

Lewis House Care Home Service

KILMARNOCK

Type of inspection:
Unannounced

Completed on:
18 August 2021

Service provided by:
The Community Connections Group
Ltd

Service provider number:
SP2014012345

Service no:
CS2018364199

About the service

Lewis House is registered to provide residential care to a maximum of four children and young people, aged between eight and eighteen. The house is in Kilmarnock in East Ayrshire, and is run by The Community Connections Group Ltd.

The service was registered with the Care Inspectorate on 10 April 2018.

At the time of our inspection, two young people were residing at Lewis House.

The aims and objectives of the service include the following:

- To provide a safe and therapeutic environment for our children and young people to grow and develop whilst offering positive experiences to help grow their development.
- We will work with all external agencies to ensure collective good practice and best outcomes for our children and young people.
- To provide each individual young person with a personalised care plan with realistic targets.
- We will offer opportunities to be part of a community by promoting a sense of acceptance in the local community.
- To teach and guide our children and young people to prepare for life outside care by teaching independent living skills in preparation to move into adulthood and their own accommodation.

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.

What people told us

We spoke with one young person during the inspection and with two relatives of young people currently residing at Lewis House. One other young person declined to speak with us. Overall, the comments we received were very positive about the care and support provided by staff, and also the regular communication and updates provided about young people.

Below are some of the comments we received:

'The staff all speak highly of my child, Lewis house is the best thing that has ever happened to him.'

'I trust the staff, if the manager says he will do something then he will.'

'He has privacy and a nice room, staff keep me updated about any issues, there is great communication. He is allowed to make mistakes and learn from them, he is not shamed or punished.'

'He is doing much better since he moved to Lewis House, he is more independent and his mental health has improved.'

'The staff are amazing, when he is here, they check every couple of days to make sure all is well.'

'They could do nothing better for my son, they have done everything and more.'

'The staff have helped me, and I have more space for my things now I have changed rooms. I was given money to personalise my bedroom here.'

'If I have a problem I get good advice from the staff, I can trust them.'

'I can talk to the staff and managers at anytime I like, we have residents' meetings, they are good, we speak about meals and activities and stuff.'

As the findings of this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every single child receiving a service.

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

5 - Very Good

Young people informed us that they felt safe and protected from harm within Lewis House, and that they had good relationships with the staff who cared for them. Interactions between staff members and young people, which we observed, were respectful and it was clear that staff understood the young people's needs well. As a result, young people were having positive experiences in their home and making very good progress. It was noteworthy that young people were encouraged to adopt a positive attitude towards education, and this was helping them to achieve.

Examples of progress made by young people included growth in confidence, a reduction in self harming behaviours and improved emotional regulation. Expectations by staff were high but realistic and this helped young people reach their potential. Nurturing approaches and individualised tailored support had resulted in one young person no longer requiring input from mental health services. Young people received good support to help manage any health or wellbeing concerns, and staff made prompt referrals to appropriate professionals when required and successfully encouraged young people to attend appointments.

A social worker commented:

'Staff are professional and they have worked very well with the young person and his family. There is a reduction in his self-harm which has had a huge impact on his quality of life. He speaks very positively about the staff and manager and they understand him well.'

Young people were being given the opportunity to develop skills that would help them in adulthood, such as learning to cook, understanding the value of money and how to look after themselves safely. Young people who were moving to more independent living or returning to family were thoughtfully prepared at a gradual pace that suited their individual needs. These transitions had been strongly supported by staff and management, who worked in partnership with other key individuals to sustain progress made. Well planned and considered transitions for young people are important to ensure good outcomes for future living.

Participation was a strong feature of the service, and we could see that residents meetings and opportunities to give their views were in place. Young people could attend the first part of the team meeting to hear about any developments and give their opinions to help influence decision making from their perspective. Young people could not be directly involved in the recruitment of staff due to Covid-19

restrictions; however, they were indirectly involved in an appropriate and successful manner. At feedback, we discussed with managers how they could strengthen this area by young people developing a bulletin or circular. In addition, we thought that young people could be more heavily involved in the overall service development plan.

It was clear that the service have a non-punitive approach to behaviour management and that there was a culture of celebrating children's achievements and listening to their views. However, this approach was not entirely reflected in some of the documents we looked at within case files. We asked managers at feedback to review the use of language within case files to ensure an approach that was consistent with their work practice. We were informed that a review of care planning documentation was planned, with a specific focus on writing styles and the use of more inclusive language. We will look at these areas during the next service inspection.

At the last Inspection, a requirement was made in relation to behaviour management, where some incidents had presented significant challenges to the team. It was concluded that the safety of young people and staff had been compromised and some staff lacked the training, knowledge and experience to manage incidents effectively. During this inspection, it was clear that the necessary improvements had been made and relevant good quality training had been sourced and was being carried out. There was a much clearer overview of staff training; a training manager had been appointed and this was of benefit to the overall team. Some training had taken place remotely relating to de-escalation and intervention techniques, and the practical element was scheduled for the near future. All staff had recently completed child protection training and a core training schedule had been introduced.

