear from the evidence we reviewed that there were times that it was overwhelming.

We consistently heard that staff teams are working very hard to care and support for young people. When we visited the houses, we found a warm, welcoming atmosphere and observed positive interaction between staff and young people which included physical affection.

For some young people, the service had identified a need for and provided increased staffing levels, on a temporary basis. There has been some assessment of the people assessed as a third person on shift, however, this level of analysis of skills and mix of shift partners does not routinely take place and it did not readily show a link between young people's individual needs and arrangements for ensuring the right number of staff with the appropriate skills. We were concerned that despite significant incidents and discussions with the police regarding the need for a third person in one of the houses, the service had not completed any assessment and analysis of the numbers of staff needed on shift. This forms requirements 2 and 3.

The A Life Explored model is based on predictability, stability and consistency. While every effort is made to achieve this, issues such as high staff turnover mitigate against this.

There has been significantly high staff turnover in the service. Turnover exceeds the national average for similar services. Young people require consistency, security and stability within their day-to-day environment. We considered that this high turnover leads to young people experiencing a lack of consistency and stability in how their care and support is provided and limits their ability to build trusting relationships with staff. This forms a requirement (4).

Recruitment and retention had been highlighted in the last four inspection reports and there has been limited progress on this.

There was an insufficient number of suitably skilled, qualified and experienced staff with the confidence to

support children and young people with such complex needs. Without significant investment in staff development and support, this seems unlikely to improve to the required standard.

We identified that there were some strengths but felt that these were outweighed by significant weaknesses. These weaknesses can substantially affect young people's experiences or outcomes. Overall, we have graded this key question as weak.

1. The provider must ensure all staff are sufficiently confident, skilled and experienced to look after young people with highly complex needs and safely manage unplanned escalated behaviours. The service must undertake a training needs analysis for each member of staff. Based on the findings the service should produce a robust and comprehensive training package. The service's training provision must be informed by the individual needs of the young people being cared for.

This is to ensure care and support is consistent with 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);

'My needs are met by the right number of people' (HSCS 3.15) and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This is in order to comply with Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. Risk and staffing needs assessments must ensure that both care and support arrangements and placement agreements are predicated on the safety of young people and staff being of paramount concern.

This is to ensure care and support is consistent with 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);

'My needs are met by the right number of people' (HSCS 3.15) and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This is in order to comply with Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. The provider must immediately review the existing risk assessments for all houses and implement the resulting strategies to ensure the safety of children and staff. The provider should put in place a coherent system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day, taking into account young people's physical, emotional, and social needs. They should review and record this on a four-weekly basis in line with Care Inspectorate guidance.

This is to ensure 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 and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.13) and

'My needs are met by the right number of people' (HSCS 3.15).

This is in order to comply with Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. In order to ensure that children and young people have continuity of relationships and consistent, stable care and support, the provider must make demonstrable inroads into addressing staff turnover within the service. This should include a policy review in respect of duty of care and right to of staff to use reasonable force to protect and defend oneself.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships' (HSCS 3.5).

This is in order to comply with Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

1. The provider should ensure that staff selection methods accurately reflect the more complex needs of young people the service is caring for and the skills and characteristics required of staff.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that;

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. The provider should ensure that staff have regular opportunities for good quality supervision and enhanced learning opportunities.

This is to ensure 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), and

With the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will:

'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

## How good is our setting?

## 3 - Adequate

We saw positive examples of well thought out planned programmes of transition to help those who had been moving on from the service; information shared reflected warmth and respect for the young person

and a robust appraisal of their on-going needs.

We viewed records of post "catch up" meetings, written by the members of staff from the helping teams. These reminded young people who had left the service that they were a valued and supported member of the "Life Explored family"; these were kept in their records should they wish to access these at any time in future. We felt that this was a particular strength of the service.

Young people benefit from having meaningful connections where they could have fun with their friends and family and connect with events and interests in the wider community.

While we acknowledged the restrictions in place during the past year due to the pandemic, we felt that more could have been done to anticipate all the young people's needs to maintain close links with, friends and the local community during this difficult period.

For example, social workers and staff spoken to agreed that direct contact between these young people and their large extended family was not as frequent as it could have been and that communication between the services involved could have been better. Whilst we accept the detail of the arrangement is primarily the responsibility of the Local Authority, we felt the service could have made stronger efforts to work collaboratively and escalate any concerns as needed.

While we noted that some recent improvements, for example more weekly contact with their social worker, had been implemented following a serious incident, we felt that such limitations to engagement with family and friends would have increased feelings of isolation and frustration for young people who had lived with the existing restrictions to their freedom due to the pandemic over a long period of time.

We further considered that the service's policy in relation to permitted access to the internet for one hour per day, at an allotted time, for all young people, lacked flexibility. We thought that such a uniform approach, which involved close supervision by adults, in a public area was unnecessarily restrictive.

Overall, we felt that the above approach would result in poorer outcomes for young people who had not been given sufficient opportunities to build trust and confidence their ability to make safe choices and to develop confidence in their ability to use social media to enhance contact with their family, friends and community.

