

# Sunderland House School Care Accommodation Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Spark of Genius (Training) Ltd

**Service provider number:**  
SP2006008009

**Service no:**  
CS2008178883

## About the service

Sunderland House is a school care accommodation service run by the organisation Spark of Genius (Training) Ltd. It provides care and support for up to five young people. The service is based in a large, detached house with a garden, in Dunoon.

The house is close to public transport links, shops and other amenities. Young people's educational needs are met through attendance at learning centres provided by the organisation, or at other educational provisions, whichever is identified as being in the best interests of each young person.

Sunderland House operates a 24-hour service, 52 weeks of the year. At the time of the inspection, there were four young people living in Sunderland House.

## What people told us

We spent time with all of the young people living in the service and had in-depth conversations with three of them. In the main, the young people had good relationships with the staff team and felt supported. Some of the young people told us that the staff had helped them make significant progress. There were other relationships and interactions between young people and staff that they didn't like and concerned us. These are explored in the detail of the report.

## 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?	3 - Adequate

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**

We found that young people had developed trusting relationships with staff. Some young people had found themselves settling into the house because of the effort made by the manager and staff to stick by them. We heard from social workers that relationships with young people were a strength of the staff team.

The staff advocated for young people to help them get the things they needed. This included important things to them like family time and opportunities for independence. The young people had their rights recognised and were not in any way discriminated against. There was an understanding across the staff team about young people's age and stage of development, which meant that care was tailored to their specific needs.

Young people's meetings were a feature of living in Sunderland House and this fed into the staff team meetings. Unfortunately, the regularity of these meetings had been affected by recent challenges to have enough staff. When these meetings did occur, the views of the young people were central to changes in the house; for example, the new furniture and, in particular, the changes to the outdoor areas. Young people had personalised their own bedrooms and spaces; they were encouraged to do so and supported fully by a manager who focused on making the house their home.

This family dynamic extended to meal times where people all sit down together. We observed this time to be fun and engaging for the young people and a very normal opportunity to spend quality time with each other. The service had a cook who ensured that meals were available to the young people on a daily basis, and they ate a varied and balanced diet. The young people told us that they also liked it when the staff took responsibility for cooking.

We spoke with Who Cares? Scotland, who told us the young people were well informed about their service and were empowered to engage in advocacy.

The manager and staff intended to provide consistently therapeutic care and support to help young people build trust and recover from historical trauma at a pace that was right for them. For some young people, there had been positive outcomes as a result of considerate care and support.

The staff, at times, had to learn quickly to adapt to the needs of young people and some staff coped well. This had contributed to a reduction in self-harm and, for some young people, they were much safer. One young person told us: "It's because of everyone that I have changed. I have stopped self-harming. Everyone here is real and themselves and I like that. I get more time with my family which means I feel connected to them again."

For some of the young people, educational attainment was a priority and a success. This daily structure and routine was hugely beneficial for them and we were pleased to see the staff and manager promoting attainment. For other young people, the daily structure was a challenge and the staff found it hard to motivate them at times. Attainment was limited as a result of motivation or external circumstances beyond young people's control. We found that where barriers existed the service found it hard to develop quick solutions and help young people to make use of their motivation.

We saw young people enjoying each other's company and we heard about activities they had enjoyed together. Some young people had the chance to go on holiday and this appeared to bring out the best in them, and they savoured the quality time with staff. The holidays were planned jointly with the young people, ensuring the arrangements were an opportunity to have new but positive experiences.

The staff and manager wanted young people to develop life skills at a pace that was right for their stage of development. We had some concerns that young people had limited life skills prior to considering independent living and that living alone in the community may place them at risk of exploitation or harm. We have asked the service to work closely with young people's social workers to create plans that ensure safety as the highest priority.

The community offers some opportunities for young people; but for others, they told us that they do not always feel safe and did not like to leave the house. We found that, at times, access to substances within the community was a key trigger for incidents occurring and placed young people at risk of harm. We found that at these times, some staff did not feel safe and utilised the police for support.

We spoke with the local police service who were supportive of the staff and manager at Sunderland House and felt that incident levels were reduced, and staff only contacted them when they felt it was absolutely necessary. The manager was working with the police to build upon their joint practice and to ensure each service understood the role and function of the other.

The service had access to external psychology if they needed it and we saw staff getting training to upskill them when young people's needs changed. This training gave staff a basic understanding of trauma and risk management. Staff refrained from using restraint unless it was critical to the safety of them and the other young people. When the behaviour of young people was beyond their control, staff utilised the local police.

We heard that young people found it hard to accept when staff had decided to place criminal charges against them. This impacted upon the trust within relationships. Whilst this was not a regular occurrence, we have asked the service to consider the impact of unnecessary criminalisation. We found that incidents were less likely to occur when certain staff and managers were present. The consistency of this had been impacted by staff sickness, Covid-19 and by high staff turnover.

