

Old Mill

School Care Accommodation Service

Branshogle
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Glasgow
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Telephone: 01360 449 009

Type of inspection:
Unannounced

Completed on:
26 March 2021

Service provided by:
Spark of Genius (Training) Ltd

Service provider number:
SP2006008009

Service no:
CS2009232535

About the service

Old Mill is registered as a school care accommodation service provided by Spark of Genius (Training) Ltd. The service is registered to provide care to five children and young people aged 10 to 18 years.

Spark of Genius (Training) Limited state as their aims and objectives: 'We aim to function as one coherent residential childcare system; with consistent policies, practices, procedures and management across all of our homes. As part of this system, we will deliver care to the standards set out in the National Care Standards'.

The service includes in its Statement of Aims and Objectives:

'The Aim of Old Mill is to provide a safe, nurturing yet stimulating environment in which young people that have previously experienced emotional pain, social and academic failure and rejection can stabilise their behaviour. Our Children's Home has Education provision at a co-located School, which also admits day pupils. Our Registration with the Care Inspectorate is a children's Home, registered with C.I. to work with up to 5 emotionally troubled and vulnerable young people aged between 10 and 18 years of age'.

At the time of our inspection three young people were staying in Old Mill and one young person was transitioning to kinship care.

Due to COVID-19 restrictions, we used a blended approach to our inspection which involved a combination of remote scrutiny.

What people told us

Young people indicated to staff they did not wish to speak to inspectors during the inspection. We sent a questionnaire and asked the service to pass copies to young people and ask for their comments. We received one questionnaire back which reflected positively on the service.

We asked the service to contact parents to seek their permission for inspectors to contact them however we did not receive any contact details for parents from the service.

We spoke with four Social Workers during the inspection. Their views are contained within the report.

From this inspection we evaluated this service as:

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

How well do we support children and young people's wellbeing?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care planned?	3 - Adequate

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

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

3 - Adequate

Staff told us of the warm and meaningful relationships they worked hard to create with young people. There was a real sense of nurturing and caring when they spoke about the young people in their care. This was supported by information we received from external professionals who confirmed young people spoke to them in a positive manner when mentioning members of staff.

Night staff spoke to us of how they supported young people to settle at night and there were good examples of their understanding of situations and potential trigger points for young people.

In the minutes of young people meetings, we could see that the service encouraged an ethos of respect and understanding, for example reminding staff to knock on bedroom doors before entering and recognising young people's privacy and dignity.

We spoke to representatives of the advocacy organisation 'Who Cares' who supported the caring, respectful ethos that was evident in the service. 'Who Cares' told us that they had not had opportunities to speak with young people currently staying at Old Mill and this was largely due to the pandemic and being unable to meet with young people and create relationships. They said they were able to speak with staff on the phone who passed on any issues on behalf of young people. We would encourage the staff group to discuss advocacy with young people and make them more aware of the benefits of this and other advocacy services. **(See Area for Improvement 1).**

It is recognised that many of the staff group, including the manager, are new to the service and, whilst some do not have experience in residential childcare, they bring many unique skills to the service. We found good examples of young people being supported to maintain relationships which were important to them. Contact with family members and carers was planned and facilitated sensitively and safely, which promoted positive experiences. Good communication with key professionals meant that challenges in this area could be managed well to reduce the risk of poorer experiences for young people.

Young people were supported in their education. We heard of good examples from external professionals of the support young people received to attend school or take part in home schooling. We saw evidence of staff maintaining positive links to achieve this.

We asked for information relating to complaints that young people had made. We received some completed records but would encourage the service to maintain robust record keeping practice in relationship to all complaints. **(See Quality Indicator 2.2).**

There were records of significant incidents involving young people who no longer stayed in Old Mill. Staff reflected that at times they felt they were ill-prepared for the admission of young people and thought the matching process was not as robust as it could be. In particular, this was evidenced in poor outcomes for two young people. To support good outcomes, it is important the staff group can continue to develop and therefore any new admissions should be considered carefully. **(See Quality Indicator 2.2).**

We found the service had an appropriate child protection policy and procedures in place and these were made available to us. In general staff were aware of the procedures, however, we noted that two instances were not reported to the relevant authorities or recorded in line with this. **(See Requirement 1).**

We saw examples of staff being involved in good multi-disciplinary working to support young people's plans. This was also commented upon by young people's social workers as a positive aspect of service provision. Where young people experienced additional health needs, we found they had access to specialist services. Where needed, staff provided young people with additional encouragement and support to engage with these.

