

# Netherlethame Care Home Service

Strathaven

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
29 July 2021

**Service provided by:**  
Common Thread Ltd

**Service provider number:**  
SP2005007437

**Service no:**  
CS2020379357

## About the service

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.

Netherlethame is a care home with capacity for up to three young people. At the time of inspection, two young people were resident in the service. Netherlethame was registered with the Care Inspectorate in December 2020 and is run by Common Thread LTD. The house is a large rural property adjacent to a farm on the outskirts of Strathaven with large communal areas and a private garden.

The service aims are contained within their statement of function and objectives 2021/22. These are:

"We aim to provide the young people with a positive and enjoyable experience.

We aim to provide an environment which promotes the feeling of safety required to allow young people to begin reappraising traumatic past and recent life events.

We aim to enhance the quality of life for young people by improving their life option, their individual experiences and developing the positive qualities in each young person.

We aim to provide high levels of commitment to the young people in order to minimise the potential for further rejection or failure.

We aim to provide a child centred, caring and professional service in which our practice is constantly updated and improved in line with our experience and research findings."

The service aims to do this by amongst other things, providing stable, consistent and positive adult role models for young people.

## What people told us

We spoke to both young people resident in the service. Young people gave positive feedback about how staff treated them with respect and dignity. They were aware of their rights and how to complain. Young people did express that at times they did not feel safe in the service. They told us that they did not always feel staff were in control when serious incidents occurred. Young people also told us that the setting did not feel homely and they were excited at being consulted as to how to decorate and personalise the house.

We spoke to one parent who was very positive about the service. They praised staff for the quality of relationships with their child and their hard work and commitment. They described that they were always made to feel welcome when visiting the service and that staff were proactive in supporting family time.

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

**2 - Weak**

Young people recognised that staff cared about them and could give positive examples of being respected. We assessed that young people benefited from the current staffing levels and staff working patterns which allowed them to form positive and supportive relationships with staff. However, significant staff turnover

more recently, including the registered manager of the service, had significantly and negatively impacted on the continuity of relationships for the young people. Although this had the potential to impact on the ability of young people to form trusting relationships with adults, we recognised the commitment of the current staff team to provide compassionate care for the young people they were looking after. The provider should take steps to ensure stability of staffing continues so that relationships with young people are developed, sustained and quality of care is consistent. We will assess this at the next inspection.

Young people in the service were aware of their rights and knew how to complain about things they were unhappy about. One young person had formal access to an advocacy service. We assessed that the service listened to the young people in their care and saw that more recently, this had influenced aspects of the service, for example, developing the outdoor space and being consulted about making the inside space more homely.

Young people had opportunities and were supported to engage in a number of activities within and outside the home based on their individual interests. One young person enjoyed family contact and family members felt welcomed within the home. This same young person had achieved a college place and this had the potential to provide more structure in the future. However, we assessed that overall, the young people lacked clear structure to their day. Choices for joint activities or whole household activities were often restricted by high levels of aggression and violence. We assessed that these restrictions on choice, although at times necessary, impacted on the young people's ability to experience a consistent routine in their home life. (See Area for Improvement 1)

Young people did not always feel safe in their home. All staff had received protection training. However, we noted a high number of violent incidents having occurred in the service with young people assaulting each other, assaulting staff and causing significant damage to the property. During some of these incidents young people did not feel that staff were in control of the situation leading to young people not feeling emotionally or sometimes physically safe, impacting on their emotional wellbeing. We have asked the service to address this situation. (See requirement 1)

Both young people in the service benefitted from good access to primary healthcare services and involvement from the central therapeutic team which worked across Common Thread. Detailed assessments demonstrated an in depth understanding of the young people in the service and their care needs arising from past experiences. Young people also benefitted from regular sessions with the therapeutic team and we were impressed with an example of collaborative therapeutic work between the young people in the service on a story project which was a positive area of practice.

We saw positive examples of young people being involved in cooking, baking and menu planning. They had good access to a range of foods and were encouraged to eat healthily and engage in exercise.

