

Gainhill Farmhouse Care Home Service

Kilmarnock

Type of inspection:
Unannounced

Completed on:
27 September 2021

Service provided by:
Common Thread Ltd

Service provider number:
SP2005007437

Service no:
CS2018367595

About the service

Gainhill Farmhouse is located in a rural location in East Ayrshire. It was registered with the Care Inspectorate in March 2019.

The service is situated close to Kilmarnock; where the service provider's education facility is located. The town of Kilmarnock offers various social, recreational and educational facilities.

The rural location places the house adjacent to working farms and other small businesses that share access roads.

The service's statement of aims and objectives states that the aims are to;

- provide the young people with a positive and enjoyable experience.
- provide an environment, which promotes the feeling of safety required to allow young people to begin re-appraising traumatic, past and recent life events.
- enhance the quality of life for young people by improving their life options, their individual experiences and developing the positive qualities in each young person.
- provide high levels of commitment to the young people in order to minimise the potential for further rejection or failure.
- provide a child centred, caring and professional service in which our practice is constantly updated and improved in line with our experience and research findings.

The service provider further states that the house environment 'have been chosen because we believe they offer the right combination of location, privacy, intimacy and security whilst conveying messages of normality and providing an experience, which closely resembles positive family living'.

At the time of the inspection the service was providing care to two young people.

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

We spoke with young people experiencing care in the service during our inspection.

One young person told us they were happy living there, that they could confide in the staff and felt they were treated with respect.

However, another young person was less certain. When asked if they felt safe in the service they replied 'I don't know'. On exploring this further, we identified the issues causing the uncertainty in the young persons response. These issues are reflected through this report.

We also spoke, and sought views by survey, with social workers for young people in the service or who had recently left the service.

One social worker commented that "...some staff members that work incredibly well with the young person...", however they also thought '...that internal staffing issues impacts negatively upon the ability to provide a nurturing service'.

We were also informed that numerous requests, by social work, for staff to receive training in particular areas relevant to young people's needs had not been fulfilled. Furthermore, staff were reported to be unable, or refused, to meet one young person's particular needs. We comment on this further in Quality indicator 3.3: Staffing levels are right and meet children and young people's needs, with staff working well together.

During inspections we also look to gather the views of parents and carers where appropriate and available. One parent told us they felt they had been 'let down badly' since their child had been placed in Gainhill Farmhouse. They did add that they had noticed a more positive difference within the last couple of months.

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

2 - Weak

We made an evaluation of weak for this key question overall. Whilst strengths could be identified, these were compromised by significant weaknesses. These weaknesses were substantially affecting people's experiences or outcomes. We consider there to be a need for improvement as a matter of priority to prevent the welfare or safety of people being compromised, or their critical needs not met.

We learned from discussions with young people and staff that there were several factors affecting the staff group that had significantly and negatively impacted on the continuity of relationships for the young people.

This was primarily said to have been due to staff re-deployment. Managers stated that internal re-deployment of staff to the service provider's other houses was kept to a minimum and provided a means of avoiding the use of agency staff. However, we found that the re-deployment of staff meant there was a lack of continuity for young people. Although young people spoke of the generally good relationships they have with staff, and could identify some staff they could trust and confide in, they also gave examples of when staff re-deployment had undermined these relationships. Young people spoke of times when staff known to them were not available and they were not clear who would be caring for them. Staff described occasions where young people had become confrontational and aggressive with them as a direct result of not being available to support them when expected. We have made a requirement in relation to this matter. See requirement 1.

From our own observations we saw that staff were empathetic, caring and nurturing toward young people. The young people confirmed that staff were mostly respectful. We learned that on occasion when they did not feel a staff member had shown respect, the young people were aware of how to complain and that situations were addressed by the house manager. From this we further learned that young people in the service were aware of their rights and knew of the service's complaints procedure.

However, some young people stated that they did not always feel listened to. When asked if they felt safe, young people again gave a mixed response. Whilst in general they felt safe, some stated they had concerns about peer relationships and whether staff could keep them safe. They stated that they felt that the relationships they had with other young people were not positive and placed them at risk, either through actions or accusations. We looked at two particular incidents relating to this mixed response and understood where the concern originated. From this we identified that the service's matching process should be reviewed. We discuss this further in key question 5 How well is our care and support planned and have made a requirement in relation to this matter.