We found good evidence of young people being supported well by staff to meet their practical needs and improve the quality of their lives, whether this was through supporting positive sleep patterns or ensuring a varied diet.

Staff were being trained in attachment and trauma awareness. Due to the pandemic this training had been modified by Dr Marie Holmes to take place virtually, ensuring that training in attachment and trauma could continue as planned. On 26th March 2021 80% of the team were trained with a further two scheduled for 16th April, taking it to 93% of the staff team. The provider had worked well to provide this training online to ensure access for staff during the pandemic restrictions. We could see some staff already making links between theory and practice and we welcomed this development.

Requirements

1. The provider must ensure all staff comply with the policy and procedures relating to child protection to ensure the safety and wellbeing of young people in the service. The provider must investigate why the child protection incidents, referred to in the report, were not acted upon timeously and provide the Care Inspectorate a report of their findings.

This is necessary to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a) – Welfare of Users.

This is also to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I am protected from harm, neglected, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

Timescale: 31 May 2021.

Areas for improvement

1. The service should ensure young people have direct access to advocacy services and encourage young people to use them. This is to ensure their right to advice and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I am supported to understand and uphold my rights.' (HSCS 2.3) and 'I am supported to use independent advocacy if I want or need this.' (HSCS 2.4).

How good is our leadership?

2 - Weak

In the last 12 months there have been a number of changes in Old Mill, including the manager, who was appointed to post in September 2020. Staff told us all members of the senior management team were approachable and available. There had been significant recruitment to the care team within recent months and we noted the majority of staff had been appointed over the past year. The service must pay particular attention when matching young people into Old Mill given that some staff are still developing their knowledge and skill in relation to trauma. **(See Area for Improvement 1)**. We signposted the manager to the Care Inspectorate document 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services (January 2021)'.

During discussion, the manager expressed a commitment to drive forward the service and close working relationships between the management team were evident. The management team identified the need to have a good mix of staff on duty attempting to take into consideration skills and experience.

We received copies of the service development plan and the quality improvement plan. We found these documents lacked depth and did not reflect a vision for the future of the service. We would encourage the service to actively involve young people and stakeholders in the process. **(See Area for Improvement 2)**.

Issues with notifications to the Care Inspectorate and the broader quality assurance systems related to this were identified at the time of this inspection. We found a number of incidents had taken place within the service which had not been reported to the Care Inspectorate, including Child Protection matters. **(See Requirement 1).**

Whilst we were assured that there were a number of robust regular internal and external quality assurance mechanisms in place, the effectiveness of these were not evident in the information we considered. It is recommended that some information systems should continue to be developed as they were not providing the accuracy of information that the service perhaps hoped to achieve or did not provide easily accessed overview of key information. This increased potential risk in some areas for children and young people. **(See Area for Improvement 3).**

Requirements

1. The provider must notify the care inspectorate as detailed in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting (2012)'

This is necessary in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a) – Welfare of Users.

This is also to ensure that leadership is consistent with the Health and Social Care Standards, which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

Timescale: 30 April 2021.

Areas for improvement

1.
The service should pay particular attention when matching young people into Old Mill to ensure staff skills and experience meet the needs of young people.

This is to ensure that leadership is consistent with the Health and Social Care Standards, which state that: '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. The service should ensure a robust and forward focused plan is in place to support the development of the service. Young people and external agencies as well as all staff should be involved in this process.

This is to ensure that leadership is consistent with the Health and Social Care Standards, which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (HSCS 4.6), '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).

3. The service should continue to develop information systems to ensure accuracy of recorded information. The system for quality assuring these systems and records should be reviewed and improved.

This is to ensure that leadership is consistent with the Health and Social Care Standards, which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19) and 'I use a service and organisation that are well led and managed.' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We sampled some recruitment records and found that safer recruitment practices were in place.

