

Meadowview Care Home Service

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Type of inspection:
Announced (short notice)

Completed on:
1 November 2021

Service provided by:
Amisfield Care Limited

Service provider number:
SP2014012242

Service no:
CS2014323343

About the service

Meadowview is the single care service operated by Amisfield Care Limited. The service was initially registered on 1 October 2014 and is a care home service that can accommodate up to four children. Meadowview is situated in a residential street in Lochgelly, Fife.

The service's aims and objectives state: "Meadowview seeks to provide a high quality, therapeutic residential home for children and young people who are looked-after. The provision of ongoing and high quality throughcare and aftercare support for our young people is at the core of our mission and we aim to develop innovative practice which offers our children and young people ongoing emotional and practical support."

At the time of inspection the service had no children resident and it was undergoing refurbishment. Prior to this it had three children resident in with the service, one child left the service in an unplanned way and following this the local authority for the other two young people took the decision to move the children from Meadowview.

What people told us

During this inspection we did not speak to children or families directly. We have spoken to case holding social workers, a senior manager in the local authority and have accessed written documentation from the service.

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

1 - Unsatisfactory

The service was inspected during a period of refurbishment with no young people resident, so it was not possible to observe direct practice. The service aims to provide a nurturing therapeutic approach to care with the objective of preparing children for foster care. We did not speak to children directly but had feedback from social workers that core staff at Meadowview continued to have meaningful relationships with former residents and contact has been maintained since the children have moved on from the service.

We have found that when the service was operating, the welfare and safety of children was compromised, with risks that cannot be tolerated.

We found during the inspection that staff changes significantly impacted on quality of relationships between children and adults. Staff turnover, staff absence, issues in recruitment and the impact of Covid-19 put pressure on the core staff team and meant there was a lack of consistency in staffing in the service. This resulted in children not receiving sufficient reassurance and care. We received feedback from social workers that young people felt the impact of staff members leaving the service, and the level of turnover, very significantly and adversely impacted on the quality of relationships. Issues with staffing and young people's needs not being met were key contributors to the decision of a local authority to remove two young people from the service. The unplanned ending for the other child, which was at the request of the service, was very short notice and did not allow for comprehensive transition planning.

Meadowview is a service with a positive vision and committed staff. Whilst we recognise these strengths, in the past year, substantial staffing issues have impacted on the service's ability to fulfil its aims and

objectives and provide quality care in a consistent basis. This has informed a grading of 2, weak. **See requirement in key question 3 – How good is our staff team**

Children who had lived in the service had previously had opportunities to exercise choice in activities, outings and holidays with staff. The service had also engaged in supporting family contact. Feedback from social workers was that the service had high aspirations for educational achievement and engaged proactively with education colleagues to support schooling. Covid-19 had an impact on school attendance during the pandemic which placed additional strains on staff.

We found major failings in safeguarding practice which had the potential to cause harm to children resident in the service. The service's child protection policy does not follow national guidance in relation to recording, assessment, decision making and service actions. There was no identified child protection coordinator and reporting of child protection issues was haphazard. The service was unable to evidence that they had taken appropriate action in relation to some child protection concerns. We concluded that the service did not have a systematic response to child protection matters as required by national guidance. We saw evidence that child protection matters had not been properly recorded or notified to the Care Inspectorate. We noted that child protection concerns were not reported timeously which led to children not being safe in the service. We also saw evidence of an allegation of abuse against a staff member that was not investigated fully. These are significant failures that have an adverse impact on the wellbeing of children in the service. **See requirement 1**

Because there were no children in residence at the time of the inspection it was not possible to assess aspects such as food provision and hygiene practices. From written information and discussions with staff we could see evidence that children were encouraged to have active, healthy lifestyles and had access to appropriate medical services. The administration of medication was not assessed at this inspection.