Staff members commented:

'Training has improved, it is more relevant to our work practice the majority has been online due to Covid, but face to face is starting soon. I have first aid, for example, coming up this month.'

'Online training been good during Covid-19, we used tutor care and I completed child protection recently. Has first aid training and TCI training will be this month, both face to face.'

'I had a very good induction with my manager and this included online training. We are allowed to request any training that we think will be useful and this will be taken forward.'

'The training is of a good quality, even if online, and we keep a copy of our certificates in a folder.'

Managers of the service demonstrated commitment to act promptly on areas we identified for improvement during feedback, and we were confident that these would be included in future planning for the service.

How good is our leadership?

4 - Good

At the last Inspection, the service had experienced a high level of change and this had caused some disruption. Staff had highlighted that frequent changes of manager impacted on the house dynamic in terms of different approaches being adopted at Lewis House. A new house manager had been appointed and was reportedly moving the service forward, and implementing new procedures and practice. There was concern, however, how sustainable it was for the current manager to supervise and support all staff.

Since that time, and in addition to the house manager, a training manager and lead practitioner have been appointed. They are both very experienced and skilled in the area of residential child care. Their

appointments commenced approximately three months ago and, in that time, improvements have been made in relation to the quality assuring of training schedules, and gaps and weaknesses were identified. There was also now a centrally held spreadsheet, that identified when refresher training was required. Further recruitment had taken place for residential staff and new appointments had been made.

The key priority for management during the past three months had been to promote consistency and stability for staff and young people within the house, and good progress has been made. Regular team meetings and managers meetings have been established, and this offers staff the opportunity to plan and reflect on their work and also offers a forum for management to provide direction and guidance.

Comments from staff were very positive about the new management structure and, in particular, about the benefits of having consistent guidance and direction. Supervision schedules were in place and, although there had been significant gaps in supervision, we could see the potential for further improvement.

Staff members commented:

'There were gaps in supervision but this is getting better now. We have planned regular supervision going forward, the dates are set out in advance.'

'I am much more confident in my role now I have regular supervision.'

We were advised by managers that they had worked both day and night shifts to assess the quality of care being provided and to support staff in recognition of the difficulties they had experienced due to changes of manager. We considered this to be a robust response taken by the leadership of Lewis House to assure quality of care.

Although improvements for staff supervision and training were clear, we would like to see more regularity of managers' supervision meetings. In addition, managers' training needs should be identified and plans introduced about how these will be addressed. The service have recently introduced continual professional development plans and annual appraisals for staff and managers to address these areas. However, we cannot comment on outcomes at present, and we will look specifically at this area during the next service inspection.

Children's files were audited; however, this was limited to checking for documentation and, whilst this was important, we considered this was a missed opportunity to record progress, highlight areas of concern and comment on good practice. Some actions that had been identified had not been carried through within the required timescales highlighted for completion.

We found some areas for improvement in the standards of quality assurance within the service. These included:

- case files need to be robustly audited, we were not clear why different documents were held in separate folders and this caused confusion and duplication of work processes; and
- in one case a medical consent form had not been signed, and this should have been noticed during file auditing. (See area for improvement 1).

Overall, the quality of auditing needs to be strengthened within the service and we were pleased to see that the director of the service had developed a new system that would be piloted in the near future.

A wide range of new initiatives have been introduced since the last Inspection, and the effort and commitment towards this is commendable. Management of the service now need to evaluate and review the changes made. This will ensure that the leadership of Lewis House understand what is working well, and will help them to establish priorities for further improvement.

Areas for improvement

1.

The Community Connections Group should improve their quality assurance processes to ensure practice is influenced by audit findings and records are completed to a satisfactory standard.

This is in order to ensure that care and support 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).

How good is our staff team?

5 - Very Good

It was evident that mutual respect and good peer support had remained a consistent feature within the Lewis House team, despite some challenging times due to the team working under capacity. Within the staff team there was a diverse range of skills, experience and interests and we were told that morale had improved since the last inspection. Staff mainly attributed this to the stronger management structure and better communication between staff teams.

New staff to the service told us that they had been well supported through their induction. They felt that managers were accessible and knowledgeable, and that the initial training (although mostly online due to the pandemic) had helped them to understand their role.

It had not been possible to have a team development day since the opening of the service in April 2018 for various reasons, including the pandemic. However, we were told that a team development day was a priority and was to take place as soon as the Covid-19 restrictions allowed. This will be a very good opportunity for staff and management of the service to come together, discuss their work, and look at how to improve outcomes for children and young people collectively.

The staff team impressed us with their enthusiasm, motivation and child centred approaches. We were told by all staff we spoke with that they enjoyed working at Lewis House and they felt more valued and respected by management. We could see that staff were upbeat within the service, and this helped to create a positive working environment in which people could share their skills and knowledge with each other, enabling a range of quality experiences for young people.

