Braehead Cottage
Care Home Service

Hawick

Type of inspection:
Unannounced

Completed on:
14 September 2021

Service provided by:
Greenleaf House Co Ltd

Service provider number:
SP2018013227

Service no:
CS2020379252

About the service

Braehead Cottage is part of Greenleaf House Ltd. Braehead Cottage provides singleton placements for up to three young people aged between eight and 20 years and was registered by the Care Inspectorate in December 2020. The service utilises two properties currently providing singleton placements. Both properties have public space for young people to participate in social activities and individual bedrooms where young people can have privacy.

The aims and objectives of the service include;
- Meeting the Health and Social Care principles and standards.
- Provide the highest quality, personalised and intuitive care for every child.
- Creating and maintaining homes that feel like permanent sancturies, where every child is safe, welcomed and affirmed and attains a level of breakthrough and positive outcomes appropriate to them.
- Provide a high level of support to deal with trauma and/or adverse experiences.
- Equip each child with life skills, practical skills and mental health skills that will have a lasting impact on their lives.
- Help young people (and whenever appropriate, their families/networks) to plan towards and achieve a positive and successful future.

What people told us

There were two young people in the service when we completed the inspection. We received feedback during the inspection from one of the young people about their experience of the service which included the statements;

"Staff are lovely and supportive".
"I would like to stay here".

We asked for views from family members and involved professionals and were told that;
"They are really good at calming (them) down".
"The service was determined and dedicated to her; they didn't want to give up".

We took all gathered views into account in our evaluations of the service's performance.

It should be noted that this inspection took place during Covid-19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances.

How well do we support children and young people's wellbeing? 3 - Adequate

Interactions witnessed between staff and young people were relaxed, fun and demonstrated positive relationships with respect for personal choices and privacy. Relationships with young people were based upon knowing them as individuals. Young people were offered verbal and physical affection, which strengthened connections to those caring for them. This meant that young people's daily experiences were enhanced by the relationships they had with members of the staff group, allowing them to actively and openly communicated their views, interests and wishes.

Engagement of young people in their care and support was part of the service design with age-appropriate responsibility given to young people around identifying risks and creating risk management plans. This meant the young people's participation became a life-skill learning opportunity. This additionally helped to minimise incidents through open communication and partnership planning in response to behaviours and triggers.

The service clearly identified appropriate adults that young people could access within the organisation. However, none of these adults were independent or had a sole role of providing rights-based interventions or young person advocacy. Evidence that planning occurred around how advocacy would be provided prior to the placement commencing, either from the local authority or the provider accessing a local provision was not found. This meant that regular opportunities for young people to express their views and wishes to an adult not invested in the provision of their care were lacking.

The service provided young people with individually tailored support to engage with education. Packages of support provided could easily be seen to pivot young people towards their stated work-related goals for the future. The education provision had made sound progress in creating learning and skills-based activities. However, the service had not yet fully met young people's potential to academically achieve, with plans lacking aspiration and steps to reintegrate young people back into more formal academic environments not timely.

The specific staff role of skills practitioner showed a commitment by the provider to ensure that young people lead active lives whilst continuing to learn and develop skills for the future. We were told by staff and stakeholders about the positive work that staff were doing with young people and how connected the planning was between the skills practitioners and the care team. This was viewed as beneficial to young people engaging in the learning and skills activities set for them. We suggest that as a matter of priority that all skills practitioners employed by the provider be registered with the SSSC. This would support the continual improvement of the staff employed in these roles and recognised the care component of the work.

With regards to keeping young people safe, we found that staff had knowledge of the services' policy for child protection, had completed training around this, and were aware of how to report, they also knew how to escalate if no action had been progressed. We felt that staff understood their role in child protection and keeping young people safe from harm and abuse.
We considered the quality of incident recordings provided and found them to be varied. There was a clear inconsistency in the quality and completion of the some of the incident and physical intervention recordings, with sections not completed and external manager analysis of the event also not included. The variations in recording and the inconsistencies in analysis of issues impacts on the services ability to effectively monitor service provision and ensure that interventions are safe and of a high quality.

However, we heard about reflective discussions having taken place within the staff group, at team meetings. There was evidence of staff reflection on what helped young people or what triggered them seen in recordings of team meetings, where staff utilised their knowledge of the young people to create effective plans. This was supported in supervision records.

We found that young people using the service were unable to access local CAMHS services. However, staff were advocating on their behalf to appeal this decision. The service did maintain good links with health services already involved with young people, this pro-active approach to healthcare provision supported positive health outcomes for young people within the service. Additionally, we found that young people were supported in establishing healthy routines and were encouraged to maintain a healthy diet.

We identified weaknesses in the way the service managed young people's medication, with inaccurate recording of the administration of controlled drugs. The service completed an investigation into the errors and immediately embarked upon structured improvement to prevent harm.

In conclusion, the relationships between young people and staff were positive with evidence of the staff understanding of their individual needs and demonstrated commitment to creating a home for young people rather than a placement. There was evidence of young people's views being integrated into day-to-day planning and even into the documentation that the provider required. The complex needs of the young people placed in the service did however mean that additional planning was required around education provision. There was evidence of planning in place to develop skills however further care planning objectives could be created to ensure that aspirational outcomes are achieved. The service had strengths in advocating for health input, and in the reflective discussions of the staff group. However, this quality indicator would be strengthened by the inclusion of independent advocacy for young people.

How good is our leadership? 3 - Adequate

We saw positive good quality leadership within the service.

