

Ocean View Banff Ltd Care Home Service

BANFF

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Ocean View Banff Ltd

Service provider number:
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About the service

Ocean View Banff Ltd is a care home service for up to three children and young people between the ages of three and 20. It is situated in a residential area close to the centre of Banff in the north of Aberdeenshire. The house is on three floors and has single, en-suite bedrooms for young people, a living room and dining kitchen, an additional lounge and utility room. There is a garden to the front and back.

The provider is Ocean View Banff Ltd, a private limited company.

The service's aims and objectives include:

- enabling young people to enjoy and achieve whilst living in a therapeutic, homely environment
- promoting positive attachments and relationships so that young people can realise their full potential
- providing opportunities to mature and develop their personal identities
- preserving young people's links within their local and wider community
- an ethos that is based on inclusive and relational practice and a model of therapeutic input that is attachment and trauma informed.

This was the service's first inspection. It should be noted that it took place during the Covid-19 pandemic restrictions and therefore followed revised methodology for conducting inspections in these circumstances.

What people told us

One young person was at Ocean View when we did this inspection. Whilst we chatted informally with the young person each time we visited the service, we were not able to obtain any detailed feedback on their experience of the service.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care planned?	2 - Weak

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?

2 - Weak

Relationships between young people and staff in the service were in the very early stages of development. However, we observed staff showing a calm, caring approach and good humour. An external professional also commented on their warmth towards the young person. Staff demonstrated respect for their privacy and dignity. The brochure they received outlined what young people could expect of the service, and had a range of information about their rights, including how to complain if they were dissatisfied. They were able to contact social workers, and independent advocacy meant they had support to express their views about important decisions. Staff were also helping to prepare a young person for a forthcoming review and had advocated for their inclusion in the meeting with the local authority so they could be part of the decision-making process. Involvement in menu planning ensured they had the food they enjoyed.

Whilst some restrictions were in place, young people were able to exercise choice in many aspects of their day-to-day lives. There was a wide range of activities available to them though they were not yet at the stage where they could take advantage of these opportunities. Staff were gradually becoming more familiar with their preferences and abilities and trying to find things that would engage their interest, provide stimulation and develop confidence.

The service supported young people to keep in touch with some family members, though arrangements for supporting relationships with other people in the family needed to be clarified and progressed without delay. We have commented on planning processes in key question 5.

Whilst there had been some initial discussions, arrangements for young people to take part in further education, alternative learning or employment were not yet in place, in part due to the timing of the move to Ocean View. As with other aspects of the admission process (this is detailed later in this key question), it was not clear that there had been sufficient consideration of the availability of suitable resources in the area.

Staff were aware of their responsibilities in the event of child protection concerns coming to light, though some had not yet completed the relevant training. We made some suggestions aimed at making the child protection policy clearer for staff's benefit.

The service's philosophy of care was clearly detailed in a range of relevant documents and policies and procedures. This was primarily based on developing positive relationships and role modelling by staff, and an approach informed by an understanding of the impact of trauma. However, it was too early to evaluate the extent to which the service was meeting its aims and objectives and having a sustained and positive impact on young people's outcomes and experiences. We have detailed in particular the need for relevant staff training in Quality Indicator 3.2. Nevertheless, there were some preliminary indications that with staff support and encouragement, young people's sleep patterns and routines were slowly beginning to improve. The frequency of incidents of distressed behaviour had also reduced in recent days, though it was difficult to draw clear conclusions about the reasons for this or to be confident about this pattern continuing.

The quality of recording of incidents by staff required improvement. Some records indicated that they had used appropriate techniques aimed at helping young people to regulate their behaviour, whilst others did not contain the kind of detail that would allow effective analysis and learning. Where staff had used physical restraint, the record did not detail the nature or duration of the restraint. **(See requirement 1)** Whilst this was an isolated instance, it had also taken place before staff had completed all parts of the relevant training on safe and effective intervention, which increased the potential for harm. We felt that the need for this training to be provided before young people's arrival should have been apparent from the information the service had obtained. We have made a requirement about training in key question 3. Managers also need to ensure that all significant events involving young people are identified as such so that they can be effectively monitored. In Quality Indicator 2.2, we have included an evaluation of how managers followed up and analysed incidents.