We reviewed the service's child protection procedures, processes and practice and found critical errors within the systems. This had led to important processes not being followed by staff when young people had been placed at risk of harm. The errors we found did not lead to young people experiencing significant harm. However, the failure to follow the process, and of the manager to quality assure the processes of staff, had led to concerning staff practice being minimised. See requirement 1.

We found during serious incidents that individual staff members had acted with limited understanding of the impact of trauma. Young people had been the direct target of inappropriate behaviour from staff, and we found that this was inconsistently followed up. The service had moved to address these issues but we require more assurance about the expected model of care within the service. See requirement 2.

The health and wellbeing of young people was impacted by a concerning culture around smoking. For some time, young people had been allowed to smoke in their bedrooms which created a health and safety risk and a fire hazard. This risk was picked up by external professionals who shared our concerns. Furthermore, we had concerns that the behaviour of staff and managers was contributing to this culture, and we observed them not following their organisational codes of conduct. See requirement 3.

Medication was managed in accordance with organisational policies and procedures; however, in our review of the documentation, we found that a lack of auditing had led to errors in the completion of paperwork not being followed up. Auditing and quality assurance will be looked at in the next key question.

## Requirements

1. Young people benefit from preventive practice, early identification of concerns and sensitive, high-quality support from staff who work in partnership with other agencies.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19);

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

In order to comply with Regulation 4(1)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: by 30 October 2021.

2. Children and young people consistently experience nurturing therapeutic care and support that reflects their experiences, developmental stage and needs. Staff understand the impact of trauma and employ a range of credible, high-quality interventions.

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

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and

In order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: by 30 October 2021.

3. Children and young people are enabled and encouraged to make informed health and lifestyle choices by adults who are positive role models.

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 supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.' (HSCS 1.28); and

In order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: By 30 November 2021.

## How good is our leadership?

## 3 - Adequate

We saw the manager working hard to upskill staff and to raise the standard of care and support. We found that this had been a challenge due to a number of pressures.

The external manager had recently changed but we could see the work being done by the previous manager to support the house manager and try to address areas for improvement. The managers had some oversight of what was working well and what needed to improve. Our inspection identified further areas for immediate improvement that may have not been known to the managers and will need organisational support to improve. There was limited time for quality assurance which was reflected in paperwork.

It was additionally positive that the house, whilst registered to look after five young people, had only four young people living in it. This had been the case over the last year and this assured us that the outcomes for the young people were the key focus.

We found that audit and quality assurance practice across the service was poorly completed. The oversight of the serious incident forms had lapsed in the previous six months, meaning that there was limited formal debrief practice taking place with staff. Furthermore, the paperwork we reviewed, including the young people's files, had little evidence of audit that led to changes. Staff looked at paperwork, but no individual took responsibility for following up errors and making changes. See requirement 1.

We saw limited involvement of young people in the quality assurance process. Whilst changes to the house were often done in consultation with young people, their contribution to quality assurance was minimal or peripheral.

Whilst there was no evidence of formal complaints, we were not assured that complaints were managed robustly. We heard of young people being upset with the actions of staff at times, but there was no formal record of this being reviewed with them. The manager did encourage staff to engage in restorative practice after incidents, but we found that there was limited evidence of learning to drive sustained and meaningful change.

## Requirements

1. There is continuous, robust evaluation of children and young people's outcomes and experiences to ensure they receive the best possible care and support. Quality assurance also leads to improved inputs and processes for delivering the service. Children and young people's views are central to the process of evaluation and they are well-informed about any changes.

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

In order to comply with Regulation 4 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: By 28 February 2022.

## How good is our staff team?

### 3 - Adequate

We saw that the staff and manager were working incredibly hard to keep the same people around the young people through a very challenging time. We saw that the impact of Covid-19 had resulted in staff working much longer hours and we concluded that this was due to their focus on the welfare of the young people. However, in doing so, critical elements of staff care had been put aside and this had a knock-on impact on staffing arrangements.

Supervision was limited for all staff. This was of significant concern given their newness to the role and the need for support. Formal supervision did not evidence development plans for staff. When issues were identified for individual staff, there was a lack of follow up or increased supervision. This led to some staff going off sick or resigning. We found that the service had prioritised having enough staff as a result of

external pressures but had failed to ensure that staff who needed it got the necessary support to maintain a high level of care and support.

There was a number of new staff in the service who had limited experience of the sector. They told us that they were enjoying their work and appeared to have the right skills to build relationships with young people. We had some concerns that these staff had limited understanding of trauma and attachment, which meant that, at times, they were not equipped when young people displayed aggressive or challenging behaviour. We concluded that staff needed more robust approaches to coaching and support from managers to develop into practitioners who were confident managing the environment. See area for improvement 1.

