care inspectorate

Stormont Cottage Care Home Service

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Type of inspection:
Unannounced

Completed on:
15 July 2021

Service provided by:
Radical Services Ltd

Service provider number:
SP2003002568

Service no:
CS2019375880

HAPPY TO TRANSLATE

About the service

Stormont Cottage is located in a semi-remote area of Perthshire, close to the rural village of Auchterarder. The service comes under the auspices of Pebbles Care, a private provider specialising in residential child care across Scotland and England.

Stormont Cottage is registered to provide a residential care service for a maximum of two children and young people aged between eight and 20 years of age. The service has been registered with the Care Inspectorate since January 2020.

It is a large, detached house which was decorated to a satisfactory standard. It has a large front and rear garden located along a gravel driveway, some distance from the main road. The cottage has an office, lounge, large kitchen and dining area that leads to the back garden, a small games room, two bathrooms and five bedrooms, one which has en-suite facilities. Two bedrooms and one bathroom are reserved for staff. There are nearby transport links and local amenities are relatively easily accessible.

Support within the service is provided by a registered service manager and deputy manager, and two core staff teams of four, with distinct shift patterns, and an additional team of staff available to support as and when required. An area manager provides additional managerial support to staff at Stormont Cottage and other Pebbles children's homes in the locality.

The aims of the service, as cited in their Statement of Purpose, states that they "provide a familial environment where children and young people who cannot remain at home can be cared for in a way that allows them to experience a strong sense of nurture matched by clear boundaries and routines".

This was the first inspection of the service since registration in 2020.

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

During the course of the inspection, we spoke to the service management team, a number of staff (both on and off site), one young person, one parent and one social worker. We also read samples of questionnaires and evaluations from previous residents and their social workers. Feedback we received from people who have used the service was mixed.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

How good is our setting?	4 - Good
How well is our care planned?	4 - Good

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? 3 - Adequate

Observed interactions between staff and young people were positive and respectful in nature. We are aware from considering previous incidents that this has not been the case in every situation. We noted that trusting relationships were still being established and that staff and young people were still learning about one another and building these relationships. It was clear that relational based care was a clear focus for staff within the service and was recognised as crucial to promoting positive outcomes; however, we noted that staffing issues reduced the full impact of this approach.

During our time within the service, opportunities to engage young people in activities in, or around the service, were taken and we saw young people having fun.

Records of important meetings confirm that one young person has accessed support from a Barnardo's children's rights officer to advocate on their behalf and ensure their views are known. In discussion with this young person's social worker, it was highlighted that this involvement has been ongoing for some time and that it will be possible to access in the future, should it be required. We also saw evidence that the service has proactively sought independent advocacy for previous young people when they resided in Stormont, striving to ensure that their views were heard. We are aware that the service are actively working on how they are going to provide young people with access to independent advocacy. We were advised at feedback that this will now also feature as part of the care package for young people coming from cross boundary authorities. We look forward to seeing development in this area at the point of the next inspection.

Young people are supported to safely exercise choice within the service where possible. Where it is not possible to exercise these choices, staff have an understanding that this needs to be explained to the young person and that they must be supported to understand the reasons for this. Staff described some progress in this area being made, enhanced by developing relationships with young people. We noted, however, that timeframes around particular restrictions imposed, and around the changes in behaviour that would be required for one young person to achieve the desired changes, were not always clear. We understand that this is a developing strategy; however, felt that additional clarity may benefit staff and this young person.

One young person in the service highlighted the lack of other young people there as a negative factor. Whilst able to access activities which involve other young people, these currently offer isolated, opportunistic engagements with other young people. However, it was clear that regular opportunities to engage in a variety of activities were provided and that staff were able to draw on their skills and experiences to support this, including in one case, outwards bound experience. We were informed of 'community hubs' for young people, supporting them coming together within the organisation. We were

advised that these had been hampered by the pandemic and we look forward to seeing how this has developed for young people within Stormont Cottage at the time of the next inspection.

