

Netherton School Care Accommodation Service

Netherton
Ochiltree
Cumnock
KA18 2PU

Telephone: 01290 702 880

Type of inspection:
Unannounced

Completed on:
15 July 2022

Service provided by:
Spark of Genius (Training) Ltd

Service provider number:
SP2006008009

Service no:
CS2007164226

About the service

Netherton is provided by Spark of Genius Ltd and is registered to provide school care accommodation to a maximum of six young people aged between 10 and 18 years of age.

The service is located in a rural setting in East Ayrshire and provides residential living accommodation for the young people.

The service is within a detached house situated within its own grounds.

Five of the young people are accommodated within the main house and one young person within an adjacent small single cottage.

Young people have individualised bedrooms and the use of a large lounge and large dining kitchen.

The grounds have grass areas with facilities for young people to play and exercise.

About the inspection

This was an unannounced inspection which took place on 12 July 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke separately with three people using the service and one other in a group with their peers
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Young people reported overall having good relationships with staff although this was recent and had not always been so.
- Young people were enjoying participating in single and group outings.
- Young people reported feeling safe with the current staff group.
- There had been occasions previously where young people reported some staff as causing them concern.
- The service had undergone a change in staff composition and service manager. Staff turnover had impacted on relationships with young people and staff.
- Gaps in service provision and document recording were found however, these had been identified by the provider as an area for improvement.
- Young people, staff and managers reported an improving situation more recently.

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 rights and wellbeing?	3 - Adequate
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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 rights and wellbeing?

3 - Adequate

The service had undergone changes in staff and managers since the previous inspection. We therefore found a set of changed circumstances within the service over the months prior to the inspection.

Children and young people reported positive and nurturing interactions with some of the current staff team, which supported young people to feel connected to individual staff members. The quality of relationships was however impacted by staff turnover and by times when children and young people told us they did not feel safe with certain staff or other young people. We found evidence of appropriate identification of the concerns by staff and collaborative responsive action in relation to these concerns which supported safer caring practices.

Children and young people told that staff care for them and try to manage the relationships within the shared living environment. This meant that children and young people were listened to, and appropriate responses were taken by staff. Children and young people had access to responsible adults outside of the service and were able to identify individuals that they could speak with. The service maintains effective communication with external stakeholders and where appropriate the service supported connection with family and friends.

Children and young people told us that their previous participation in activities had been limited by staffing numbers. This had meant that there had been times that children and young people missed out on experiences that they enjoyed. There was however more recent evidence of children and young people engaging in full days out and holidays which were beneficial to them. We concluded that the planning and scheduling of activities could be improved through greater participation of the children and young people and with more prominent displays of plans. See Area for Improvement 1

Individualised behavioural management strategies were being developed by the new manager at the time of the inspection. We anticipate that this will have a positive impact on children and young people's outcomes and encourage the service in developing these.

The current leaders are aspiring to a culture of supportive and empowering interactions. They gave us examples of modelling child centred trauma informed care; however, this is yet to be fully embedded in the staff group. Leaders were clear about their roles and responsibilities and described an ongoing commitment to service provision audit. However, examples provided demonstrated limited impact on children and young people's plans and outcomes.

The service's evaluation of children and young people's outcomes was not evident through the care planning process. Plans were not SMART (specific, measurable, attainable, relevant and time based), which affects the services ability to drive towards positive aspirational outcomes for children and young people and impacts on the opportunity for young people to experience success in the completion of goals. See Requirement 1.

Notifications of incidents and significant events were not in accordance with the Care Inspectorate guidance, and a more thorough and robust quality assurance process would be beneficial in ensuring that this takes place. See Area For Improvement 2.

Improved quality assurance would support the review of care practices, ensuring that children and young people receive the best care for them. See Requirement 2.

The provider follows safer recruitment practices, however there were examples of a minority of staff members displaying poor practice. The service provider did take appropriate disciplinary action in relation to these matters once they became aware.

There were examples given by young people of times when staff deployed were not at levels required to be responsive to young people's needs. Young people commented, 'when there is enough staff, we go [out]'. Staff turnover had meant that there had been instances where the availability of staff had directly impacted on their ability to form lasting relationships. This was further impacted by an instability in the staff group and retainment. Young people commented that 'Staff keep on moving... we stick with people, and they move away.' This issue was further exacerbated by the unsuitability of a small number of staff whose actions resulted in disciplinary procedures.

Staff told us of having been trained in trauma informed care and of understanding the associated approaches and practices. From inspection of records and in discussions with young people and staff we identified a need to evaluate the trauma informed training being provided. This is to ensure effectiveness of the training and staff members ability to implement the training effectively. The staff group's ability to implement the skills had been identified by the service leaders as an area requiring strengthening and is part of the development plan.

We found the recording and evaluation of restrictive practices to be inconsistent. This could impact directly on the care that children and young people receive through limiting the ability to reflect on practice and adapt care to specific needs. Young people told us that 'They are brilliant to try helping me, but sometimes they need to understand, that I won't calm down just because they say I need to calm down.' This example highlights the need for the staff group to be reflective of strategies that work for individual young people and the importance of including children and young people in the debrief and repair process that follows incidents.

Requirements

1. By October 2022, the provider must review the recording of care plans to ensure they comply with SMART principles.

To do this, the provider must support the completion of care plans that include:

- a) clearly recorded specific actions to achieve positive outcomes for young people
- b) actions have clear measurements
- c) actions are of an achievable size and realistic for the young person
- d) an identified timeframe for completion of each action.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is 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" (HSCS 1.15).

2. By October 2022, the provider must improve the completion of service documentation and develop robust auditing of these recordings to support improved planning and interventions for young people.

To do this, the provider must:

- a) ensure that all care plans and risk assessments are individualised and up to date
- b) ensure that all incidents are recorded
- c) ensure that debriefs are completed for staff and offered to young people
- d) implement a system where tracking and review of incidents can occur within the home
- e) ensure that learning from incident tracking is discussed with young people and incorporated into the care plan.

This is to comply with Regulations 3, 4(1)(a) and 4 (1)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27) and "I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions" (HSCS 2.25).

Areas for improvement

1. For children and young people to get the most out of life and experience care that is tailored to them, the provider must ensure that young people's day to day experiences are enhanced through the implementation of individualised care planning, particularly in relation to activities and behavioural management strategies.

This ensures that the care and support provided is consistent with the Health and Social Care Standards, which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25), and "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).

2. To comply with statutory obligations the provider should ensure that notifications are made to the Care Inspectorate of incidents as described within the Care Inspectorate publication, "Records that all registered children and young people's services must keep and guidance on notification reporting" REG-0821-067.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected". (HSCS 4.18)

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

Requirements

Requirement 1

The service provider should ensure that all necessary authorisation and legal conditions have been obtained and satisfied prior to admission; and that their admission and matching process takes this consideration into account for every young person. This will accord with respecting and upholding young people's rights.

This is in order to comply with Health and Social Care Standards (H&SCS 1.2) My human rights are protected and promoted and I experience no discrimination. (H&SCS 1.3) 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.

(H&SCS 2.3) I am supported to understand and uphold my rights. (H&SCS 4.1) My human rights are central to the organisations that support and care for me.

And

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 17 January 2020.

Action taken on previous requirement

The service provider's practices have been amended to comply with the recent guidance on cross border placements.

Met - within timescales

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 rights and wellbeing?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	3 - Adequate

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