We thought that such measures would have been particularly important to young people who had very limited opportunities to interact with their peers in a school environment and whose physical living environment was relatively remote and isolated.

We would ask the service to continue to improve and develop opportunities for young people to connect with their wider communities and this will form an area for improvement (1).

We concluded that there were some strengths which could be identified but these were just outweighed by important areas of weakness, which, unless fully addressed, would reduce significantly positive experiences and outcomes for young people in the service. This informed a grade of adequate for this key question.

1. The service should implement a robust policy to ensure that positive, regular and meaningful contact between young people living at "A Life Explored" and their siblings, parents and friends. The service should further identify resources within their local or wider community which may contribute to young people's wellbeing, learning and life experience.



This is to ensure compliance with Health and Social Care Standard:

"I experience care and support free from isolation because the location and type of premises enable me to be an active member of the community if this is appropriate" (HSCS 5.9).

## How well is our care and support planned?

## 3 - Adequate

We reviewed plans and found that there was an updated care plan in place for each young person. A comprehensive 'Moving Forward Plan' was linked to the SHANARRI (safe, healthy, active, nurtured, achieving, respected and responsible and included) wellbeing indicators from Getting it Right for Every Child (GIRFEC). A 'Keeping Safe' plan detailed risks and challenges and outlined how these would be responded to by the staff to ensure that they used shared strategies to minimise harm.

The service should ensure that they have in place clear recording of the referral and matching processes for new admissions as we saw limited evidence of this being implemented for the newest admission. This will ensure that the service evidence a clear assessment of young people coming to live in the service and this will improve outcomes by strengthening the development of the initial 'Moving Forward' plan and considerations for staff training and support needs.

We were concerned to hear that staff have no access to additional background info, only the referral form. The potential for negative impacts from the resulting lack of awareness and knowledge of staff cannot be underestimated. During this inspection the managers told us they were aware of this and were rectifying this. We will follow up progress at the next inspection.

There were care plans in place to maximise the safety of young people and we found that risk assessments were up to date. To support improved outcomes for young people we asked the service to ensure that all relevant information was clearly outlined in these plans as we did identify some discrepancies within care plans which gave us cause for concern as to how robust they were.

We were pleased to find that all 'Moving Forward' plans were up to date and there was evidence of regular review either after a significant incident or on a monthly basis. However, these plans did not reflect the input and collaboration with the young people or other agencies. The service should ensure they record who they have consulted with regarding risk assessments and care plans.

We reviewed other records, including daily logs. These were addressed to the young person and written in a friendly, informal way. The empathic language used within young people's records, confirmed to us that the staff were knowledgeable about the impact of negative life experiences for young people.

We were encouraged to hear that weekly reports were sent to social workers which outlined key appointments and events from the week. From the sample we reviewed we saw a good balance of strengths and weaknesses recorded. We were told that young people take part in the creation of these but could see no evidence to confirm this.

Whilst the service had in place a package of care planning, we found we were unable to fully determine how young people were being supported and how their progress in relation to identified outcomes was being measured and evaluated. The information held in 'Keeping Safe' plans and 'Moving Forward' plans did not provide us with evidence on the progress of young people.



We asked the service to consider how they could further develop their SHANARRI (safe, healthy, active, nurtured, achieving, respected and responsible and included) plans. We would like to see evidence of goals and the development of young people which show improved outcomes and demonstrate strategies to progress development.

Crucial to the evaluation of outcomes for this key question, we were unable to evidence the participation of young people in their care planning during this inspection. Evidence indicated to us that young people were aware of their 'Moving Forward' plans and in particular their 'Keeping Safe' plans, however, we were unsure how they contribute to these in a meaningful manner.

We asked the service to ensure that children and young people are fully involved in the care planning and review process. This will ensure that they experience care and support in line with their wishes and preferences and that outcomes are individualised.

We saw no evidence that the service had worked closely with advocacy and children's rights services to support young people to communicate and direct their views. This issue was identified in the last inspection and there appeared to have been no progress.

Overall, we identified some strengths but felt that these just outweigh the weaknesses. Strengths may have a positive impact but the likelihood of achieving positive experiences and outcomes for young people is reduced significantly because key areas need to improve. We have graded this key question as adequate.

## Requirements

1. Care plans need to be developed in consultation with young people to reflect their individual choices and preferences. Care plans must reflect a responsive, person centred approach. The service must ensure that goals identified within care plans are SMART (specific, measurable, achievable, realistic and time-bound). This would enable staff to be clearer about how to support young people to achieve their individual goals and aspirations.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'I am fully involved in assessing my emotional, psychological, social and physical need at an early stage, regularly and when my needs change' (HSCS 1.12);

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14);

'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' (HSCS 1.15) and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This is in order to comply with Regulation 4(1)(a) and 5 (1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

### Requirements

#### Requirement 1

The provider must ensure all young people and staff are protected from violent incidents and the living and working environment is safe.

