

# New Reflexions Scotland Care Home Service

Oban

**Type of inspection:**  
Unannounced

**Completed on:**  
5 October 2022

**Service provided by:**  
Reflexion Care Group Ltd

**Service provider number:**  
SP2013012183

**Service no:**  
CS2013321131

## About the service

Reflexions Response Scotland is a care home service for children and young people. It is located on the island of Kerrera, near Oban on the west coast of Scotland. Ardchoirc Farm is situated in a rural setting, accessed by a single track road, near the ferry port. The island is accessed from the ferry port, which is just over two miles from Oban town centre.

The service provides care and accommodation for up to two children and young people, aged ten to eighteen years. The property offers separate accommodation, with one cottage comprising an open plan lounge/dining area, with a sun room, kitchen and bedroom and bathing facilities on the upper floor. The barn provides open plan living on the upper floor, with a range of bedroom and bathing facilities throughout. Both offer spacious and comfortable living arrangements.

The service aims to provide therapeutic care for children and young people experiencing difficulties or crisis in their lives. Young people can expect to be treated with dignity and respect and be given opportunities to gain confidence and self awareness through structured programmes, tailored to meet their needs.

## About the inspection

This was an unannounced inspection which took place on 14 and 15 September 2022. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, outcomes from an upheld complaint, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with young people using the service
- spoke with five members of staff and management
- observed practice and daily life
- reviewed documents
- received feedback from visiting professionals.

## Key messages

- Significant improvement to policies and procedures aimed at keeping young people safe and protected.
- Improved strategic planning included more robust decision making relating to admissions and matching processes.
- Behavioural management procedures offered clear guidance to staff.
- Most young people experienced positive outcomes.
- A few young people achieved improved educational outcomes through certificated courses.
- A few young people highlighted the compassionate approaches to their care.
- Families were supported to visit.
- There was a need for robust continuous evaluation of young people's plans.
- Island life could be perceived by young people as restrictive.
- For a few young people the culture in the home was inspiring.
- There was evidence of good team work.
- Improved quality assurance processes were in place.

## 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?	4 - Good
--	----------

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?

4 - Good

We evaluated this Key Question as good. This was because there were a number of important strengths that had a significantly positive impact on people's experiences and outcomes.

The provider was subject to a formal complaint since the last inspection. This resulted in a complaints investigation by the Care Inspectorate and there were a number of requirements and areas for improvement made following the complaints investigation. We shall discuss progress within this report.

The majority of young people who had used the service had experienced positive outcomes. Their physical and emotional safety and wellbeing remained a primary focus and through involvement in activities, educational opportunities and outdoor adventure pursuits, most young people learned new skills, increased coping strategies and in some instances, developed strong aspirations for a positive future for their life beyond the service.

Improved strategic planning by the provider, meant that young people were supported by more robust decision making and more consistent approaches to practice. There was notable improvement to admissions and matching processes and responses to and understanding of behavioural management approaches. These improved procedures and practices helped staff to practice safely, while clarity of expectation expressed through positive leadership, allowed for an informed staff team who also better understood their responsibilities to support and protect those in their care.

Emotional security played a big part in the lives of young people, who had previously been exposed to risk situations. Time spent away from these influences and resulting poor outcomes meant that they learned about new opportunities in life. Some young people recognised the importance of making positive choices for themselves and very capably expressed the value they placed on support from staff, identifying individual staff strengths and interests and how each one had offered them a positive experience.

A few young people actively engaged, or in some instances, re-engaged in school work or completed online learning, where their achievements were acknowledged through certificated courses. Some of which related to issues of safety, therefore improving their understanding of ways to prevent further risk of harm. To further optimise experiences and support inclusion in wider society, the provider should actively source and secure community resources which support young people's learning and development (**see area for improvement 1**).

Comments from a few young people highlighted the compassionate and caring approaches of staff. Where this was most evident, young people were able to accept guidance and support to improve outcomes. For others, opening up about early life experiences meant that investigation of those circumstances could be formally explored. The nurturing and patient responses by experienced staff, offered considerable comfort to young people, helping them grow and believe in a positive future for themselves.

The service, despite being a considerable distance from young people's home communities, committed to securing family time. Visits by family members was fully supported where possible, and in one instance birthday celebrations were made all the better when family members travelled a distance to be with their relative.

Involving young people in decisions affecting their care and support was always encouraged. There were circumstances for a few, where joining in their review meetings was achieved for the first time in a long time and with the support of staff, those young people could more easily express their views and wishes. The importance of listening to and responding to young people's needs was considered a pre-requisite for promoting ambition and hope for young people to make the most of their experiences. Island life was not a barrier in real terms, to encouraging active life on the island or the mainland, with examples of shopping trips, visits to the salon and gym membership. At times however, young people could perceive that living on the island was restrictive. Ferry times limiting their experiences on occasion.

It was evident from the views and experiences of most young people that leaders promoted a positive culture that was supportive and empowering. For a few young people, the culture in the home was also inspiring. During this inspection, we observed patient discussion and negotiation with young people to secure their involvement. At times those young people required considerable encouragement to participate in activities beyond those favoured each day.