Risk assessments were in place and were regularly reviewed, though would benefit from more individualised strategies. The process of supporting young people to reflect on their experience of significant events and develop different ways of coping with situations (sometimes called debriefing) was also not being done consistently by staff. **(See area for improvement 1)**

Staff had arranged for young people to be registered for most primary care services to ensure their health needs could be met.

We expect services to make the best possible decisions about young people coming to the service by having a clear and realistic view of their capacity to provide care for individual young people. The service had had discussions with the placing authority and obtained a range of relevant information, though some potentially significant information was missing and had not been provided until some weeks after admission. However, the assessment and decision-making process (including consideration of Scottish Government guidance on Covid-19) was not well-documented, and we were not confident that there had been a robust matching process. We were also concerned that managers had not liaised effectively with the placing authority to ensure arrangements for young people to travel to the service would not potentially compromise their welfare. **(See requirement 2)** In addition, we were concerned about the potential for restrictions being placed on young people's lives without authority or due consideration of their legal rights. However, given that further discussions about such arrangements were planned, we do not intend to make a relevant requirement.

In conclusion, we would have expected a greater degree of preparedness and assurance prior to young people arriving at the service. The risk of adverse outcomes was significantly raised due to a number of deficiencies and remains a serious concern if the improvements identified at this inspection are not actioned as a matter of priority.

Requirements

1. In order to ensure that young people experience high quality support that is informed by relevant research and good practice, the provider must, by no later than one week following receipt of this report, ensure that staff complete appropriate records of incidents. In particular these must contain full information about the use of any physical intervention and restraint.

This is 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) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and complies with SSI 2011/210 Regulation 4(1)(a).

2. In order to ensure young people have the service that is right for them, the provider must ensure that decisions about admissions are fully informed by a robust, clearly evidenced assessment and matching process. This process must be undertaken prior to young people arriving at the service.

This is 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) and 'I am in the right place to experience the care and support I need and want' (HSCS 1.20) and 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (HSCS 3.4) and complies with SSI 2011/210 Regulation 4(1)(a).

Areas for improvement

1. The provider should ensure that young people's recovery and learning after significant events is effectively supported.

This is in order that care and support is consistent with the Health and Social Care Standards, which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29) and 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.' (HSCS 2.25)

How good is our leadership?

2 - Weak

Quality assurance processes for monitoring the quality of young people's experiences and outcomes and improving service delivery were at a very early stage of development and implementation in Ocean View. For example, a review of some records highlighted aspects of staff understanding and practice that we would have expected managers to use for reflection and discussion either with individual staff or with the team as a whole. Whilst they explained they had been doing some spot check of these, they had not kept records to allow tracking and appeared not to be aware of the issues we brought to their attention. Given this was a new service with a new staff team, we would have expected this kind of oversight to have been established from an early stage. In addition, there was a lack of documented analysis of incidents, which we would again expect to be used for identifying learning. In one instance when young people had expressed concern about how staff had managed things during an incident, the manager had begun to make enquiries but had not reached any explicit conclusions to allow any learning to be promptly implemented. **(See requirement 1)**

The manager was in the process of developing an improvement and development plan. We acknowledge that this is a new service and that self-evaluation will take time to complete. However, we will expect the service to provide a plan detailing the action they will take to address the issues identified in this report.

Services are required to notify us of significant events involving young people: this had not been done consistently though has since improved, hence we will not make a requirement.

External managers play a key role in establishing the culture of a service, supporting the manager and promoting positive outcomes for young people. One of the directors of the company had taken on this responsibility. Whilst these arrangements should be clarified and formalised, she had visited the house a number of times and was keeping in regular contact with the manager.