Some incidents in relation to unsafe behaviours and physical restraint had been recorded. However, we were told, by senior members of staff, that there were some incidents that had not been recorded. Some records of incidents were not fully completed and significant pieces of information were missing. There was no identification of debrief or life space interviews or recognition of the impact on other children. Incidents were not systematically reviewed. There were no identified strategies to reduce behaviours leading to incidents and no follow up actions after the incidents had taken place. As a result young people became increasingly involved in unsafe behaviours, impacting negatively on their wellbeing. The Care Inspectorate was not notified of some incidents in accordance with notification requirements and were therefore unable to identify issues and offer support. **See requirement 2**

Requirements

1. In order to ensure the safety and wellbeing of children, by 21 January 2022 the provider must:
 - (a) Review the child protection policy and procedure to ensure it complies with national guidance.
 - (b) Ensure that all staff, whose role within the service includes the implementing of child protection policies and procedures have sufficient training and expertise to ensure they have a sound understanding of child protection issues, and they are able to confidently and competently implement child protection procedures.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) regulations 7(2)(a) and 15(a) and (b)(i)

This is also to ensure that care and support is consistent with the Health and Social Care standards which

state: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21)

2. In order to ensure the safety and wellbeing of children, by 21 January 2022 the provider must:

- (a) Have a procedure in place which ensures that all incidents, including restraint, are fully recorded and notified to the Care Inspectorate in compliance with The Care Inspectorate publication 'Records that all registered children and young people's care services must keep and guidance on notification reporting'.
- (b) Have a procedure in place whereby an experienced and competent person has an overview and analysis of incidents resulting in strategies aiming to reduce the occurrence of incidents.

This is on order to comply with Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) regulation 19(3)(a) and (d)

This is also to ensure that care and support is consistent with the Health and Social Care standards which state "If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively." (HSCS 1.3)

How good is our leadership?

1 - Unsatisfactory

Findings from previous inspections and information from placing social workers provided evidence that the service had previously been operating well. However, at this inspection significant changes in the running of the service had considerably impacted on outcomes for children.

We saw evidence that the matching of young people in the service contributed to negative outcomes. It was not clear how recent admissions fitted with the service's aims and objectives or that a matching assessment was completed which considered the impact on children resident in the service. There was no evidence of how the service planned to meet their objective to prepare children for foster care. **See requirement 1**

There was lack of clarity about roles and responsibilities. This alongside the absence of adequate recording systems meant that internal quality assurance measures were largely absent. Changes that happened were as a result of crisis management rather than through robust quality assurance. This had impacted on systems to support safe care.

See requirement 2

An on call system was in place which identified a range of employees, including relief staff and newly appointed staff. The remit and responsibilities of the person on call was not clear with often inexperienced staff members in the on call role. This meant that effective support from senior staff was not available when needed. This lack of support impacted on the management of challenging situations and increased negative outcomes.

In the absence of the registered manager the service was managed by inexperienced staff lacking the required qualifications and registration with the Scottish Social Services Council (SSSC). The service did not have robust external management structures in place to ensure continued quality assurance took place. In the past year important areas such as staff supervision, recording, and notification of incidents were inconsistent and in some incidences did not take place. **See Requirement 3**

The service used external consultancy and support but this did not provide a formal management role. The

lack of effective management meant created an environment that was not safe for children and young people with no systematic process in place to monitor and evaluate outcomes. **See requirement 4**

We found significant deficits in both the day to day and external management of this service which led to a lack of safety and substantially contributed to negative outcomes for young people resident in this service. This informs a grade of one, unsatisfactory.

Requirements

1. To ensure that decisions made about who is admitted to Meadowview are in the best interests of all children and young people, the provider must by 21 January 2022, ensure that a robust matching process is put in place and followed. In addition, the Care Inspectorate's admissions guidance for residential service, 'matching looked after children and young people' should be referred to.

This is on order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210) regulations 4(1)(a)

It is also to ensure that care and support is consistent with the Health and Social Care Standards, which state that 'My care and support meets my needs and is right for me.' (HSCS 1.19) and 'If I experience care and support in a group, the overall size and composition of that group is right for me.' (HSCS 1.8).

2. In order to drive improvement and ensure that children receive high quality and safe care, by 21 January 2022 the provider must develop systems to ensure accurate recording and robust quality assurance to support positive outcomes. Responsibility for quality assurance must be clearly defined; including the named person acting as the external manager and frequency of audits to be carried out.