The management team worked well together. External management likewise provided clear guidance and direction, playing a strong role in shaping the vision of the service. Similarly, taking the lead role on policy and procedural improvements. The benefits of a shared ethos was clear, in that, managers led by example, while closely observing and monitoring the impact of practice on outcomes for young people. Significant improvement was noted in aspects of policy development, in particular, around referral and admissions processes. This improved the safety and wellbeing of all young people and inspection offered suggestions for further development of policies, following evaluation of progress since the complaint.

Staffing, as with a range of other social care provision across Scotland, remained challenging. Securing the right staff, with the correct skill and knowledge remained a priority. Shortfalls in staff cover, was supported by the manager and other members of the staff team. While it was commendable that this level of flexibility existed in the team, it was very important to ensure the correct staffing levels, with the right skill mix, to ensure the management team are freed up to undertake their roles effectively. We have identified an area for improvement regarding staff recruitment and retention (**see area for improvement 2**). There was also a need to develop a four weekly staffing needs assessment to comply with expectations of supports for young people. We have identified this as a further area for improvement (**see area for improvement 3**).

Since the last inspection, considerable work had been taken forward to learn from less effective practices which led to poor outcomes for young people. During this inspection, we were encouraged to note this progress and to see the certainty with which managers considered this to be essential. A range of good quality assurance processes were now in place and these benefitted from improved management oversight, to ensure compliance with best practice. Personal plans focused on young people's needs and individuality to promote care planning and risk assessment strategies. The service should ensure however that there is continuous, robust evaluation of outcomes for young people. SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) care planning is an essential element of ensuring positive experiences for young people. We have identified this as an area for improvement (**see area for improvement 6**).

Further work on the development of a service improvement plan was needed to take account of the experiences of young people, staff and partners, in order to determine how the quality of care and support could be improved. We have identified this as an area for improvement (**see area for improvement 4**).

Additionally, self evaluation methods should be implemented to further enhance the quality of provision. We recognised that these were yet to become embedded in practice and we have identified this as an area for improvement (**see area for improvement 5**).

## Areas for improvement

1. To ensure the inclusion of young people in the community and optimise experiences and outcomes, the provider should actively seek and secure community resources to support young people's learning and development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

2. To ensure high quality care and support for young people, the provider should ensure continued focus on recruitment and retention of qualified and well trained staff.

This is 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).

3. To ensure the correct staff supports are in place for young people, the provider should ensure that a four-weekly staffing needs assessment is compiled.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSC) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

4. To ensure that young people and other partners involved with the service, the provider should review its approach to improvement planning and consult with relevant people about key priorities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSC) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

5. To support continued improvement in the service, the provider should implement self evaluation methods to determine the quality of provision for young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSC) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

6. To ensure care planning strategies are implemented effectively, the provider should ensure that there is continuous, robust evaluation of outcomes for young people.

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

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

### Requirements

#### Requirement 1

By 24 June 2022, the provider must ensure that children and young people receive quality care and support by the organisation who has considered relevant information on their background and needs prior to a placement being agreed. In order to achieve this the provider must:

- review the matching guidance and adopt a more stringent approach to information gathering
- ensure that a quality checklist of information is completed for all young people to improve matching decisions
- ensure that quality assurance systems are improved before final decisions on placements are made
- provide training to staff involved in the matching process on the improved standards
- provide evidence to the Care Inspectorate that these actions have been completed.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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 (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This requirement was made on 27 May 2022.**

#### Action taken on previous requirement

The provider had reviewed matching guidance and had adopted a more stringent approach to information gathering. A checklist had been implemented to improve matching decisions and quality assurance systems were improved before final decisions on placements were made. Training for staff, relating to improved systems and processes had been implemented.

#### Met - within timescales

#### Requirement 2

By 10 June 2022, the provider must ensure that children and young people receive quality care and support by a provider who takes responsibility for ending placements when the services cannot keep them safe. In order to achieve this the provider must:

- review the referral and placement procedures and ensure there is clear guidance on ending placements if unsafe to continue

- provide training to relevant staff to ensure that they are aware of new guidance
- provide evidence the Care Inspectorate that these actions have been taken.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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 (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 27 May 2022.**

### Action taken on previous requirement

The provider had reviewed referral and placement procedures, providing clear guidance on ending placements where it was unsafe to continue and in the interests of children and young people.

**Met - within timescales**

## Requirement 3

By 24 June 2022, the provider must ensure that children and young people receive quality care and support by a provider who has based their guidance on Scotland's legislation and standards of practice. In order to achieve this the provider must:

- review the referral and placement procedures and ensure that there is accurate information on the responsibilities of placing local authority's
- include guidance on arrangements for placing local authority's to fulfil their duties of notifying host local authority's and local services before placements start
- ensure that there are clear arrangements in place for young people to receive advocacy support before placements start
- ensure that staff involved in matching and planning are trained on the improved guidance and standards
- provide evidence to the Care Inspectorate that these actions have been completed.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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 (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 27 May 2022.**

### Action taken on previous requirement

The provider had reviewed referral and placement procedures to ensure accurate information on the responsibilities of placing local authorities was included. Although the provider had sought to ensure that advocacy arrangements were in place before young people arrived at the service, this had not been progressed within timescales. However, at this inspection, advocacy provision was in place. Staff had received training regarding improved guidance and standards.