In this key question, we also considered the service's management of cross-border admissions. We expect services to accept the admission of young people from outside Scotland only if they can be confident that the placing authority's decision is legally compliant. However, the service had not obtained relevant written evidence of the court's judgement and young people's consent to the move (or evidence that this had been dispensed with). **(See requirement 2)**

Requirements

1.
In order to safeguard young people's welfare and ensure they reach their potential, the provider must implement systematic quality assurance processes, including management oversight of incidents.

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

2. Prior to admitting children and young people from outwith Scotland, the provider must satisfy themselves that the placement is lawful.

This is in order to ensure that leadership is consistent with the Health and Social Care Standards, which state that: 'My human rights are central to the organisations that support and care for me.' (HSCS 4.1) and in order to comply with SSI 2011/210 Regulation 4(1)(a).

How good is our staff team?

2 - Weak

Discussions with staff indicated that most understood that developing positive relationships with young people was a priority and that this was part of the agreed approach adopted by the service. They were less confident in telling us about the service's philosophy and model of trauma-informed care. Nevertheless, during our visits we observed positive interactions with young people, with staff showing kindness and good humour, all of which contributed to a relaxed atmosphere. They also expressed compassion and empathy. This reflected the positive feedback we received from external professionals. However, a review of records highlighted some occasions where staff practice indicated the need for a greater understanding of aspects of child development. There were also some inconsistent expectations of behaviour, such as whether they could go into the office with staff, which had the potential for confusing young people and increasing anxiety and confrontation.

There was a mixture of experience and skills in the staff team. Most had some form of childcare experience and some had extensive experience in residential services for young people prior to taking up their posts at Ocean View and had taken part in relevant training. Half needed to obtain the minimum qualifications required by the Social Services Council (SSSC). As we would expect at this stage, some staff were already registered with SSSC, some were in the process of applying and others had yet to submit applications (though were still well within the timescale for doing so). This was a new team, all of whom were still undergoing their induction. Learning and development had so far consisted mainly of familiarisation sessions, training in the electronic recording system and the first of a two-part session on supporting positive behaviour. Induction was not well-documented and we were not confident that progress was being monitored by managers, though overall staff were happy with it so far. However, they seemed unclear about expectations with regards to mandatory training, though a list was subsequently provided by the manager. One of the gaps was trauma-related training and skills development: this is key to ensuring that the service can implement its aims and objectives and provide consistent, high-quality support for young people with complex needs. We also noted a risk assessment detailing a range of control measures to minimise risk to young people and staff, where some of the staff training specified had not yet been provided when we began the inspection. Whilst the service was at a not unexpected stage of its development less than two months after registration, we were concerned about the lack of explicit, robust matching between young people's recognised needs and staff training and skills. **(See requirement 1)**

We also expect staff to benefit from a framework of effective support and supervision. By the time we started our inspection, none of the team had had supervision and there had been one staff meeting (though there was daily communication at staff handovers). We acknowledge that most had been in post only a matter of weeks but, particularly given that this is a brand new service and staff team, would suggest that priority should now be given to putting these key building blocks in place. An effective framework should allow managers to monitor staff practice, evaluate how well they are implementing their learning and identify outstanding learning and development needs. Staff described supportive and positive relationships with managers and other team members and managers said they had an 'open door policy' and were available by phone. **(See area for improvement 1)**

Services should have a robust system for assessing staffing levels (including numbers of staff, experience and skills mix) so that they can meet young people's needs, and we have produced relevant guidance for providers and managers. The manager had had discussions with the placing local authority and considered relevant records received during the admission process. However, in part due to the lack of any documented assessment, we concluded that there were significant weaknesses that could potentially compromise young people's outcomes.

