

# Kippsbyre Cottage Care Home Service

AIRDRIE

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Radical Services Ltd

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## About the service

Kippsbyre Cottage is located in a semi-remote area of North Lanarkshire, close to the town of Airdrie. The service comes under the auspices of Pebbles Care, a private provider that offers residential childcare across Scotland and England.

The service is registered to provide a residential care service for a maximum of two children and young people. At the time of our inspection, one young person was living in the service and there was no plan to accommodate another young person in Kippsbyre Cottage.

Kippsbyre Cottage is a large bungalow and is decorated to a satisfactory standard. The house is set within farmland with some outdoor space for play and recreation. Inside, the house has a large kitchen with space for dining. There are two large living areas, one of which was being developed into a sensory playroom. Both bedrooms have en-suite access and there is a separate toilet for staff. Finally, the staff office has space for a bed to accommodate sleeping over. There are nearby transport links and local amenities are easily accessible by car.

Support within the service is provided by a registered service manager and deputy manager, and two core staff teams, 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 Kippsbyre Cottage and other Pebbles children's homes in the locality. 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 and one social worker. We also looked at the outcomes from previous residents and the feedback from their social workers. Feedback we received from people who have used the service was positive.

We heard from young people that they felt safe and liked living in the house. They described it as comfortable and a good place to stay. They reflected on the fact that they were not running away as much as evidence of being much happier. They didn't like the last minute staff changes and wanted this to improve.

## 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?	4 - Good
How good is our leadership?	4 - Good
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?

**4 - Good**

We evaluated this key question as good where several important strengths outweighed areas for improvement. Whilst some improvements were required, the strengths identified had a positive impact on children and young people's experiences.

The young person had started to build trusting relationships with staff. Several staff, including the manager, had a very positive relationship with the young person and when they were present, the young person appeared calmer and more relaxed. During these times, the staff understood the importance of attuning their practice to the young person's attachment style. An area for continued development for the service is to ensure that all staff have a high level of understanding and competence in this area.

Attempts were made to manage transitions carefully. Young people were visited prior to living in the service, and this appeared to create increased understanding and comfort for both the young person and staff. The time committed to understanding and meeting the young person prior to admission meant that the arrival was managed more sensitively and, furthermore, the young person had consented to the move. We found there was room for continued improvement in this aspect of service delivery. (See area for improvement 1).

The service understood the importance of advocacy and listening to the young person. There were some examples of this within the environment. The young person had been able to develop their own safety plan in conjunction with staff. Key staff had adapted emotion cards after consultation with the young person to help them express themselves better. This was facilitating better communication and opportunity to prevent incidents escalating.

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.

Activity and structure were encouraged within the service. We saw evidence of lots of fun activities and the young person enjoying daily planning with staff. The activities planned were age appropriate and led by the young person. The staff were motivated to keep the day structured and to facilitate activities that supported the young person's development. For example, helping the young person use public transport safely.

We were unsure how easy it would be for a young person to make friends whilst living so far from home and in a rural setting. Therefore, we have asked the service to consider this, and we will review it at next year's

inspection. (See area for improvement 2).

We were pleased to see the use of sensory play. Arts and crafts, as well as cooking, were a regular activity within the house. As well as this, the service had listened to the young person and created a sensory room which had alternative lighting, music, a tent, soft furnishings and a weighted blanket for the young person to use when required.

The importance of daily structure was understood and led by the manager. Whilst bedtime remained a time where the young person could become worried and unsettled, a consistent routine was in place involving settling, reading and nurturing positive sleep hygiene. We found that this went well when the staff team was consistent and no unforeseen changes were made.

The service had clear child protection processes and procedures. These were followed closely, leading to effective multi-agency communication, and ensuring young people were kept safe when they placed themselves at risk. We observed very close working relationships with the social workers for young people, despite them being based a long distance away. The service needed to focus on building an effective partnership with the police, given the level of risk presented by young people and to ensure unnecessary criminalisation of the young people living at Kippsbyre does not occur.

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. We would encourage the service to further enhance their promotion of a healthy lifestyle and healthy eating within the service in line with promoting positive outcomes.

## Areas for improvement

1. The service should review the admissions process and consider including formulation work as part of the preadmission matching to ensure that the staff are equipped to meet the young person's needs.

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

'I am cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18).

2. Young people living at Kippsbyre should have their social development nurtured through opportunities to make friendships in the local area.

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

'I can be with my peers, including other people who use my service unless this is unsafe and I have been involved in reaching this decision.' (HSCS 1.11); and

'I am supported to participate fully as a citizen in my local community in the way that I want.' (HSCS 1.10).

**How good is our leadership?****4 - Good**

We evaluated this key question as good where several important strengths outweighed areas for improvement. Whilst some improvements were required, the strengths identified had a significant positive impact on children and young people's experiences.

