

# South Lodge Care Home Service

Glenrothes

**Type of inspection:**  
Unannounced

**Completed on:**  
9 January 2023

**Service provided by:**  
Radical Services Ltd

**Service provider number:**  
SP2003002568

**Service no:**  
CS2021000117

## About the service we inspected

This was an unannounced follow up inspection which took place on 21 December 2022 from 12:30 to 19:00. The inspection was carried out by one inspector and focussed on reviewing the progress of requirements and areas for improvement from the previous inspection.

## How we inspected the service

To prepare for the inspection we reviewed information from the service. This included previous inspection findings, registration information, information submitted by the service, and intelligence. To inform the inspection, we:

- spoke briefly with the young person living at the service in the presence of staff
- spoke with four members of staff including managers
- observed practice, the environment and daily life
- reviewed documents
- spoke with one external professional and one parent

## Taking the views of people using the service into account

We spent a short period of time with the young person living at the service, but were unable to gain their views about South Lodge. We observed them to be comfortable and relaxed with staff.

## Taking carers' views into account

We were able to gather the views of a parent, who was generally positive regarding the service, highlighting progress made by the young person. Suggestions for improvements were discussed and these were shared with the service.

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

### Previous requirements

#### Requirement 1

By 29 August 2022 the provider must protect the safety of the young people and staff. To do this, the provider must, at a minimum:

- Implement regularly reviewed risk assessments which accurately identify risks to the young person and staff, encompassing measures and strategies to protect people from harm.
- All incidents are to be recorded and an effective analysis process established. This includes debriefing for staff and young people, along with ensuring appropriate reporting to the Care Inspectorate.

- Undertake an effective and full admissions and matching process prior to every admission which ensures positive experiences for all young people.
- Implement care plans and risks assessments which are SMART and are used consistently to plan and direct safe care.

**This requirement was made on 12 July 2022.**

#### Action taken on previous requirement

We did find improvements in this area and the manager had worked hard to implement and develop a more effective risk assessment. Staff were also familiar with the document. We suggested further areas of development for the risk assessment, including the critical need for regular reviews, particularly when significant events occur, enhancing it with key information and links to the young person's care plan. This is an area that requires ongoing attention by the service to ensure risks are well managed within the community and South Lodge.

Again, there had been progress regarding the recording of incidents. The process of reflective conversations with staff should continue to be improved on, with greater detail regarding identifying any learning to inform future practice for the team. There were positive examples of whole team debriefing, however, the service must ensure debriefing takes place consistently following all incidents and that there is clear managerial oversight at all times. The actual analysis of incidents also requires to be strengthened, again to support staff learning.

There continue to be several incidents not reported to the Care Inspectorate and this was discussed and highlighted to the service during inspection.

With regard to admissions and matching, the young person's move to South Lodge had been well supported by staff. However, this process could be enhanced further with clear matching of particular staff skills to the young person and recognising any training needs that may be required, specific to the young person. Additionally, as a provider, Pebbles Care must ensure that they are rigorously requesting and gathering the required information to enable a comprehensive matching assessment to be made.

The team had made progress with the care plan documents and it was helpful to see goals being updated, progress being detailed, and the young person's views and wishes being included. Again, the importance of these being regularly reviewed, updated and relevant to the risk assessment was emphasised.

There have been key practical actions taken to address risks and the manager is developing the above areas of this requirement. The full effect of these and ongoing progress will be considered at the next inspection, but this requirement continues to be outstanding.

#### Not met

### Requirement 2

By 29 August 2022, the provider must support young people to participate meaningfully in their care and support and to make the most out of life. To do this, the provider must, at a minimum:

- put in place positive routines, structure and activities for young people, based on an understanding of their needs and views.

- establish needs assessments to ensure any barriers to communication are identified and supports put in place for the young people to voice their views and wishes.