To be completed by 16 January 2021

This is to ensure care and support is consistent with Health and Social Care Standards:

3.14 - 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; 3.15 - My needs are met by the right number of people and 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 15 January 2021.**

#### Action taken on previous requirement

The service required to provide more detailed evidence of how this requirement had been made and we continued to be concerned about the serious incidents being reported to us. We will continue this requirement.

**Not met**

#### Requirement 2

Risk and staffing needs assessments must ensure that both care and support arrangements and placement agreements are predicated on the safety of young people and staff being of paramount concern.

To be completed by: 16 January 2021

This is to ensure care and support is consistent with Health and Social Care Standards:

3.14 - 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; 3.15 - My needs are met by the right number of people and 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 15 January 2021.**

#### Action taken on previous requirement

The service had made some progress in reviewing risk and staffing needs assessments, however, further work was required to ensure this was robust and supported improvements in outcomes for young people. We will continue this requirement.

**Not met**

### Requirement 3

The provider must ensure all staff are sufficiently confident, skilled and experienced to look after the young people and safely manage unplanned escalated behaviours.

To be completed by: 22 January 2021

This is to ensure care and support is consistent with Health and Social Care Standards:

3.14 - 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; 3.15 - My needs are met by the right number of people and 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 15 January 2021.**

#### Action taken on previous requirement

The service were unable to provide us with sufficient evidence of progress with this requirement. We will continue this requirement.

**Not met**

### Requirement 4

The provider must ensure sufficient staff, with appropriate experience, are on duty to safely care for all young people.

To be completed by: 16 January 2021

This is to ensure care and support is consistent with Health and Social Care Standards:

3.14 - 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; 3.15 - My needs are met by the right

number of people and 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 15 January 2021.**

## Action taken on previous requirement

The service had undertaken a staffing assessment for one of the houses, however, we felt it did not readily show a link between young people's individual needs and arrangements for ensuring the right number of staff with the appropriate skills. We have asked the service to ensure that they have a staffing assessment in place for both houses currently in use. We will incorporate this into a new requirement.

**Not met**

## Requirement 5

The provider must immediately review the existing risk assessment for Daubs House and implement the resulting strategies to ensure the safety of children and staff. The risk assessment must include a comprehensive review, assessment and detail on the following practice areas:

The process of production, and resulting outcomes, for the matching of staff, gender, competence and numbers to ensure the safety of staff and young people whilst taking into account the needs of individual children, the number and mix of children, and any difficulties being experienced by young people.

Clarity of the evidence used to support the assessment and decision making for the staffing ratio of 2:2 and how this assessment was reached.

Clarity of evidence used to support the assessment and decision making for when additional staffing above the ratio of 2:2 is to be implemented and how this assessment was reached.

The rationale for the gender mix of staff on shift and the justification for any variance to this.

Evidence of the daily recording of the staffing level and skill mix.

The criteria for ascribing the levels of experience of staff within staff rota planning and the process for managing this allocation of staffing.

Detail on the lengths of shifts and agreed start and finish times.

Rota arrangements and patterns.

The assessed need for the numbers of staff required to be on duty at night and whether these staff need to be wakened or sleeping over.

Contingency plans in the event of a shortfall in staffing levels.

The criteria for assessing shift leader support and additional management cover on a shift-by-shift basis.

A critical analysis of the predictability of recent violent incidents and the impact this has on the robustness of the assessment of staffing levels and the sustainability of safe living and working conditions for young people and staff.

The rationale and evidence to support that all young people in the service can be safely cared for, and not unnecessarily traumatised, during unplanned incidents.

To be completed by 22 January 2021.

This is to ensure care and support is consistent with Health and Social Care Standards:

3.14 - 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; 3.15 - My needs are met by the right number of people and 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) and 15 (a) & (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 15 January 2021.**

## Action taken on previous requirement

The service had undertaken a staffing assessment for one of the houses, however, we felt it did not readily show a link between young people's individual needs and arrangements for ensuring the right number of staff with the appropriate skills. We have asked the service to ensure that they have a staffing assessment in place for both houses currently in use. We will incorporate this into a new requirement.

**Not met**

## 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 management and staff team should familiarise themselves with the Health and Social Care Standards (2017) and ensure that children and young people are aware of the standards.

This takes account of Health and Social Care Standard 3:14 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 and 4:1 I have confidence in the organisation providing my care and support.

This area for improvement was made on 9 May 2019.

## Action taken since then

The Health and Social Care Standards (HSCS) are now fully introduced and discussed within the services new week long induction programme. The HSCS have been incorporated as a topic to be discussed at the services "learning space" – a regular meeting for reflective training for all staff.

Young people have access to the easy read version of the HSCS.

## 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?	2 - Weak
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	2 - Weak
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?	2 - Weak
3.2 Staff have the right values, skills and knowledge to care for children and young people	2 - Weak
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	2 - Weak

How good is our setting?	3 - Adequate
4.3 Children and young people can be connected with and involved in the wider community	3 - Adequate
How well is our care planned?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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