The service had an honest approach to its strengths and areas for improvement which supported the quality assurance being undertaken. The consistent presence of the manager was a strength of the service and ensured that they had oversight of the challenges and tried to promote consistency for the young people.

At this early stage, it was hard to assess whether quality assurance was leading to improved inputs being embedded, but the changes being made were based on the views and needs of young people and there was ongoing evaluation of the service delivery on a day-to-day basis. The service manager was an additional consistent presence in the service and had a good understanding of the areas that needed improvement.

Some staff were ready to be part of the quality assurance process and were integral to suggesting improvements. Others were new to the role and were in need of experience and time to become affiliated with the quality assurance process and to contribute to it. Given the small size of the service, there was time to help staff develop but we found that new staff needed a lot of support to become highly effective contributors to service development.

We saw evidence of external audit and assurance being undertaken by managers as well as more regular audits completed by the house manager. These audits led to changes in documentation and to the way the young person was supported. From our findings, we considered that the manager could undertake more detailed analysis of incidents, to identify patterns and support further changes to the care planning. (See area for improvement 1).

**Areas for improvement**

1. To enable effective adjustments to care and support planning, the service should consider a more robust analysis of incidents that leads to early identification of patterns of behaviour.

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).

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

We evaluated this key question as adequate where there were some strengths, but these just outweighed the weaknesses. This reduced the likelihood of young people achieving positive outcomes because key areas of performance needed to improve.

We found a warm atmosphere during our visits to the service, with staff working well together and benefitting from the oversight of the manager.

When the staff team was consistent and the same people were working with the young person, this led to the young person having a good day and the likelihood of incidents was reduced. The young person told us that the changes in staff at short notice led to them feeling worried and unsafe, which in turn triggered unsettled behaviour. This was particularly present during unforeseen changes in the evening.

The managers identified that the impact of Covid-19 had effected staffing levels and, where possible, they attempted to ensure any additional staff from other houses were familiar to the young person. We acknowledged the staffing challenges and asserted the importance of making systematic changes to ensure there was enough staff who were well trained and had a good relationship with the young person available when unforeseen circumstances emerged. (See area for improvement 1).

The manager prioritised supervision and spending time with staff to model best practice. They also understood the importance of providing staff with debriefs after incidents and when staff were off, the manager made efforts to try and support them back to work sensitively. The staff we spoke with were very positive about the way they were managed.

The organisation had recruited experienced staff as well as staff with limited experience. This meant that some staff were equipped to support the young person and to put their training into action. Staff with limited experience needed more support and we found that they found managing incidents very challenging and this had impacted upon their confidence. We discussed this with the service during feedback and heard that efforts were being made to ensure those staff had more support and direct guidance from the managers. We will review this closely at the next inspection.

The induction model for staff covers a breadth of learning and builds relevant knowledge. In addition, staff who undertake the therapeutic parenting module will have a basic understanding of attachment and responding to trauma. This training will give staff some tools to undertake therapeutic interventions. We found that this training needed to be complemented by input from the psychology team attached to the service, to help staff put their learning into practice and to fully understand the importance of formulation work, prior to intervention.

## Areas for improvement

1. The service should ensure that young people experience consistent care from the same people so that they build trusting relationships and recover from the trauma they have suffered.

This is in order 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

'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 setting?****4 - Good**

We evaluated this key question as good where several important strengths outweighed areas for improvement. Whilst some improvements were required, the strengths identified had a significant positive impact on children and young people's experiences.

We recognise that the pandemic had 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.

The grounds of the house needed improvement to maximise the space for play. We will also look closely during the next inspection at how young people have been supported to connect with the local community.

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

We evaluated this key question as good where several important strengths outweighed areas for improvement. Whilst some improvements were required, the strengths identified had a significant positive impact on children and young people's experiences.

The young person's views were clearly captured within their care plan and staff made very good use of key time. In these records, we could track how changes had been made to the care plan on the basis of sensitive discussions with the young person to trying to understand how they felt at certain times.

This information was tracked into the behaviour support plan and risk assessment. We concluded that these documents worked well together and had contributed to reducing the young person's desire to run away. We found that the documents could be more closely linked to the therapeutic intervention being completed by staff, like the young person's own safety plan or zones of regulation cards. The documents should also make more reference to the young person's identified triggers to support preventative interactions.

We found that there was scope to make the risk management processes tighter, particularly where new staff were being used and needed to understand the risk quickly.

The manager led the writing of the documents and was in the process of upskilling staff to take ownership of this. We considered that handing over this responsibility was a key focus to help staff take ownership of the care plan and to support the manager to undertake analysis, leading to a more effective team around the young person planning meetings.

**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?	4 - Good
1.1 Children and young people experience compassion, dignity and respect	4 - Good
1.2 Children and young people get the most out of life	4 - Good
1.3 Children and young people's health benefits from their care and support they experience	4 - 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?	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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