

Nurture One Ltd Care Home Service

Biggar

Type of inspection:
Unannounced

Completed on:
9 June 2021

Service provided by:
Nurture One Ltd

Service provider number:
SP2020013539

Service no:
CS2020380197

About the service

Nurture One Ltd is a care home service that provides care for up to two young people aged between 8 and 18 years and was registered by the Care Inspectorate in October 2020. The service utilises two properties in rural South Lanarkshire locations to provide single placements. Both properties, one larger farmhouse and one smaller bungalow have public space for young people to participate in social activities and individual bedrooms where young people can have privacy.

The aims and objectives of the service include:

- Provide individualised person-centred care within singleton placements with two-to-one staffing.
- Utilising a component-based intervention model focusing on Intervention, Attachment, Regulation and Competency.
- Recognising for young people the role of secure, therapeutic relationships with the staff team on self-esteem and confidence.
- Providing nurturing and homely environments with a staff team that are passionate and committed to improving lives and life chances.
- Committed to working within the GIRFEC approach and the principles set out in the Health and Social Care Standards.

What people told us

There were two young people in the service when we completed the inspection. We received feedback from both young people about their experience of the service.

"The house is lovely, but it's not near my family".

"Staff are alright".

"If I wanted something, staff would get it for me".

"I don't like that there are no other kids here, it's weird and boring".

We asked for and received relatives and involved professionals views.

"I wish there were more provisions like them".

"The young person is the focus, the singleton placement means that they don't have to compare or compete".

"They are absolutely amazing".

"I think it's brilliant".

"I would like to see more variety in the types of things done in education".

"Dealing with incidents has meant that the plan on education and moving forward hasn't been discussed as much".

We took all of the gathered views into account in our evaluations of the service's performance.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances.

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

2 - Weak

Young people enjoyed good quality, positive relationships with staff. Staff took respectful, empathetic, compassionate, and fun approaches, resulting in a relaxed and informal environment. The approach to care and support recognised diversity and demonstrated staff commitment to further developing their knowledge to assist young people to experience inclusive and accepting care.

The service's respect for the young people's rights to private and family life was impressive. This was demonstrated through the family contact arrangements which were innovative, person-centred and progressive. This practice evidenced the service adherence to the United Nations Convention on the Rights of the Child and elements of The Promise, a report on the findings of the Independent Care Review commissioned by the Scottish Government.

Tailored approaches supported young people to engage with education and with planning around leisure pursuits. The education worker, wellbeing coordinator and care staff worked well together, and this was viewed as beneficial to young people to lead active lives.

Young people were encouraged to make choices in their day-to-day care. This included, decorating their rooms, input into meal planning and activity planning. Wider decision-making was not as easily evidenced, with young person participation in the care and support they received not reflected in the service documentation, despite the documentation being clearly laid out to allow these recordings (see Key Question 2). We witnessed one young person clearly state their views, but also their frustration about their feedback not being considered. The service has acknowledged that they are attempting to increase young people's ways of voicing opinions. However, this is not yet established and therefore we were unable to assess any impact on outcomes for young people.

Staff understood their role in child protection and keeping young people safe from harm and abuse. However, service completion of all recordings evidencing the work they were completing with young people to recognise risk and safeguard and the inclusion of the voice of the child could be improved.

The quality of incident recordings was varied. For example, in one situation staff appeared to understand the impact of trauma and reflected about changes in interventional approach to manage the young person's unique presentation. However, in another example we saw a staff approach which appeared to escalate the incident, resulting in a restraint. In all incidents, young peoples debriefs were not completed, these were missed opportunities to record young people's views about incidents and interventions. The variations in recording and the absence of recordings of young people's participation impacts on the services ability to effectively monitor service provision and ensure that interventions are safe and of a high quality.

Young people using the service were able through staff advocating on their behalf to access local authority nursing services, this pro-active approach to ensuring healthcare provision supported positive health outcomes for young people within the service. Additionally, young people were supported to establish healthy routines and were encouraged to maintain a healthy diet. Where mental health support was required, the service ensured the continuation of specialist Child and Adolescent Mental Health input and to supplement this with their own staff training and supervision.

We identified several issues in the way the service managed young people's medication, including the inaccurate recording of the administration of controlled drugs. This will require structured improvement to prevent harm. We have recommended completion of the SSSC modules available around managing of medications. In the short term, the service must ensure there is a process for ensuring staff competence. We will be making a requirement that all staff are effectively trained and that medication management processes ensure that all medications are administered and accounted for including, wasted, and disposed of drugs is recorded accurately.