**Met - outwith timescales**



## Requirement 4

By 22 July 2022, the provider must ensure that children and young people are only restrained where the service applies the highest standards based on quality guidance and best practice. In order to achieve this the service must:

- review the physical interventions (restraint) procedure and ensure that it is compliant with Scottish legislation and best practice
- provide training to all staff on the improved restraint guidance
- provide evidence to the Care Inspectorate that these actions have been completed.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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 (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 27 May 2022.**

### Action taken on previous requirement

The provider had reviewed physical intervention procedures to ensure compliance with Scottish legislation and best practice. Staff had received training on improved restraint guidance.

### Met - within timescales

## Requirement 5

By 22 July 2022, the provider must ensure that children and young people receive quality care and support from a service who adopts the highest standards of risk management and planning around the use of restraints. To achieve this the service must:

- review risk management guidance to improve processes and practices
- ensure that all staff involved in development risk assessments and IMP's receive appropriate training.
- review quality assurance processes to ensure that they are effective.
- provide evidence to the Care Inspectorate that these actions have been completed.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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 (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 27 May 2022.**

## Action taken on previous requirement

The provider had reviewed risk management guidance and staff had received training on the improved guidance. The provider had also reviewed and implemented improved quality assurance processes.

**Met - within timescales**

## Requirement 6

By 22 July 2022, the provider must ensure that children and young people involved in restraints have these accurately recorded and analysed to inform ongoing practices. In order to achieve this the service must:

- include the de-brief section in the incident report format
- provide refresher training to all staff on good incident recording of restraints
- improve recordings of any injuries and treatments following restraints
- provide evidence to the Care Inspectorate that these actions have been completed.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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 (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 27 May 2022.**

## Action taken on previous requirement

The provider had included a de-brief section on incident reporting forms. Staff had received training on reporting of incidents to ensure all relevant information was accurately recorded.

**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

Children and young people should receive care and support from staff who have received high levels of training in trauma and attachment. To achieve this the service should improve staff training on trauma and attachment.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 27 May 2022.**

**Action taken since then**

The provider had delivered trauma and attachment training for staff. Access to online training had supplemented learning and development needs of staff.

**Previous area for improvement 2**

The service should ensure that advocacy supports become a routine element of service delivery for all young people using the service. This will enable young people to be informed of their rights.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that: 'I am supported to understand and uphold my rights' (HSCS 2.3).

**This area for improvement was made on 15 December 2021.**

**Action taken since then**

Advocacy provision was now in place.

**Previous area for improvement 3**

The provider should ensure that policy and procedure in relation to the use of restraint practices, clearly outlines Scottish legislative and national guidance. This will assist staff in their practice and promote consistency of approach.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that: '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).

**This area for improvement was made on 15 December 2021.**

**Action taken since then**

The provider had improved policies and procedures in relation to use of restraint practices which clearly outlined Scottish legislation and national guidance.

**Previous area for improvement 4**

The provider should ensure that 'matching' procedures take full account of the impact on all young people, prior to agreeing to any placement. It is essential that 90 day placements are considered fully in order to ensure optimum outcomes for young people, who often are living at a distance from their home communities.

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

**This area for improvement was made on 15 December 2021.**

**Action taken since then**

The provider had reviewed and updated the policy relating to matching procedures, prior to agreeing any placement.

**Previous area for improvement 5**

The provider should ensure that staff recruitment remains a priority, in order to fully staff the service with appropriately skilled individuals. This will help to promote good outcomes for young people.

This is to ensure that care and support is consistent with 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).

**This area for improvement was made on 15 December 2021.**

## Action taken since then

The provider continued to recruit staff to meet the care and support needs of young people.

## Previous area for improvement 6

The provider should find appropriate means of assessing the basis of any concerns that staff have in terms of future operations within the service.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 15 December 2021.**

## Action taken since then

Since the last inspection the service was operating with a more stable staff team who had been supported by managers to understand the vision of the service.

## Previous area for improvement 7

The service should promote a less restrictive approach to young people living in a shared environment. By promoting prosocial interaction between young people, they can expect to develop social and emotional capabilities to enable them to make a positive contribution and to flourish during their time at the service.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that: 'I can be with me peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision' (HSCS 1.11).

**This area for improvement was made on 15 December 2021.**

## Action taken since then

Where possible, the provider had supported young people with peer relationships.

## Previous area for improvement 8

The service should continue to develop SMART personal plans which demonstrate ways in which young people are supported to achieve positive outcomes.

This is to ensure that care and support is consistent with Health and Social Care Standards 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).

**This area for improvement was made on 15 December 2021.**

**Action taken since then**

The provider had continued to develop SMART personal plans and should ensure that these are robustly quality assured to promote positive outcomes.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

**Detailed evaluations**

How well do we support children and young people's rights and wellbeing?	4 - Good
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	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.