Staffing levels were sufficient for the young people currently in placement and there had been a flexible response to meet changing needs and house dynamics. We consider the current staffing levels would not be sufficient when the house is full. However, we are aware that a recent recruitment drive had taken place with this in mind.

Staff had the opportunity to take part in individual reflective sessions with an external provider if they wished. This initiative is part of the service's wellbeing strategy to promote good self-care and good mental health. This approach was welcomed by the staff members we spoke with and was still in the very early

stages of being rolled out. Therefore, we are unable to comment on outcomes at this time. We would ask the provider to review these sessions after a period of time to gauge the benefits for staff.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

Children's files contained individual placement agreements and legal orders as required. The local authority care plan was held for children and post admission and subsequent reviews were taking place within statutory timescales. We suggested to managers at feedback, that pre-admission meetings would also be useful in terms of ensuring all information relating to the young person had been obtained in advance. This would also complement the matching and admission information that is required prior to a young person being placed. Managers of the service agreed that this would be beneficial in supporting good outcomes for young people.

Lewis House care planning documentation, whilst containing good information, was lengthy and was duplicated in parts. The young person's, 'this is my life, my plan' and 'a picture of me' did not always accurately reflect the views of the child. They appeared to have been written by adults on behalf of young people, and more thought needs to be given to the language used as previously highlighted in key question one. We were advised that plans were already in place to streamline these documents and to ensure that they were more child centred. This would maximise the involvement of young people, and we look forward to seeing progress made in this area at the next service inspection.

Risk assessments were in place for young people, and it is noteworthy that Lewis House staff carry out child sexual exploitation risk assessments routinely for young people on admission. We welcomed this form of preventative practice, as early identification of vulnerabilities in this area are crucial to a young person's safety. Chronologies for young people were in the process of being introduced. We considered this good practice, as chronologies hold important information about significant events in young people's lives and can be a valuable tool for care planning.

At the last Inspection, it was noted that there should be more consistency and greater quality within individual crisis management plans. We could see some improvement in this area; however, one of the plans we examined lacked detail in relation to the de-escalation strategy. We were advised that the training manager would be addressing this area as a matter of priority and we will look at these documents during the next service inspection.

An area for development was made at the last Inspection, with regard to Lewis House improving it's matching process to fully assess admissions to the house. A matching and admissions template had been developed and was now being used. However, the information contained within the document was not sufficient in parts, and more consideration also needs to be given to the impact on other young people residing within the house. In addition, we felt that planning for one ex-resident had not been comprehensive. Therefore, this area for improvement will continue. (See area for improvement 1).

Areas for improvement

1. The Community Connections Group Ltd must ensure a robust matching process is implemented for all young people prior to admission to Lewis House. Admissions assessments should be informed by the principles outlined in Matching Looked After Children and Young People: Admissions Guidance for Residential Services.

This is in order to ensure that care and support 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).

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

Requirements

Requirement 1

To ensure the safety of young people and staff, accredited behaviour management and de-escalation training should be made available to all support staff. Models for de-escalation, intervention techniques, debrief, learning and reflection must be included.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and
'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This requirement was made on 20 September 2020.

Action taken on previous requirement

No action plan submitted by the service. Improvements made in this area, please see body of report under key question 1.

Met - within timescales

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 Community Connections Group Ltd must ensure a robust matching process is implemented for all young people prior to admission to Lewis House. Admissions assessments should be informed by the principles outlined in Matching Looked After Children and Young People: Admissions Guidance for Residential Services.

This is in order to ensure that care and support 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).

This area for improvement was made on 20 September 2020.

Action taken since then

No action plan submitted by the service. Area for improvement not met and will continue.

Previous area for improvement 2

The Community Connections Group Ltd should ensure the registered manager has a personal development review which identifies training needs and areas for development. The Community Connections Group Ltd should ensure appropriate training is made available to support effective leadership at Lewis House.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

This area for improvement was made on 20 September 2020.

Action taken since then

No action plan submitted. Area for improvement met, please see body of report.

Previous area for improvement 3

The Community Connections Group Ltd should ensure the registered manager has a personal development review which identifies training needs and areas for development. The Community Connections Group Ltd should ensure appropriate training is made available to support effective leadership at Lewis House.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

This area for improvement was made on 20 September 2020.

Action taken since then

No action plan submitted. Area for improvement met, please see body of report.

Previous area for improvement 4

The registered manager should review the training needs of the team and produce a training plan to include accredited behaviour management training. Areas such as trauma informed practice, suicide first aid, self-harm and interactive child protection and child sexual exploitation training should be included in the training plan. Consideration of an effective model for therapeutic practice should be part of the review. Training should be delivered in a range of forms to meet individual learning styles.

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

'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).

This area for improvement was made on 20 September 2020.

Action taken since then

No action plan submitted. Area for improvement met, please see body of report.

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?	5 - Very Good
1.1 Children and young people experience compassion, dignity and respect	5 - Very Good
1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	5 - Very Good
How well is our care planned?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good

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