Young people described opportunities they took to engage in a number of activities within and outside the home based on their individual interests. Staff had supported young people to engage in activities local to the service such as paintballing, water sports and go karting and young people's interests in activities, such as music and playing musical instruments, was fully supported, encouraged and promoted.

Meeting with family and friends was supported and facilitated by staff to reassure family and young people that these important relationships could be maintained.

A strength of the service was in supporting young people into and maintaining education. Young people were attending school and achieving well, whilst others had secured training opportunities for their chosen job opportunities and were hopeful of securing a college place.

The young people's health care needs were met through contact with health professionals and timely registration on arrival at the service. Where specialist interventions were assessed as required these also had been accessed and arranged and implemented through multi-agency partnership working. This is evidenced in multi-agency meeting minutes and the interventions introduced to support the ongoing progress..

The service had to deal with three outbreaks of Covid-19 throughout the previous 12 months and young people reported that staff supported them throughout this very well. Staff's commitment to supporting young people at these times was evident when some moved into the house to support young people through these outbreaks.

We found that the service location had presented risks to young people, for example moving farm machinery. The managers of the service explained that these risks had been assessed and in consultation and discussion with staff, business owners and the young people, strategies and procedures had been developed to minimise these risks. The manager also obtained signage during the inspection to alert traffic in the area to the presence of children. However, we would recommend that the service managers review this situation with the neighbouring businesses to ensure an awareness of the potential for young people and children to be running around the area. See area for improvement 1.

From looking at Common Thread's child and adult protection policies, procedures and practice we are of the view that some child protection incidents were not adequately investigated by the organisation as some information was not accurately relayed and recorded. Furthermore, during the course of our inspection, ongoing child welfare internal investigations had not been completed due to staff illness. (see Requirement 1 under 2.2)

Some reports we requested were not provided. In the excerpts from reports we were able to see we saw narrative which we concluded was not trauma informed and that was lacking in empathy and understanding. We have discussed this further in key question 2 How good is our leadership?

Requirements

1. The service provider Common Thread must review it's recruitment strategy and process for assessing staffing levels in order to meet the assessed needs of young people and address the use of staff re-deployment. They must ensure greater account is taken of relationships that are important to young people and consistency of care.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) - Welfare of Service User- and to ensure that care and support is consistent with:

The Health and Social Care Standards (HSCS) which state that: 'Children and young people should be helped to develop a positive view of themselves and to form trusting and secure relationships with people' (HSCS 3.5) in a way that they feel comfortable with (HSCS 3.8). Health and Social Care Standards also require that young people experience consistency and continuity (HSCS 4.16)

Timescale: To be completed by 28 February 2022

Areas for improvement

1. The service provider Common Thread should ensure, through reviewing, continuous assessment and quality assurance processes, that the neighbouring businesses and traffic are aware of the proximity of vulnerable young people in order to reduce risk of injury.

This is in order to comply with Regulation 4(1)(a) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: My environment is secure and safe. (HSCS 5.17)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst strengths could be identified, these were compromised by significant weaknesses. These weaknesses substantially affect people's experiences or outcomes. We consider there to be a need for improvement as a matter of priority to prevent the welfare or safety of people being compromised, or their critical needs not met.

The service has undergone several changes of managers; with five individuals having held the post at different times since the services registration in March 2019. This lack of continuity may in some part explain a lack of some response from the service. During the previous inspection of this service we identified six areas for improvement. We did not receive an action plan to address these areas for improvement. During this inspection we found some of the areas for improvement had been addressed whilst others appear to have persisted. These have been addressed in this current inspection with requirements and areas for improvement identified as appropriate

The current manager took up the post in May 2021. Comments from staff, social workers and parents were positive about the impact of the new registered manager and the changes they were starting to make.

The service had developed quality assurance procedures and processes and from these identified areas of improvement. A SMART action plan had been created with regard to the identified areas and we were pleased to see a number of tasks were being actioned or had been completed.

Subsequent to this plan being developed the staff we spoke with were becoming more optimistic about the services development. We could see within this action plan that the manager had listed actions to involve stake holders, young people and staff more in the evaluations of the service.