This is on order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210) regulations 4(1) (a)

It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "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)

3. In order to ensure that staff are fully supported in a reflective learning culture, all staff should have access to formal supervision that is properly recorded, including provision of direct supervision for the provider/ manager. By 21 January 2022 the service should review it's supervision policy and advise the Care Inspectorate on how this will be implemented.

This is on order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210) 15(a)

It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "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)

4. In order to ensure that the monitoring of children's experiences and safeguarding lead to promotion of positive outcomes the provider must, by 04 February 2022, put in place robust external management structures in accordance with the External Management of Residential Childcare Establishments; Guidance 18 June 2013 . This must be understood by all staff and clearly outline a formal system for complaints and

whistleblowing in the service.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) regulations 4(1) (a) and 18.

It is also to ensure that care and support is consistent with the Health and Social Care Standards 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)

How good is our staff team?

1 - Unsatisfactory

We noted significant failings in safe recruitment, a lack of experienced staff and poor levels of staff support in the service. The service has failed in its statutory obligations to provide a safe environment for children.

The service however was unable to provide us with a recruitment and selection policy informed by national guidance and best practice. We were advised that this is under review and is an action point on the service development plan. We noted major issues in the service's approach to recruitment which was not compliant with safe practice. The service was unable to demonstrate how recruitment met service aims and objectives, children and young people's needs and the values, skills and knowledge of those being recruited. **See requirement 1**

We saw some evidence of an induction check list in staff files but this was not consistent. There was no systematic approach to staff induction and a lack of clear policies and procedures to guide this. The impact of this is that staff were not fully prepared for their role and this created inconsistencies in the care young people experienced with a significant impact on outcomes. **See requirement 2**

The service had an inconsistent approach to Scottish Social Services Council registration with staff not registered or on appropriate parts of the register. This meant they were not working toward required qualifications as conditions of registration. This impacts on the competence and knowledge levels within the service and has the potential to impact negatively on outcomes. We also saw evidence of staff disciplinary issues not being shared appropriately with the SSSC. **See requirement 3.**

In the past twelve months the service had extensive staffing issues which impacted on the quality of care provided. In June and July 2021 the service had only four permanent members of staff and was reliant on a relief pool of mainly unqualified staff, to provide the majority of staffing. Staff also moved between relief and permanent positions as they balanced other work commitments. The lack of consistency in staffing impacted on the ability of children in the service to form meaningful and trusting relationships.

The service informs us that they had delays in appointing staff due to delays in PVGs and had a further advert out to recruit staff in June 2021 in an attempt to address the situation. Staffing issues created a lack of consistency for young people and impacted on the quality of relationships. The service needs to address staffing levels as a matter of urgency to ensure it has sufficient experienced, qualified staff with the skills needed to meet the needs of young people using the service **See requirement 4**

The staff we spoke to were motivated and committed but we noted considerable staff turnover in the past year. We noted that the service had not provided regular formal supervision to staff and for some staff this had never taken place. **See requirement 3 in Key question 2: How good is our leadership.**

We also saw an inconsistent approach to staff training with no clear policy around mandatory training or

how staff could develop their skills and knowledge in the service See requirement 2. As a result, staff in this service were not appropriately supported to meet the needs of young people which created a chaotic environment that was not safe. This has informed a grade of one, unsatisfactory.

The service needs to address these areas to ensure that they are able to retain quality staff who can consistently provide high levels of motivation and good team working.

1. To ensure that children are cared for safely by 21 January 2022 the service provider must produce a recruitment policy and procedure which takes account of national guidance and best practice. They must retain evidence that safe recruitment practice has been followed.

This is on order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210) regulations 9.

It is also to ensure that care and support is consistent with the Health and Social Care Standards which state that "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS,4.24)

2. In order to ensure that children are cared for safely, have their needs met and have opportunities to form supportive and consistent relationships the provider must, by 4 February 2022 demonstrate that they recruited sufficient, skilled, permanent staff. To ensure that staff in the service are properly trained, the provider must produce a comprehensive induction and training policy outlining expectations of new and existing employees regarding mandatory training.