There were a number of staffing changes within the Old Mill over recent months, with new staff members creating the current team. We found a mix of skills, experience and qualifications were brought and that attempts are made by the management team to ensure this informs working patterns within the service. Not all staff had previous experience of working in children or young people's services. We did however note examples where staffing arrangements had failed to promote positive outcomes for young people. **(See Requirement 1).**

Staff are provided with relevant training opportunities which are mandatory within the organisation to support them in their role. We noted that some staff had accessed training identified as relevant to specific young people within the service and were then able to disseminate this training to their colleagues. In addition, the implementation of training for all staff relating to attachment and trauma was a welcome development within the service. This should offer an essential foundation for the development of the team's shared knowledge base, promoting consistency of approach and supporting positive experiences for young people. We would encourage the service to consider an analysis of training needs as part of the service specific development plan.

We found staff to be enthusiastic and motivated with the provision of a nurturing environment being key in their approach to the young people within the service. In the main staff evidenced a good understanding of the young people in the service both as individuals and as a group. This supported their aim of achieving positive outcomes. As identified earlier this was not the case in every young person's experience. **(See Area for Improvement 1).**

Staff spoke positively about the management team within the service. They described being well supported by an approachable management team. We found they received regular formal supervision which staff described as useful.

With the recent introduction of care practice meetings the staff group should have consistent opportunities to reflect on practice issues and care planning as a team. It is hoped this will encourage consistent approaches within the service and support positive experiences for young people.

Requirements

1. The provider must ensure the provision of appropriately skilled and qualified staff to meet the needs of young people in the service.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 15(a) and (b)(i) – Staffing.

This is also to ensure that staffing 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).

Timescale: 30 April 2021.

Areas for improvement

1. The service should ensure all staff can confidently provide the necessary practical and emotional support to children and young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14) and 'I am protected from harm, neglect, and abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

How good is our setting?

4 - Good

We recognise that the pandemic has impacted upon this area, however, we found good evidence that opportunities were taken to make the most of the outdoor space. Young people were regularly involved in outdoor activities and this was consistently encouraged and supported by staff members. These outdoor pursuits offered young people opportunities for fun and was positive for their health and wellbeing.

We were told by staff that broadband connectivity within the service was variable. The service acknowledged this challenge, noting that young people have repeatedly highlighted this as an area of frustration. The service told us they had tried to improve the Wi-Fi by adding boosters across the house.

How well is our care and support planned?

3 - Adequate

Care staff and social workers reflected that young people led healthy and meaningful lives. Staff linked young people's development to the wellbeing indicators and there were signs that there was some use of Health and Social Care Standards. There were aspects of young people's records that we thought were supportive of the planning process, for example independent risk assessments and weekly updates to social workers.

We found the content of young people's records to be variable in quality and content. There was a lot of repetition in documentation which impacted on the quality of record keeping for young people. Young people's plans should be dynamic and reviewed meaningfully, when necessary and within guidelines.

We found that care planning strategies were not SMART (Specific, Measurable, Achievable, Realistic and Time-bound) and this hampered the service's ability to effectively measure outcomes for young people. The manager recognised this and was planning to improve the process. **(See Area for Improvement 1).**

We were told by staff that some personal plans were created by a key-working group and young people were not fully involved in this process. We would therefore encourage the service to support young people to be active participants in the planning process. **(See Area for Improvement 1).**

Transitions to and from the service were found to be variable in quality and therefore impacted on experiences for young people.

Areas for improvement

1. The service should review the process for personal planning. Young people's planning should be outcome focussed and SMART. Young people should feel at the heart of their plan at all times and, if they choose, should be enabled to lead and direct their development so they feel a real sense of ownership.

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

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's wellbeing?	3 - Adequate
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	3 - Adequate
1.3 Children and young people's health benefits from their care and support they experience	4 - Good

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak

How good is our staff team?	3 - Adequate
3.2 Staff have the right values, skills and knowledge to care for children and young people	3 - Adequate

How good is our setting?	4 - Good
4.3 Children and young people can be connected with and involved in the wider community	4 - Good

How well is our care planned?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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