

Spark of Genius Easter Hayston House Care Home Service

Easter Hayston House
Campsie Road
Kirkintilloch
G66 1RN

Telephone: 01417 763 426

Type of inspection:
Unannounced

Completed on:
24 June 2021

Service provided by:
Spark of Genius Limited

Service provider number:
SP2016012791

Service no:
CS2017354835

About the service

Spark of Genius Easter Hayston House is a children's care home registered to care for a maximum of five children and young people between the ages of 10 and 18 years. The house is a detached property set in large attractive gardens situated in the outskirts of Kirkintilloch.

The service, which is provided by Spark of Genius Limited, operates over 24 hours, 52 weeks of the year. There is a full-time manager, assistant manager and two senior practitioners to manage the service along with a dedicated team of childcare residential workers.

Children and young people living in Easter Hayston will be referred by their local authorities and will either attend their own school, a local school/college or workplace or the registered education facility provided by Spark of Genius. At the time of the inspection, there were four young people living in Easter Hayston.

What people told us

We spent time with all of the young people who were living in the service and had focused conversations with three of them.

They told us that they had good relationships with staff most of the time. They found that staff and managers were supportive and they were listened to. They did get bored at times but the staff were trying to find ways to keep them busy. We acknowledged that the impact of Covid-19 had limited the opportunities available to the young people.

Some of the young people had moved to the service from far away and they were finding this difficult. We asked about how the service was upholding their rights and the young people told us they felt respected by the staff. However, they were frustrated that their local authorities had moved them so far away from their local communities.

Some young people told us that living in Easter Hayston had given them an opportunity to get qualifications and focus on their future. They told us that the approach of the staff and managers had enabled this.

Food and in particular the cooking was a source of positivity for the young people and they really enjoyed this aspect of living in Easter Hayston.

We spoke with two parents who were very happy with the level of communication with the service and the support being provided to their young people.

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

4 - Good

We found that the staff and managers were beginning to establish relationships with the young people who had not been there for that long. The relationships were based on a compassionate approach to care and a genuine wish to get the best outcomes for young people. Where possible the service tried to ensure continuity of staffing but at times this was a challenge.

The young people received respect from the staff and managers working in the service and we found that respect was an important part of the culture of the house. We found that young people had their own private space that they could keep their items safe. Where there were cultural differences, this was acknowledged and managed really sensitively to help young people to do the things that were important to them.

We spoke with some young people who were not fully clear about their legal and human rights. The service had moved to explore this with the young people and set up advocacy. However, we found that this could have been set up more quickly and would wish to see all young people connected with an advocate or rights officer prior to or at the point of admission, particularly where they have travelled across a border. Please refer to area for improvement one.

We met with Who Cares? Scotland as part of our inspection work and we heard that they were impressed with the willingness of the managers and experienced staff to advocate on behalf of the young people.

Young people had the opportunity to attend weekly meetings. We found evidence of those meetings being well attended and leading to changes in the environment for young people. Examples of this were a gym being built and equipment in the garden. At these meetings the young people had the opportunity to voice their opinions to managers and we were confident they were listened to. We saw questionnaires and evidence that young people were part of the service development.

We also found that young people could complain to managers and staff if they were unhappy with something. We found that complaints were taken seriously and responded to quickly.

Family contact was a priority for the young people, staff and managers. We found lots of effort being made to ensure young people stayed connected to the people who were important to them. We found that the distances involved made it more difficult for young people to see these people as often but the staff understood this and attempted to address this issue.

We were pleased to see young people encouraged to engage in play and have fun. The service had responded to requests for games and we heard that the young people had opportunities to spend time together. One young person was being encouraged to play rugby, whilst another was taking up rock climbing.

There was a positive culture within the house. We found staff encouraging young people to take on different challenges and to expand their interests. The young people told us that the majority of staff interactions were positive and they were supportive. We observed the young people and staff interacting in a calm manner and found them getting on well.

Attempts were being made to encourage independence. We heard that the young people did their own laundry and were able to prepare food for themselves. Furthermore, they tidied their rooms. The service was looking at ways to engage young people in improving the environment by building furniture and painting the building.