We saw the current manager's monthly audits of the service and of the young people's care plans, however there was no external audit available to us during the inspection. We acknowledge the challenges presented by COVID-19 and Government restrictions however, there was little evidence of recent remote or in-house scrutiny by external managers. We have discussed this further in key question 5. The manager and external manager acknowledged these issues and committed to correcting them. We will look at this matter further during the next inspection.

As previously stated we were not provided with some reports we requested of internal investigations of incidents. We fully understand why we could not have access to the author of the reports copy, however we were not clear why other key members of staff in the organisation could not access these important documents. This implied that staff were not in a position to review the outcomes of the investigation and take appropriate action to address recommendations in order to secure the wellbeing of the young people.

Feedback from placing social workers reported that the service had been slow to respond to requests for staff training in respect of young people's needs. Managers informed us that the reason for the delay was that referral forms had not contained the relevant information, however other information provided by the service contradicted this. Staff understanding of young people's individual needs is essential in supporting young people in their development.

To address these issues listed above and to ensure that the quality assurance processes are robust and clearly lead to good positive outcomes for young people the service should review its quality assurance processes. We have made a requirement in relation to this matter. See requirement 1.

Requirements

1. The service provider Common Tread should review it's quality assurance process and procedures to ensure that they are robust and conducted efficiently and effectively and so that the service can meet the needs of individual young people without compromise to their needs, welfare and safety. This review should include clear actions to be taken in respect of areas identified to be addressed.

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

Timescale: To be completed by 28 February 2022

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst strengths could be identified, these were compromised by significant weaknesses. These weaknesses substantially affect people's experiences or outcomes. We consider there to be a need for improvement as a matter of priority to prevent the welfare or safety of young people being compromised, or their critical needs not met.

No formal assessments of staffing levels based on young peoples identified needs was in place. A staff rota was developed however we heard from staff that this regularly changed due to the re-deployment of staff to other services and additionally due to absenteeism. Staff informed us that this re-deployment happens at Gainhill Farmhouse and at the providers other services.

This impacts on the several areas discussed elsewhere in this report in addition to this key question. We heard from staff and young people that the re-deployment can happen at short notice thereby having a disruptive impact on young people's plans for that day. Some staff reported to us that this subsequently impacted on the relationship between young people and staff. From discussion we had with some staff we heard that this staffing issue would appear to also have a disruptive effect on plans for young people, supervision of staff, staff training, team meetings and team formation and morale.

The service needs to develop an effective continuous assessment to determine the correct numbers, experience, qualifications, and skills mix required to ensure a safe, nurturing and therapeutic environment. We have made a requirement in relation to this matter. See requirement 1.

Requirement

1. To ensure a safe, nurturing and therapeutic environment for young people and staff, the provider must ensure the correct numbers of staff with sufficient experience, qualifications, and skills mix are working at Gainhill Farmhouse at all times. In accordance with 'Records that all registered children and young people's care services must keep and guidance on notification reporting', the provider must keep a record of their assessment to meet children and young people's needs.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Regulation 15 (a) and (b), Staffing; and that care and support is consistent with The Health and Social Care Standards which state, 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11) and 'My needs are met by the right number of people'. (H&SCS 3.15).

Timescale: To be completed by 28 February 2022

How good is our setting?

4 - Good

We made an overall evaluation of good for this key question as we considered that the service's strengths just outweighed areas for improvement. Whilst we found some strengths that were having a positive impact the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

As stated in the introduction to this report the service is set in a rural location. Subsequently there were limited public transport links available to young people. However, the service resources include two cars to provide transport for young people to access the nearby towns and facilities. The service cars are an essential part of the service and facilitated access to education, social and recreational and health facilities. Through this resource the staff group ensured young people attended the service education resource local to the area. The availability of the transport also provided opportunities for young people to access local colleges.

Similarly, the young people described the recreational facilities they had an interest in that they accessed locally. They further described being supported to meet with friends in the community, which provided opportunities to further develop these relationships, in addition to engaging in community resources.

The service building provided sufficient space for young people to join in group activities, such as board games, or individual pursuits. One young person spoke very positively about his room and the space he had there to enjoy his privacy and interests.

We further learned from young people that they were supported and encouraged to develop independent living skills and that this was very much something they were keen to do.