In conclusion we found areas of service provision which were of a high standard with innovative practice, recognising the complex nature of the young people placed in the service and the need to create stability. We saw strengths of the service in advocating for health input, co-ordinating numerous stakeholders across disciplines and in their commitment to reflective staff discussion. However, this was quantified in the inspection process by omissions in the fundamental respectful practice of gaining young people's views across the care plan and in the weakness in the management of medications which has the potential to cause significant harm.

Requirements

1. In order to meet young people's health needs and prevent harm, the provider must improve management of medication. This will involve ensuring that:

- (i) all staff take part in appropriate training and demonstrate competence in relevant areas (within one month of receipt of report, 2 August 2021).
- (ii) records made by staff reflect prescription instructions, are accurate, reflect good practice and provide an effective audit trail (within one week of receipt of report, 12 July 2021).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11) and complies with SSI 2011/210 Regulation 4(1)(a).

How good is our leadership?

3 - Adequate

The service values were clearly articulated by staff, and managers. The aims and objectives of Nurture to develop a care service that was responsive, psychologically informed, and individualised was evident to inspectors throughout the inspection.

Positive good quality leadership within the service, supported creative and dynamic improvement within the service. For example, the training programme, external specialist supervision, and a dedicated wellbeing coordinator for young people. Senior managers played an active key role in setting up new living situations for young people and providing responsive support to the manager and staff team. Their approachability was further strengthened by the inclusion of their contact details at the bottom of every staff email.

The service had some systems in place to support an ongoing assessment of the quality within the service. Staff policies and procedures were readily available, and all staff had received training in respect of these. These supported staff to be consistent in their work.

Team meetings evidenced shared and delegated leadership of aspects of the day-to-day life within the service. They provided space for reflective discussions regarding young people's care planning, and overall they provided a platform to allow staff to influence service improvement.

Proformas had been developed to support staff to consistently record incidents and young people's views. However, we found use of the services own proforma documents to be inconsistent in terms of quality and incomplete in many cases, specifically the incident recordings. The sections that were not completed or superficially completed meant that there was little evidence of analysis of the incident information and no examples of senior or external manager analysis of the event. This would make it difficult for the managers to identify learning and the need for any improvement. Additionally, we were told about regular debriefs after incidents but did not see evidence in respect of these.

The care plan trackers did not include young people's views and we did not see how young people's views influenced the overall direction of improvement for the service.

Supervision both internally and externally was of a high standard and supported staff to adopt enabling approaches to engaging with young people.

As a new provider it is envisaged that quality assurance processes will become better developed and embedded as the service moves forward.

In conclusion, we saw several areas where quality assurance could be improved through the completion of the documentation already in place and line manager or external manager auditing of these. However, we heard about and saw the responsiveness of senior managers to feedback and to make changes to improve. We were satisfied that this was an area that could be improved quickly, but will be highlighting this as an area for improvement around the full completion of all service proforma's when recording incidents including young peoples debriefs.

Areas for improvement

1. In order to ensure that staff practice is monitored, that plans are reviewed as appropriate and that any learning is implemented for the benefit of young people, the provider should ensure that managers and senior staff carry out auditing processes and document prompt analysis of incidents as they occur.

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

We found that the service policy broadly reflected best practice guidance contained within the document "Safer Recruitment Through Better Recruitment". We saw several records which indicated adherence to good practice. However, some records indicated that key aspects of the service's own policy were not appropriately followed. Specifically, we found examples of, incomplete application forms, appropriate references not being sought, and key checks not being carried out in line with best practice around safer recruitment. We have discussed our findings in detail with the provider. The lack of robust scrutiny of applicant's information could lead to the employment of individuals without the necessary skills or experience and who may ultimately pose a risk to young people. We will be highlighting this as an area for improvement in the report.

The service was in the process of reassessing staffing levels in each of the homes during the inspection. We were told that staffing levels were appropriate, and responsive to the needs of the young people. We found the service commitment to ensuring staff and young person wellbeing through the flexible approach to staffing rotas. We also saw strengths in staffing where staff levels were adapted to meet the needs of highly complex young people whilst supporting staff engagement with changes. The staff group worked well together and those that were spoken with described a management team that they could raise issues with. Further improvement is expected in this area once the service becomes more established.