At our last inspection, we had asked the service to look at the activity of young people and to ensure they were engaged in daily routines. The staff told us that they would like the young people to be busier and we agreed with this. Education attendance was low. Some of the young people had not been in school for some time and were struggling with a return to this. Other young people had achieved important qualifications that would help them in the future. An overarching concern of ours was the disconnect from

their communities for some young people and the difficulty they were having making and maintaining friendships. The managers acknowledged that attainment was a key focus for ongoing improvement. Please refer to area for improvement two.

Alternatives to school were available and the young people were engaging with these with some success. One young person was attending mechanics and other street league. We were impressed to see one young person had the opportunity to get work and the staff had advocated on his behalf.

The young people took risks at times and were at risk of harm. We reviewed the service child protection procedures and systems and were assured that these kept young people safe. Issues of protection were investigated quickly and jointly with the police, social work and health.

Some of the young people had made significant progress and their risk taking had completely stopped. Other young people were struggling to manage their behaviour and we found that the service was working with them to promote safety and positive decision making. When the young people took risks, this was challenged appropriately and the service attempted to help them learn from their actions. We found a nurturing approach, led by the manager and being modelled to the staff and young people.

We found that the managers and senior staff had a good understanding of attachment and trauma. Newer staff were being trained and guided to deliver the same model of care.

Food was a major strength of the service and we were impressed with the range of healthy food on offer. The young people told us that they really enjoyed the food and the interaction they had with the cook. Through listening to young people and understanding their likes and dislikes the service had managed to get young people eating healthy foods where they had previously not and eating staple meals where they had previously snacked. We were really impressed with the chef's knowledge of different cuisines and how this was used to support young people to settle and feel at home.

Over the course of the last year the service had been very unsettled at times and this had led to a number of staff and young people moving on. We were pleased to find the service much more settled and the managers self aware about the service strengths and areas for improvement. As a result, the young people were not involved in restraint and incidents were dealt with proactively.

There was a focus on supporting young people through transitions. The staff went with young people to new activities to ensure they felt comfortable and to build supportive relationships. Where possible, transitions to the service were planned with remote tours and several planned discussions with social workers. We found that for some young people the service could do more to ensure the robustness of these discussions is reflected in the paperwork they receive. We have asked the service to ensure the rights of the young person have been fully promoted prior to admission and this should be reflected in the documentation in their files. Please refer to area for improvement three.

The young people were registered with local health services and had access to dental care. The service promoted healthy living such as smoking cessation and substance use support services. Young people's interest in engaging with this was limited. The staff promoted healthy routines such as the use of the gym and engaging in physical activities. Where sleep was a challenge for young people this was discussed with them and supports offered. The service needs to ensure that young people get a full and comprehensive medical when they arrive.

We found a staff team needing training in relation to mental health support. The young people in the house had mild mental health difficulties which the staff were capable of supporting and were able to signpost the

young people to relevant professionals. We would be concerned about the qualities of staff to support young people with moderate to severe mental health difficulties and the service is of the view that more specific training is required for the staff team.

Areas for improvement

1. The service must oversee that all young people have advocacy or a children's rights officer from their home authority on arrival.

This is to ensure their rights are the top priority during admission and that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'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.).

2.

Positive community engagement should be a priority for all young people, particularly where they have left their own community and are unable to maintain positive relationships. We would like to see young people's sense of belonging nurtured through a focus on community engagement and building lifelong links.

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

'I experience a service as near as possible to the people who are important to me and my home areas if I want this and it is safe.' (HSCS 5.8).

3. Whilst we saw evidence of the courts agreeing to place the young people outwith their home country, we did not see court documentation. In future, the service must have at the outset of the matching, full documentation detailing the agreement of placement in the home authority court and court documentation detailing the young person or parent's consent.

This is to ensure young people's rights are at the forefront of planning and that care and support is consistent with the Health and Social Care Standards which state:

'I receive and understand information and advice in a format or language that is right for me.' (HSCS 2.9); and

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

4 - Good

We found a staff team forming a strong bond. Morale was high and people were supportive of one another. There was a positive focus on embedding the health and social care standards. The service acknowledged this was a work in progress with a new staff team but we were pleased to see a strong emphasis on this in the development plan.