Where this has been assessed as appropriate, contact with family is promoted within the service. Staff were seen to support this through providing transport and offering opportunities for family to spend time within the service. This will enhance opportunities for young people to share positive experiences with family members and offer parents the opportunity to experience young people's living situations.

We saw evidence of good communication with education and the service supporting this aspect of young people's wellbeing. Plans are underway for education transition for one young person and this positive communication and multi-agency working will be crucial to supporting this.

A photographic record of one young person's experiences within the service had been started and we were impressed with the content and approach. However, we were disappointed to see that this had not been continued and we encouraged the service to revisit this as method of capturing positive experiences and memories.

Child protection policies and procedures were in place and we found that these had been applied. Children and young people were generally kept safe from harm; however, this was not the case in all instances. These events led to poor outcomes for the young people concerned including risk to themselves and others, police involvement and accruing criminal charges, being placed at significant risk, feelings of safety and security being negatively impacted and experiencing further trauma. (See requirement 1)

We considered instances where young people had been placed at risk and noted that this had not been notified to the Care Inspectorate in one instance as required (see key question 2). There was evidence that this had been investigated internally and actions had been identified in relation to the matter; however, this had not been successful in ensuring further incidents of concern did not arise.

Young people had access to primary and specialist health provision and this was incorporated in care planning and risk management. We were also made aware that the organisation's psychological services will carry out an assessment in conjunction with the service to support care planning. We look forward to considering the impact of these new assessments at the point of the next inspection to see their positive impact on the direction of individualised care.

The staff team are trained in CALMS (Crisis, Aggression, Limitation and Management) and some staff shared that this has been very beneficial, particularly given the needs of the young people who have been in their care.

The recently introduced therapeutic parenting training offers the staff team a greater understanding of the impact of trauma and interventions, including a booklet of therapeutic activities which can be utilised. This should support staff to enable young people to develop their emotional regulation and reduce the need for physical intervention.

Staff had an understanding that young people benefitted from an active lifestyle and efforts were made to facilitate this. There were some issues around healthy eating and conflicting information provided. We would encourage the service to further enhance their promotion of a heathy lifestyle and healthy eating within the service in line with promoting positive outcomes.

Requirements

1. The provider must ensure the safety and wellbeing of young people within the service. This is necessary to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a) – Welfare of Users.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

Timescale: by 30 September 2021.

How good is our leadership? 3 - Adequate

There have been a number of issues impacting the arrangements for management within the service, including government advice and restrictions relating to coronavirus and the planned transfer of the existing registered manager to oversee a newly opened service within the organisation. The newly appointed registered manager has recently completed the induction programme for her new role. It was noted, however, that the handover period for the home was delayed/interrupted for various unavoidable reasons.

The Statement of Purpose detailed the aims and objectives of the service. The document was detailed and was linked closely with the Health and Social Care Standards, which we welcomed. Some information required to be updated, specifically the information on staff. We encourage the service to review and update this document accordingly, ensuring that review dates are noted on the document.

We were advised that a number of new information technology systems were in the process of being introduced to support efficiency and improvement within the organisation. As a result, at the point of this inspection, information available within the service continued to be stored in different systems with migration of information taking place. There appeared to be some confusion at times as where relevant documentation was held and, whilst we are grateful that efforts were made to source this, it resulted in notable delays in the provision of requested information.

The service have an audit undertaken by the compliance officer within the broader organisation which highlights aspects of progress, good practice and recommendations for improvements. In discussion with the newly appointed registered manager and deputy manager, it appeared that there were no structured processes for quality assurance within the service. We were informed by the external manager that there was a quality assurance file which contained monthly internal quality assurance checks completed by the registered manager. However, we did not have access to these during this inspection and our findings indicated that these had not been as effective as the service may have hoped in assuring quality and improvement. This was evident during the course of the inspection and we advised the service that they should develop an effective system for internal quality assurance which would support management overview and day-to-day activity. (See area for improvement 1).