**This requirement was made on 12 July 2022.**

## Action taken on previous requirement

The young person was benefitting from more consistent routines, and until recently was fully engaged in the Pebbles education resource. Plans to reintroduce education are ongoing. Daily routines were in place and accessible to staff to ensure consistency.

South Lodge included the young person in menu and activity planning and there were positive examples of fun and interesting activities. There had also been times when the young person had integrated into the community by attending local clubs. More recently the young person had less structure to their day, but the service continued to encourage alternative interests.

There were meaningful examples of the young person having 1:1 discussions with staff, reflective conversations following incidents and sharing feelings and views. Additionally, South Lodge had accessed services to ensure the young person was appropriately supported with any additional health needs which could impact on progress.

This requirement has been met and needs to be maintained.

## Met - outwith timescales

### Requirement 3

Immediately, the provider must ensure the safe management of medication within the service to safeguard and promote young people's health and wellbeing. To do this, the provider must, at a minimum:

- ensure that medication is stored securely, and that young people are unable to access this
- identify staff who require additional medication training and ensure the training is completed
- ensure staff administer young people's medication in accordance with the prescriber's instructions and accurately record administration and receipt of medication
- remove non prescribed medication and medication that requires to be returned to the pharmacy
- put in place an efficient quality assurance process to support the above.

**This requirement was made on 12 July 2022.**

## Action taken on previous requirement

We were unable to review progress in this area as since coming to South Lodge, the young person has not been prescribed any medication and has not required any homely remedies. However, secure storage has recently been ordered to ensure any future medication can be safely stored.

This requirement will be considered again at the next inspection.

## Not met

**Requirement 4**

By 29 August 2022 the provider must ensure that staff skills, experience and levels consistently provide young people with safe and therapeutic care. To do this, the provider must, at a minimum:

- implement a comprehensive system for assessing staffing levels, consistency and skills at all times - matched to the needs of the young person
- ensure staff have access to and complete training specific to the needs of the young person.

**This requirement was made on 12 July 2022.**

**Action taken on previous requirement**

It was encouraging that since the last inspection, South Lodge had appointed a registered manager, supporting continuity of leadership which was clearly valued by staff. Greater predictability and consistency in terms of core staffing was also recognised given recruitment of staff since the last inspection. This is still work in progress, with some new staff joining the team relatively recently undertaking their induction, and relationships still being formed with the young person.

The importance of matching skill set and experience for staff had not been consistently implemented, however, it is positive that the service had recently addressed this. Staffing needs assessments identified the importance of shifts being covered by core members of staff, but these could be further enhanced by being specific about the needs of the young person and skills/experience of staff to meet these needs.

It was positive to hear that specific training to the needs of the young person had been sought, and the service had a purposeful method of planning and tracking training for staff.

This requirement has not been met in its entirety and the provider should continue efforts to maintain stable staffing arrangements so the full effect of this can be considered at the next inspection.

**Not met**

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

**Previous recommendations****Recommendation 1**

To ensure children and young people's rights, views and choices are supported, the provider should identify an independent advocacy service.

**This recommendation was made on 12 July 2022.**

**Action taken on previous recommendation**

Following the last inspection, it is noted that a referral to independent advocacy was made for the previous young person at South Lodge.

The service had attempted to progress advocacy for their current young person. It would be beneficial for South Lodge to identify their own advocacy service to avoid delay in young people's rights, views and choices being supported independently and ensure this is implemented during the admissions process.

Progress had been made with this matter, and practice regarding advocacy will be reviewed at future inspections.

## Recommendation 2

To support continuous improvement and meet young people's changing needs, the provider should improve their quality assurance processes.

**This recommendation was made on 12 July 2022.**

### Action taken on previous recommendation

There were clear quality assurance processes in place which included weekly checklists, compliance team audits, quarterly health and safety reports and manager's monthly reports. These processes could benefit from analysis of the quality of, for example risk assessments and care plans to enhance learning and drive improvement.

This will continue to be an area considered at future inspections.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

This service does not have any prior inspection history or grades.

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