The staff we met were well matched to the service. The managers had a good understanding of their skill level and the training they required to build on their strengths. New staff to the service had relevant experience which could be built upon. The newer staff were enjoying their work. The experienced staff were enjoying leadership responsibility afforded to them.

The managers were promoting collective leadership and delegating responsibility for audit and quality improvement across the senior team. Whilst we found a lot of work was required to improve the quality of reporting and written work, we were pleased to see staff taking responsibility for this alongside managers.

We were impressed that the managers knew the limitations of the staff and matched young people against this. This openness meant that there were reduced incidents in the service and the staff were working on areas that were within their comfort zone. This allowed staff to focus on building positive relationships with young people.

The manager ensured that staff development was a key focus. Time was set aside for informal modelling and discussions focused to improve practice and we saw individual development plans for a number of staff. This meant that the staff reflected on their practice and improvement was encouraged. We found formal supervision planned but had not always occurred historically. This is critical to monitor individual staff members learning needs and development.

Furthermore, we found the need for staff to undertake formulation work at our last inspection. This had not occurred and reflected the lack of analysis in the young people's plans. Please refer to area for improvement one.

We saw evidence of the staff and manager communicating regularly to improve the consistency of practice and tightness of routine. There was some engagement in staff meetings, but we were satisfied the manager ensured messages were conveyed. There remains some staffing gaps within the service but we found managers and senior staff working hard to promote consistency and making sure the young people didn't experience too much change.

Areas for Improvement

1. Led by managers, key teams should be spending allocated time thinking about the needs of young people based on their current and historical experiences. Creating time for this input will support young person-centred planning and a shared understanding of a trauma and attachment aware model of care - leading to improved outcomes for young people.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**3 - Adequate**

The records for young people were organised and in good order. We heard that young people had the opportunity to view their records and contribute to what was written about them. We found some good documents that were focused on the young people's views and needs. This helped staff to change their practice and to help young people when they were struggling.

The young people all had SMART care plans. We could see that these plans were linked to their identified needs. We were told that significant work had been completed to tidy/improve files in the previous months. These plans were of adequate quality and were not underpinned by a robust assessment of need and risk.

Young people had daily planners and this did lead to young people having some structure and daily activity. There were some good examples of planning leading to positive outcomes. We were of the view that Covid-19 had had an impact on the opportunities to expand these plans.

We found regular auditing of the young people's files. We were also able to meet with the quality improvement manager who was undertaking a full quality assurance assessment of the service. We were in agreement about the quality of written planning. However, we were assured by the transparency and openness about areas for improvements. It was positive that the service focused on auditing files but we found this didn't always lead to immediate changes in plans. The managers acknowledged that the process for auditing required to be updated.

The service had good evidence of multi agency working. We heard from social workers and other professionals about strong working relationships. There were historical examples of the service taking a lead in planning for young people with high risk behaviour. The manager led by example and placed a strong focus on partnerships. We asked the service at our last inspection to ensure strong partnerships with the Police were in place and we are confident this is in process.

The service appeared to manage risk and we could see people working closely together. However, we found inaccurate information in the risk management documents for young people and these documents did not reflect the complexity of need or presenting risk. Furthermore, the risk assessments lacked in strategies to support young people and did not reflect an understanding of the impact of trauma. Please refer to requirement one.

Requirements

1. We found that the risk assessment incorporated the Individual Crisis Management Plan (ICMP) and the behaviour support plan. Therefore, there should have been a depth and wealth of analysis that reflected the changing needs of the young person, and the strategies utilised to help the young person manage risk and to recover from historical trauma and abuse. We did not find sufficient strategy or detail within this document or within the young people's care plan and these must be improved immediately.

This is in order to comply with Regulation 4(1)(b) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and
'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

Timescale: 28 August 2021.

Complaints

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

Detailed evaluations

How well do we support children and young people's wellbeing?	4 - Good
1.1 Children and young people experience compassion, dignity and respect	4 - Good
1.2 Children and young people get the most out of life	4 - Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right values, skills and knowledge to care for children and young people	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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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