We identified some issues in relation to the setting itself which we highlighted to the service, some of which could pose potential risk and which more robust quality assurance mechanisms may have identified. We asked the service to provide us with an action plan in relation to these matters being addressed.

There have been a number of serious incidents which have been appropriately notified to the Care Inspectorate; however, we identified one which had not. (See requirement 1).

We were not able to consider a completed, up-to-date service development plan and, therefore, we were unable to ascertain key priorities, identified areas for development and related progress. Given the challenges faced by the service since its registration and the further ongoing changes, the development of this document would support the direction of developments and improvements and measure achievements in these areas. (See area for improvement 2).

A staff training overview is available based on the training delivered to staff through the Learning and Development team and online e-training. The service would, however, benefit from a service specific training needs analysis for the staff team which would support the manager in monitoring and development activities, particularly given the enhanced nature of the service and the varied qualifications and experience of staff who will be working there. It should allow the strengths and areas for development of these staff members to be identified and progressed in line with the complex needs of the young people in the service, promoting positive outcomes by equipping the staff in their role. (See area for improvement 3).

Through discussions with the new registered manager of the service, it is clear that there is a motivation and vision for the service moving forwards. With the appointment of new permanent members of staff, it appears there will be a greater capacity for a stable team, of sufficient size, to support consistency and improvement in service delivery. In addition, the new information technology systems, once embedded, should support improvement in some of the areas identified and we will consider their impact at the time of the next inspection.

Requirements

1. The provider must notify the Care Inspectorate as detailed in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting (2012)'.

This is necessary in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a) – Welfare of Users.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

Timescale: by 30 September 2021.

Areas for improvement

1. The service should ensure that internal quality assurance systems are robust and used effectively in order to identify and address areas for improvement and to enhance the quality of experience for young people.

This is in order to ensure that management and leadership 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
'I use a service and organisation which is well led and managed.' (HSCS 4.23).

2. The service should ensure a robust and forward focused plan is in place to support the development of the service. Young people and external agencies, as well as all staff, should be involved in this process.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (HSCS 4.6);
'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

3. The service should undertake a staff training needs analysis and create a training overview to support the manager in monitoring and development activities.

This is in order to ensure that leadership 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
'I use a service and organisation which is well led and managed.' (HSCS 4.23).

How good is our staff team? 3 - Adequate

There has been a significant level of staff turnover within the service and a resulting use of bank and agency staff was noted. We were made aware of further imminent planned staff transfers from the service and also the appointment of four members of permanent staff who are due to commence post in August 2021. This inevitably impacts the experience of building and sustaining trusting relationships for young people. It is hoped that a more stable staff group dynamic will be achieved moving forwards, offering young people consistency and continuity in their care experience.

We recognised that staff had worked hard to support young people against a backdrop of significant challenges including a global pandemic, the implementation organisation wide of a new shift pattern, ongoing staffing turnover and related shortages or use of bank and agency staff to support, change in service provision to a two bed enhanced service and related increased need of young people using the

service. These changes continue with the introduction of new systems, a new registered manager and further planned staff changes.

There had been a number of allegations of misconduct in relation to staff within the service, some leading to staff suspensions and staff departure and also concerns raised regarding practice issues. The service investigation into the most recent of these allegations had again been placed on hold due to police investigation and, therefore, we were not aware of the outcome at the time of the inspection.

We met with staff working within the service during the course of our inspection and additionally made contact with some staff members who were not on shift during that time. Staff we spoke with were enthusiastic and motivated to provide a nurturing environment for young people within the service and to promote positive outcomes.