Nevertheless, managers had quickly reviewed the initial staffing arrangements in response to events and an emerging understanding of the young person's needs. Whilst this showed a commitment in principle to providing appropriate staffing numbers, it had unfortunately placed a strain on staffing resources, partly as a result of unforeseen vacancies (which the service was attempting to fill). This meant that the manager had had to cover shortfalls (when she should be supernumerary) and may have made it difficult for her to fulfil other responsibilities (which we have detailed in quality indicator 2.2). On one occasion a director had also stepped in to cover a gap. A subsequent review of staffing levels could also not be implemented immediately. In addition, a review of an incident record led us to question whether staff with the right mix of skills and experience had been on duty at all times. We would therefore be very concerned about the service admitting more young people before ensuring they are able to provide consistent and appropriate staffing arrangements. **(See requirement 2)**

Whilst one permanent and one relief staff member had left within a short time of being appointed, this was a very new service and it was therefore too early to evaluate staff turnover and the impact on young people. We would however expect this to be monitored with a view to ensuring staff selection processes are effective and retention is promoted.

When we inspected the service, it became apparent that staff did not have access to all the records, policies and procedures they needed to carry out their role effectively. We understood that this had been caused by ICT problems which managers were trying to address.

Requirements

1. In order to meet their aims and objectives and young people's individual assessed needs, the provider must:

- (i) establish a clear timescale for completion of staff induction, which should be monitored and evaluated by managers on an ongoing basis (by no later than two weeks following receipt of this report)
- (ii) develop a plan (with timescales) for staff to receive relevant training and learning and development opportunities, prioritised according to need (by no later than one month following receipt of this report).

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 complies with SSI 2011/210 Regulation 4(1)(a) and Regulation 15(b)(i).

2. In order to meet young people's needs, the provider must:

- (i) put in place an effective system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day. This should be recorded and reviewed on a four-weekly basis in line with Care Inspectorate guidance (by no later than three weeks following receipt of this report)
- (ii) ensure that appropriate staffing levels are in place at all times (by no later than one week following receipt of this report).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My needs are met by the right number of people.' (HSCS 3.15) and complies with SSI 2011/210 Regulation 15(a).

Areas for improvement

1. In order to ensure there is an effective staff support framework, the provider should develop a plan for regular supervision and opportunities for the staff team to discuss and reflect on their work with young people.

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

At this stage in the service's operation, there was limited evidence on which to base a full evaluation of its performance in this quality indicator.

The home was located close to the centre of a small town with a range of amenities and had access to bus routes. So far, young people had been able to visit shops and the nearby beach. However, we would have expected the admission assessment to have explicitly considered the home's geographical location, which was entirely unfamiliar to young people, including the availability of suitable resources and the impact on supporting relationships with family members. We have addressed this in Quality Indicator 1.3.

The home had space to allow a larger group to spend time together, and to have privacy with visitors, in a high-quality environment and pleasant surroundings.

How well is our care and support planned?

2 - Weak

The service had developed an initial plan which provided details about the young person, included some overall placement aims and referred to most of the broad SHANARRI wellbeing outcomes. A review was scheduled to take place in the near future and the service intended to develop the plan following this. However, the plan was not SMART (specific, measurable, achievable, relevant and time-bound) or outcome-focused and was descriptive rather than aspirational. The lack of robust assessment prior to the young person's arrival may in part explain the quality of planning, which will require significant improvement in order to ensure care is delivered effectively and leads to positive outcomes and experiences. We could not determine the extent to which the young person had been involved in the development of the plan, and their views were not clearly recorded. **(See requirement 1)**

Given the short duration of the young person's stay so far, we were unable to assess the quality of evaluation of their progress.

We offered advice about record-keeping in general, which had scope for improvement.

Requirements

1. In order that young people have the best possible outcomes and experiences, the provider should ensure that:

- (i) the service develops high-quality, effective plans
- (ii) young people are supported to play a full part in the development of their plans, which clearly detail their wishes and preferences.

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

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
2.3 Leaders collaborate to support children and young people	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?	2 - Weak
5.1 Assessment and care planning reflects children and young people's needs and wishes	2 - Weak

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