As stated in key question 1 'How well do we support children and young people's wellbeing?' we raised a concern regarding the neighbouring farm traffic. We made an area for improvement regarding this under that key question.

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst strengths could be identified, these were compromised by significant weaknesses. These weaknesses substantially affect young people's experiences or outcomes.

The service provider had developed an online care plan system which we considered to be in a very good format and that could be well utilised. We feel that it has great potential for including young people in their care planning and gathering their views and wishes.

However, it was evident that these were not being completed well. Some had very limited information and lacked substance. We noted a need for plans to contain more detail such as the clear goals and what specific actions will be undertaken to attain the goals. At the inspection we found that the plans were vague. We have made a requirement that care plans be written to SMART principles with actions detailed and linked to outcomes.

In discussing this matter with staff, they attributed the partial completion of care plans to the issue of staff re-deployment and lone-working, which curtailed the time available for paperwork. The redeployment of staff raised a further concern regarding access to the online care plans with re-deployed staff not having access to online plans in the service they were deployed to. However, we were assured that visiting staff did have access to hard copies of the plans. This allayed concerns about deployed staff who were visiting the service not having access to care plans and risk assessments. This situation however needs to be robustly addressed for consistency and certainty.

We found that risk assessments did not always evidence accurate risk levels, as the risk levels identified for young people did not match historic information. Furthermore, on inspecting the young people's care plans and risk assessments we noted information that caused us to consider the matching process for placing young people in the service. See requirement 1.

We questioned whether the matching process had on this occasion, thoroughly taken into account all available information. In discussing this, the manager acknowledged there was some aspects of the assessment that did not appear to have been considered, thereby impacting on the assessment of risk. We also heard from a young person about the difficulties they were experiencing in their relationship with another young person. We have made a requirement in relation to this matter. See requirement 2.

Requirements

1. The service provider Common Thread must ensure that all young people's care plans are completed to the highest possible standard. These must include robust risk assessments based on chronology and assessment. Full details of the actions to be taken to address identified needs and goals must follow SMART principles.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(c) and to ensure that care and support is consistent with:

The Health and Social Care Standards (HSCS) which state that: 1.15 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) and I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17)

Timescale: To be completed by 28 February 2022

2. The service provider Common Thread must review its matching process to ensure that young people admitted to the service are formally assessed and matched to the service. This must include an assessment of the needs of the young person being placed and those already resident in the service.

The assessment and matching process should adhere to the criteria detailed in the Care Inspectorate's "Matching Looked After Children and Young People: Admissions Guidance for Residential Services" October 2019.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(c) and in accordance with:

The Health and Social Care Standards which state that: 'I am in the right place to experience the care and support I need and want.' (HSCS 1.20); and 'My care and support meets my needs and is right for me.' (HSCS 1.19).

Timescale: To be completed by 28 February 2022

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 service should ensure that young people's education provision is identified on agreement of the placement or at the earliest opportunity.

This area for improvement was made on 4 November 2019.

Action taken since then

The service had arranged for the education provision for both young people prior to arrival.

Previous area for improvement 2

The service should further explore the engagement of stakeholders participation in evaluating the service and for this evaluation to contribute toward the service development.

This area for improvement was made on 4 November 2019.

Action taken since then

This area for improvement had not been satisfactorily addressed and has been followed up with a requirement.

Previous area for improvement 3

The service provider should conduct assessment of staffing levels as per the guidance document Records that all registered care services (except childminding) must keep and guidance on notification reporting; which states: For everyone using the service, a provider shall keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care.

This area for improvement was made on 4 November 2019.

Action taken since then

This area for improvement had not been satisfactorily addressed and has been followed up with a requirement.

Previous area for improvement 4

The service should ensure that independent advocacy is accessible to all young people experiencing care in the service.

This area for improvement was made on 4 November 2019.

Action taken since then

Independent advocates were arranged for young people on placement commencing.

Previous area for improvement 5

The service provider should review and quality assure its matching process to evaluate for efficiency.

This area for improvement was made on 4 November 2019.

Action taken since then

This area for improvement had not been satisfactorily addressed and has been followed up with a requirement.

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?	2 - Weak
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	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?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	2 - Weak
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?	2 - Weak
5.1 Assessment and care planning reflects children and young people's needs and wishes	2 - Weak

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