In discussion with staff, there appeared to be a sense that it was difficult to remain abreast of relevant developments related to their field of practice and that there were limited opportunities for the team to come together to consider these and their implications for practice. There was, for example, little familiarity with the 'Health and Social Care Standards' (June, 2017) or 'The Promise', the publication arising from the Independent Care Review (February, 2020). We would encourage the service to consider providing dedicated time for the staff team to engage as a group on key learning areas for the purpose of practice development. These opportunities should support an up-to-date awareness and understanding across the staff team and consistency of practice. A similar focus on desired positive outcomes for young people would be a positive input to ensure all staff are consistently considering this and confidently able to articulate their understanding and practice. (See area for improvement 1).

The organisation provide a broad suite of training which includes mandatory elements, including for refreshers. We noted that these were not up to date for all staff, including mandatory child protection refreshers. (See requirement 1).

We welcomed the introduction of therapeutic parenting training which has commenced within the service and which all staff will undertake. Staff spoke positively about this and it should promote positive outcomes for young people in terms of their relationship experiences and care within the service. The development of staff knowledge and skill in this area will also be consistent with the Statement of Purpose of the service.

Psychological services input relating to specific specialist health needs was seen to be provided to staff. This supported a better understanding of young people's needs and a more consistent approach to meet these. Staff commented that this input had been helpful. We observed that some available training opportunities which reflected specific needs of young people within the service had not been progressed as yet. As noted in key question 2, we have encouraged the service to consider and progress service specific training needs based on the needs of the young people within Stormont Cottage. This would further equip the staff team to consistently and effectively support young people and promote positive outcomes.

Staff received supervision and also considered their progress and development needs through the use of Personal Development Plans. We sampled some of these and found them to be of good quality. These also highlighted the opportunities afforded to staff in terms of the professional development. We heard that due to pressures on the service, supervision was not always as regular as planned; however, there was a clear sense that this would be addressed once pressures eased.

We undertook a sample of recruitment documentation and found that safer recruitment practices were being undertaken. We did not see evidence in these samples of young people being involved in the

recruitment process and would encourage the service to support the involvement of young people in a meaningful way.

Requirements

1. The provider must ensure that all staff members undertake appropriate mandatory training and refresher training, including child protection training, in line with the agency policy to ensure the safety and wellbeing of children and young people.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) - A provider must make proper provision for the health, welfare and safety of service users.'

This is also in order to ensure that staffing 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
'I am protected from harm abuse, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

Timescale: by 20 November 2021.

Areas for improvement

1. The service should seek to provide dedicated opportunities for the staff to engage as a group on key learning areas for the purpose of practice development.

This is in order to ensure that staffing 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
'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our setting? 4 - Good

We recognise that the pandemic has impacted upon this area; however, we found good evidence that opportunities were taken to make the most of the outdoor space. Young people were regularly involved in outdoor activities and this was consistently encouraged and supported by staff members. These outdoor pursuits offered young people opportunities for fun and was positive for their health and wellbeing.

How well is our care and support planned? 4 - Good

It was clear that the service were involved and engaged in multi-agency working in order to positively support young people's plans. This was evidenced through considering records and discussions with staff and people using the service.

Young people's documentation was available and up-to-date plans were in place. These detailed the local authority plan and then more detailed aspects of care within the service. The plan for young people was, in some respects, very detailed. However, we felt this could be reviewed and perhaps condensed with greater focus on desired positive outcomes and a SMART (Specific, Measurable, Achievable, Realistic, Timebound) format. Plans seemed to be completed by different people who had differing understanding of its content, leading to variable quality and consistency.

Risk assessments and behaviour management plans were also seen to be in place and we were aware that regular Risk Management Meetings were taking place, where appropriate. We could see that these were a good example of multi-agency working to reduce risk, support planning and promote positive outcomes.

There were a large number of relevant documents and it was hard to ascertain which would be a priority for staff who were unfamiliar with the service. Given staff changes and the use of agency and bank staff, we would encourage the service to consider this and how unfamiliar staff could be supported to ensure consistency of care and confidence in practice, particularly given the enhanced nature of the service.

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?	3 - Adequate
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	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

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?	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?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good

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