In conclusion although we saw a number of strengths in the service, we were concerned at the lack of safety that children felt in some situations. This has informed the grade of weak for this key question.

## Requirements

1. The provider must ensure that young people in the service feel safe when incidents occur and that all staff involved in restraint have received appropriate accredited training. In order to achieve this, the service must improve the quality of training and support available to staff when incidents occur. Staff must also receive regular supervision which offers an opportunity to reflect on learning from practice. The provider

This is in order 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.' (HCSC 3.14) and to comply with SSI 2011/210 4 (a) and (c).

Timescale for completion 1 October 2021.

## Areas for improvement

1. The service should seek to provide a more structured environment for young people which provides more opportunities for social activities and community engagement.

This is in order to ensure that care and support is consistent with the health and social care standards which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

## How good is our leadership?

**2 - Weak**

At the time of the inspection temporary management arrangements were in place following the sudden departure of the registered manager. Staff were broadly supportive of the arrangements in place and a permanent manager will take up post in August 2021.

The provider had a number of approaches to assuring quality within the service.

An unannounced visit by the Head of Care identified a number of issues also identified by inspectors. The service advised that refurbishment had taken place on the property and play equipment purchased as requested, however young people reported a delay in addressing the presentation of the setting for example choice of paint colours.

The service had a service development plan in place, but this was not SMART (Specific, Measurable, Achievable, Realistic, Time-Bound). The document identified a number of important areas which could contribute to improved outcomes but it lacked precise actions or timescales to achieve these desired outcomes.

We assessed there were a number of issues in relation to improvement and noted gaps in quality assurance audits, gaps in staff supervision and gaps in team meetings. The service recognised that the interim management arrangements in place have not been sufficient to support a largely inexperienced staff group. (See requirement 1)

We noted that the service had been involved in a high level of restraint and that de-briefs for staff and life space interviews with young people had not been carried out consistently since the departure of the registered manager. The quality of outcomes from debriefs was generally poor, referencing the need for ever closer supervision rather than focussing on specific areas of practice which could be improved. We did not see a learning culture around restraint. Only incident of restraint had not been notified to the Care Inspectorate and one young person had been injured during a restraint. (See Area for Improvement 1)

The service recorded incidents where restraints were not required to help identify patterns of behaviour and to inform effective approaches and overall management of physical interventions but it was not clear how these were used to drive improvement. Staff did not always feel supported when incidents occurred and told us the approach to de-briefs which did occur felt critical of their decision making and did not allow for a reflection on practice.

In conclusion, there were a number of significant weaknesses in management and leadership in this service which impacted on the level of support available to staff and the quality assurance of practice which has the potential to create negative outcomes for young people in the service. This has informed a grade of weak.

## Requirements

1. The provider must ensure that policies and procedures are implemented at all times so that quality assurance, supervision and supporting staff following incidents in the service takes place. The responsibility to support staff and processes must be clearly defined.

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.' (HCSC 4.11) and to comply with SSI 2011/210 4 (a) and (c).

Date for completion 10 September 2021.

## Areas for improvement

1. The service should improve the quality of analysis of incidents to create a learning culture to embed positive practice.

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)

## How good is our staff team?

### 3 - Adequate

Staffing levels within the service ensured that each young person was supported individually by a member of staff. Additional staff were available when needed but there was no clear policy or procedure which indicated the factors taken into account to assess the level of staff needed at any given time. This had implications during times when the household was unsettled and we discussed our concerns with the external management team. The manager post was not included in staffing ratios but, at the time of the inspection the post was vacant.

Although we were clear that there is a new experienced manager appointed to start in August, we assessed the provider should have acted quickly to ensure a temporary manager or senior was in place with clear responsibility to lead, direct and support a largely inexperienced staff group.