We heard that communication between the staff was an ongoing challenge. This, at times, meant that communication to external professionals was misleading. We reviewed the staff team meeting and communication minutes and found these were not occurring regularly and the content of these meetings was misleading. There was little evidence of issues identified being followed up. In our discussions with staff, they told us that internal communication was an ongoing area for improvement.

### Areas for improvement

1. Staff are empowered and equipped to deliver the best quality practical and emotional care and support. Their competence is regularly assessed to ensure that learning and development strategies support the highest quality outcomes and experiences.

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 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

'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**

The young people were not from the local community, but the service had worked hard to support family contact and to take responsibility for advocating for this when it was in the young person's best interests. When family relationships broke down, they supported young people and found ways to retain some contact with the people who were important to them.

Sunderland House is open to family and friends visiting and this is actively encouraged. We found a desire to create a family environment, and this was reflected in the length of time young people stayed. When some young people thought about moving on, they wished to stay close to the local community.

The community is not a positive environment for all of the young people. For some young people we spoke to, it was an intimidating place with limited social opportunities. This was something we identified at our last inspection. We were pleased to see that the new young people living in Sunderland House were much more settled and the service had taken this guidance on board.

Going forward, we have asked the service to consider the recent challenges for some young people around substance misuse. The community can be a positive environment for young people but it can also be a trigger for incidents and involvement in criminal behaviour.

We did see the community being a positive environment for some of the young people, offering fun activities and opportunities to build relationships. The staff had a good understanding of the local area and utilised positive connections to try and get young people into work.

The service promoted life long links and the staff make a concerted effort to ensure young people who no longer lived in the service kept in touch and knew that the people who cared for them continued to care about them.

## How well is our care and support planned?

## 3 - Adequate

The young people had outcome focused care plans. Each young person had a plan of action that they were working towards. These plans would benefit from greater review and update. For some young people, the plans we reviewed lacked audit and quality assurance. New plans were built upon older plans without a review of progress or whether outcomes had been achieved.

The personal plans did not reflect the multi-disciplinary work taking place and, whilst reviews were taking place for young people, we did not find the service always working well with social workers. In speaking with social workers, we heard that the consistency of communication could be improved which would lead to better joined up working.

The 'all about me' documents in young people's files did reflect the views of the young people and were a useful addition to help new staff understand how to work with them. Staff told us that they paid close attention to the information in young people's files, particularly the risk assessments.

The risk assessments we reviewed as part of our inspection did identify the needs of young people. However, we found the information about young people's risks in the wrong folders, meaning that if a young person wished to read their risk assessment, they would have access to one of their peers. This again reflected a lack of effective audit and review of the paperwork system. See requirement 1.

We found scope for a wider analysis of the young people's behaviour in partnership with them so that the individual crisis management plans (ICMPS) and risk assessments closely modelled how they wanted to be treated and what staff could learn from incidents. The analysis of behaviour was at a basic level and did not reflect learning from serious incidents. Ensuring life space interviews and debriefs occurred with young people and staff after incidents would prove useful in supporting this area for development.

Young people do not get access to their folders and the quality of the folders during our inspection made us concerned about them getting access. In order to promote full participation in their planning, the young people should be reviewing what is written about them and the plans that the service has for them. We directed the managers to examples of this from other areas of the organisation. See area for improvement 1.

## Requirements

1. Children and young people's records are of a consistently high standard and are informed by rights, values, principles and codes of practice.



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

'Any treatment or intervention that I experience is safe and effective (HSCS 1.24);  
'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20); and  
In order to comply with Regulation 4(1)(b) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: by 30 October 2021.

### Areas for improvement

1. Children and young people are at all times at the heart of plans for their care and support. They are enabled to lead and direct their development so they feel a real sense of ownership and can clearly recognise their own voice. They receive full support to communicate what their outcomes should be, including advocacy where required. Their plans detail in plain language what matters to them, to support a clear shared understanding.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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  
'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14.)

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

### Requirements

#### Requirement 1

The service acknowledged that the training and skill building of staff was an ongoing piece of work. However, we would like to observe a clear link between the skills of staff and the needs of the young people to ensure they are cared for safely and their outcomes progress.

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

**This requirement was made on 9 January 2020.**

## Action taken on previous requirement

We could see that the service had taken this requirement on board and new admissions to the service had settled well and staff appeared more able to care for them. This particular requirement has been met but we found alternative areas for improvement during this inspection which are detailed in the report.

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

The young people living in Sunderland House should receive consistently compassionate and nurturing care from all the staff who work in the house. Furthermore, the young people should receive the same guidance and boundaries regardless of who is looking after them.

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

'My care and support is consistent and stable because people work together well.' (HSCS 3.19); and  
'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15).

**This area for improvement was made on 9 January 2020.**

### Action taken since then

This area for improvement has not been met. As a result of our inspection findings, requirements have been made to ensure progress is observed within clear timescales.

## 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?	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	3 - Adequate
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?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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