This is on order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210) 15(b)(i)

It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "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)

3. In order to comply with statutory requirements, by 21 January 2022 the service must ensure that staff with supervisory responsibilities are registered on the appropriate part of the Scottish Social Service Council register and the SSSC is informed appropriately of staffing disciplinary issues.

This is on order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210) 15(b)(i) 15(b)

It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "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)

4. In order to ensure that the service provides sufficient, suitably qualified, staff on each shift to meet the needs of each child/young person, the Provider must by 21 January 2022, produce a staff deployment process and procedure which identifies how staffing levels are assessed and :-

a) Keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care.

Record this in each care plan as this will inform the direct care hours for the individual.

b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

This is in order to comply with SSI (2011) 210 -4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users.

It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15)

How good is our setting?

1 - Unsatisfactory

We were told that the home had, in the past, provided a nurturing, caring environment for children, however we found evidence to support reports that extensive damage had caused the house to fall into dis-repair. Social workers informed us that this had been as a result of staff being unable to manage the behaviours of young people. At the time of the inspection the premises were uninhabitable with extensive renovations underway. In its current condition the premises were unsatisfactory, however we recognise that they were undergoing extensive refurbishment. **See Requirement 1**

1. In order that children can experience high quality living conditions the provider must ensure that the setting is well furnished, comfortable and homely. It must be safe secure and well maintained. Prior to reopening the provider must give sufficient notice so that the Care Inspectorate can inspect the premises to ensure compliance, including building and fire and safety requirements .

This is on order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210) 10 (1)

It is also to ensure that care and support is consistent with the Health and Social Care standards which state "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HCSC 5.22)

How well is our care and support planned?

2 - Weak

The care plan format was linked to well being indicators (SHANARRI), were written from a positive perspective and used child friendly language. We did however note some important areas for improvement in the approach to care planning. The care plans lacked structure and were not SMART so it was not clear how progress would be measured. Although the service had regular discussions about the children's needs, it was not clear how these influenced and informed the approach to care planning or linked to the service aims and objectives to prepare children for foster care. This reduced the ability of the service to be outcomes focused. One young person had been in the service for a number of years and it was not clear how the service were supporting them to transition to foster care. Some care plans were not dated and it was not clear who had completed them and when they had last been reviewed. It was not clear how young people, their families and placing social workers were involved in care planning.

We also noted an absence of risk assessments and behavioural management plans which outlined the service's approach to supporting young people. We did not see evidence of the use of restraint being included in care plans or clear outline of strategies to support young people experiencing distress. For young people to feel safe it is important that they are prepared for the use of restraint and when and how this will be used. They also need staff to take a consistent approach to behaviour management. We have seen that the service took an inconsistent approach to managing challenging behaviour due to staff turnover and inexperience. The service could not evidence how they were learning from incidents and how this led to responsive, child centred care planning. **See requirement 1**

Requirements

1. In order to ensure that the service can consistently achieve positive outcomes by 21 January 2022 it must adopt a SMART approach to care planning that is integrated with robust risk assessment and risk management procedures, including the use of restraint. These care plans and risk assessments must be outcome focused and clearly express strategies to mitigate risk and how the service is reviewing and adapting it's approach in response to need. The service should clearly articulate how children who will be resident in the service, their family and involved professionals will be included in care planning.

This is on order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210) 5.(3a)

It is also 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." (HCS.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.

Detailed evaluations

How well do we support children and young people's wellbeing?	1 - Unsatisfactory
1.1 Children and young people experience compassion, dignity and respect	2 - Weak
1.2 Children and young people get the most out of life	1 - Unsatisfactory
1.3 Children and young people's health benefits from their care and support they experience	1 - Unsatisfactory

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement are led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
3.1 Staff are recruited well	1 - Unsatisfactory
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	1 - Unsatisfactory

How good is our setting?	1 - Unsatisfactory
4.1 Children and young people experience high quality facilities	1 - Unsatisfactory

How well is our care planned?	2 - Weak
5.1 Assessment and care planning reflects children and young people's needs and wishes	2 - Weak

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