Staff turnover was within expected parameters of services of a similar type. We heard from staff and stakeholders about the positive and supportive relationships between the staff group, and that they worked well together. We also heard about the responsive senior management team and the staff view of their approachability.

In conclusion, we could see positives within the service recruiting, with an emphasis on a relational and psychologically informed approach and with a responsive approach to supporting the changing needs of young people. However, this was compromised by examples of non-adherence to safer recruiting guidelines and a lack of robust scrutiny by the service of applicant information and references. This could lead to staff working with young people who do not have the appropriate educational, or professional experience or the appropriate temperament and behaviour. We will be highlighting this as an area for improvement in the report.

1. In order to safeguard young people's welfare and ensure high quality care and support, the provider must adhere to their recruitment policy and follow the SSSC guidance on Safer Recruitment Through Better Recruitment guidance 2016.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24) and complies with SSI 2011/210 Regulation 15(a).

How good is our setting?

4 - Good

The service operated from 2 separate homes, both in a rural location. There is limited public transport nearby and any excursions for young people require staff support. Due to Covid-19 restrictions young people have been unable to become involved in local community groups or activities. This was compounded by the relatively short time young people had been living in the houses. Now that restrictions are easing there was evidence of planning around young people becoming more involved with activities and peers. Staff have however been taking young people to beaches, local points of interest and out for coffee. Stakeholder feedback supported the view that young people's lives are currently limited in terms of local groups, clubs, or peer interactions. We suggested that the service could further develop their outdoor spaces. This would support greater outdoor access on an unplanned basis and opportunities for young people to have fun.

In conclusion, we found that the combination of new placements, complex needs and Covid-19 restrictions impacted upon the services ability to make connections with the community. However, we saw evidence of planning to rectify this, the employment of a staff member in a wellbeing and activities role to address this and heard from stakeholders that this planning had also been communicated with them. This has informed the grade of good for this key question.

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

The service care plan trackers were developed under the wellbeing indicators collectively known as SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible) with identified actions to achieve the outcomes. However, they would benefit from being broken down into specific, achievable, and practicable steps with timeframes. This would support greater feedback of achievements to family members and allow quality assurance of progress in care outcomes.

Some of the language found in documents was suggestive of the care planning being developed in response to young people's wishes, however the young person's feedback sections in care plan trackers, and incident recordings were not completed. We did find young people's wishes included in the Individual Crisis Management plans, where it was evident that the staff group knew the young people, heard their feedback, and had applied this into how to manage periods of heightened behaviour. This was supported by our observations on site of staff interactions with young people.

During our visit to the service one young person repeatedly asked to see their care plan evidencing their interest in participating in planning and stating to inspectors that despite asking they had not seen their plan. Whilst there may be reasons that the service decided not to share the plan whilst we were there or prior to our visit, young person views should be incorporated into the document. This should occur alongside write-ups of any discussions that had taken place with the young person regarding their plan and their wishes. If young people refuse to participate in the planning, then this should also be recorded.

Weekly updates to family members were a real strength of the service, with the value-based approach and relational nature of the service being recognised by family members. Staff consistently communicated with family members and with multi-agency supports. Social work reports and communications were also regular, however more detail could be provided in line with SMART (Specific, Measurable, Attainable, Relevant and Time-Bound) planning. We heard about daily debriefs for the staff group during a difficult transition period but were unable to see any recordings of these discussions. A bullet point summary would allow managers to track concerns, and make sure that changes needed are implemented ensuring that young people get the service that is right for them.

In conclusion, the service had developed documents for recording care plans, and incidents that allowed for young people's views to be incorporated but then did not complete them. Whilst we could see the positive impact of staff knowing young people and incorporating some of their expressed wishes into the documents, this does not compensate for the omission. Utilisation of the process of setting SMART goals with the young person to give structure to the placement, track progress and allow the young person developmentally appropriate autonomy in their lives has been missed. This has informed a grade of adequate.

Areas for improvement

1. The service provider should review the recording of care plans to ensure they embed young people's views and comply with SMART principles. Clearly recording agreed actions to achieve positive outcomes for the young people, how these will be measured, how achievable these are and within which timeframe.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and '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 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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?	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	4 - Good
1.3 Children and young people's health benefits from their care and support they experience	2 - Weak

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
3.1 Staff are recruited well	2 - Weak
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - Good

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

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