The service had some systems in place to support an ongoing assessment of the quality, these included; staff policies and procedures which were readily available and used by staff to support consistency in their work. Recordings of team meetings which evidenced discussion around young people's care planning, sharing of information, and allowed staff to influence overall service improvement. Regular staff supervision which was occurring and monitored staff understanding of approaches with young people and challenged any practice issues.

However, we noted areas which could be improved. In reviewing the service documentation, we found use of the services own proforma documents to be inconsistent in terms of quality and incomplete in some cases, specifically the incident recordings. The sections that were not completed or superficially completed meant that there was little evidence of analysis of the incident information. Examples of senior or external manager analysis of events were also inconsistent with some good examples of senior sign off and feedback, but also examples where the document had not been completed, yet were still signed by the external manager. We found evidence of auditing taking place where errors, repetitions or omissions were not picked up, examples of these include incidents, physical interventions, medication management and in care plans. These examples would make it difficult for the managers to identify learning and the need for any improvement. This directly impacts on the services ability to review and improve the care they are providing and how they support achieving positive outcomes. Meaning that current quality assurance processes do not consistently support achieving good experiences and outcomes for young people. (See area for improvement 1)

In conclusion, we saw areas where quality assurance could be improved through the completion of the documentation already in place and line manager or external manager auditing of these. However, we heard about and saw the responsiveness of the manager to feedback and to make changes to improve. We were satisfied that this was an area that could be improved quickly, but will be making an area for improvement around the development of thorough quality assurance activities.

Areas for improvement

1. In order to ensure that staff practice is monitored, that plans are reviewed as appropriate and that any learning is implemented for the benefit of young people, the provider should ensure that managers and

senior staff carry out and record regular quality assurance activities that provide direction, reflection or learning to the staff group.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

We found that the service practice broadly reflects best practice guidance contained within the document "Safer Recruitment Through Better Recruitment". However, records indicated that for at least one staff member appointed the two appropriate references were not available. We did note that in the other recruitment files scrutinised that service policy was adhered to and recruitment guidance had been followed.

There was a comprehensive list of training available with all staff having received a full and varied induction.

We spoke with staff and stakeholders about staffing and were told that staffing levels were good, and responsive to the needs of the young people. We found the service commitment to ensuring staff and young person wellbeing through the flexible approach to staffing rotas. Staffing rotas, however, could be developed which include an analysis of not only staff numbers, but also skills mix.

We heard from staff and stakeholders about the positive and supportive relationships between the staff group, and that they worked well together. Where there had been difficulties in staff relationships, we found evidence that these were handled in an appropriate and professional manner and that individual staff members were able to raise concerns with senior staff. We also heard about the responsive management team and the staff view of their approachability.

In conclusion, we saw strengths in this area, where staffing levels met the needs of challenging and complex young people.

How good is our setting? 5 - Very Good

The service operates currently from two separate homes, both with a rural location. The standard of decoration in both houses was high with efforts made by staff and young people to create homely comfortable spaces. There was limited public transport nearby and any excursions for either young person required staff support. However, young people were connected to the community, using local services, and participating in local group activities as appropriate to their care plan. The care team alongside the skills practitioner utilised the setting to create enjoyable and learning activities. We were told of staff taking young people to swimming both wild and at the pool, memberships, and attendance at the gym, visiting local points of interest and out for coffee or to get nails done. Stakeholder feedback supported the view that young people were able to participate in activities within the local community.

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

The service care plans are developed under the SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible) headings with identified actions to achieve the outcomes, they are not, however, utilising SMART (Specific, Measurable, Attainable, Relevant and Time-Bound) planning consistently or effectively.

Greater adherence to this model of writing goals would support the setting of individually tailored goals and help to monitor progress through these. Additionally, this would also support greater feedback of achievements to young people and family members and assist the quality assurance of progress in care outcomes. In some examples viewed the steps did not match the goal and the wrong young person's name was on the document. Examples again where quality could be assured by a more thorough auditing process.

We found examples of the care planning being developed in response to young people's wishes and with their specific interests. Young people's plans were good, clear, and accessible. Individual risk plans evidenced that the staff group knew the young people, heard their feedback, and had applied this into how to manage periods of dysregulated behaviour. This was supported by our observations on site of staff interactions with young people.

Documentation specifically designed to capture either young people's views or debriefs were not always completed. It was noted that young people sometimes refuse to participate in the planning or debrief process. However, it is important that the service develop a process to record these refusals as they help to inform whether current strategies are successful, or if timing or approach to engagement should be adapted. These steps would support young people to remain involved in their own care planning and those services and interventions are adapted to meet young people's specific needs.

We heard about staff consistently communicating with family members and with multi-agency supports. Social work reports and communications were also regular and reported to be of a good quality.

In conclusion, the service documentation showed strengths in relation to gaining of views, planning, and developing an outcome focus. These could be improved by greater adherence to SMART planning. Utilisation of the process of setting SMART goals with the young person to give structure to the placement, track progress and allow the young person developmentally appropriate autonomy in their lives has been missed.

Areas for improvement

1. The service provider should review the recording of care plans to ensure they embed young people's views and comply with SMART principles. Clearly recording agreed actions to achieve positive outcomes for the young people, how these will be measured, how achievable these are and within which timeframe.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and '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 needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23). This complies with SSI 2011/210 Regulation 5.

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	4 - Good
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?	4 - Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - Good

How good is our setting?	5 - Very Good
4.3 Children and young people can be connected with and involved in the wider community	5 - Very 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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