Staff working in the service had varying levels of experience and expertise in relation to working with young people who had experienced significant trauma. The service needed to pay close attention to staff training but also the matching of young people into the service. (See Requirement 1)

Given the high level of staff turnover within the service, a small number of staff were working significantly longer hours. We were impressed at the commitment of staff to work these hours so that they could continue to provide the stability of care for the young people they were looking after. However, we were concerned at the number of additional shifts staff were picking up and questioned whether the significant staff turnover was partly as a result of staff feeling "burnt out". (See Area for Improvement 1)

We found that the organisation's learning and development plan was extensive and aspirational. Most staff had attended the mandatory training expected prior to their start and within the first week. However, one staff member involved in restraints who did not have practical training in safe crisis management.

1. The provider must undertake an analysis of staff training needs and develop a training plan to address the needs identified, along with timescales. They must also undertake a review of their matching process to ensure that it sufficiently takes account of the needs of young people currently in the service and young people being admitted. This must also take account of staff skill and experience to ensure that all young people's needs can be effectively met.

This is in order 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.' (HCSC 3.14) and to comply with SSI 2011/210 4 (a) and (c).

Date for completion 30 October 2021.

1. The service should evidence that information provided by staff in exit interviews and journey reviews is understood to ensure that young people in the service are able to develop meaningful, supportive relationships and experience continuity of care and staff turnover reduced.

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

'As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.' (HSCS 3.5)

## How good is our setting?

## 3 - Adequate

Moving to stay in the service had allowed one young person to return to their home area and another young person to move closer to their home area. This had assisted future care planning and had the potential to support connections within their local community. The move had supported the promotion of family time for one young person.

The setting is in a rural location meaning any involvement with police or other authorities is highly visible within the local community. The rural location also makes it difficult for the service to be more fully

integrated into the local community. We did not see evidence that young people were engaged in community activities such as clubs or sports which would support connection. However, we recognise Covid-19 will have had an impact on availability of these opportunities.

One young person described this lack of connectivity as: "it is like we are shutting out the world".

We were encouraged that the service has a plan in place to engage the young people in improvements to the physical environment and as noted previously, one young person has a place at college which will help promote integration into the local community.

Overall the setting offers the young people access to their local area to assist in care planning and the service actively promotes family time, but there are issues with how integrated the young people are to the community in a rural setting where they are highly visible and this has informed a grade of adequate.

### How well is our care and support planned?

### 3 - Adequate

The proforma used for care planning was extensive and invited the voice of the young person. It made good use of Getting it Right for every Child wellbeing indicators and lent itself to planning being SMART. We saw that young people had access to their care plans through their key team and could express their views. Copies of care plans were sent regularly to social workers and we noted the services regularly contacted social workers following incidents and took place in multi-agency Looked After and Accommodated Children's (LAAC) reviews.

However, care plans were incomplete and as such did not offer a full or comprehensive picture of the young person and how they should be cared for. They did not reflect the actual support the young people received.

Whilst we noted examples of good therapeutic work and were encouraged by the theory base of the staff induction, we were not clear how this focused work informed wider care planning. Staff told us that they did not have a key role in care planning and that due to work pressures they felt they had little time to reflect on practice at the end of a shift. (See Area for Improvement 1)

We noted decisions about overall care planning did not involve the people caring for the young people. They were taken largely outwith the service and poor communication meant staff seemed unsure of the plan for each young person. All staff struggled to articulate any positive difference care planning had made to young people's lives.

Information about young people was fragmented across a range of different documents - changeover book, communications book, care folder, working folder, participation folder and care plans which were electronic. This did not support staff finding current up to date information. Care plans and risk assessment differed from verbal information shared during the inspection.

In conclusion we noted some strengths in care planning, however these just outweighed the areas for improvement. The provider needs to take immediate action to ensure an appropriate audit of the quality of care planning and work with the staff team to acknowledge their use as accessible working documents. This has informed the grade of 3 - Adequate.

## Areas for improvement

1. The service should seek to involve staff in the creation of care plans for young people and embed the process of care planning in to service delivery to allow for an improved understanding of outcomes.

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

'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)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	2 - Weak
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
How good is our staff team?	3 - Adequate
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	3 - Adequate
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?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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