

## 20 Barochan Road Care Home Service

Johnstone

**Type of inspection:**  
Unannounced

**Completed on:**  
3 July 2023

**Service provided by:**  
Renfrewshire Council

**Service provider number:**  
SP2003003388

**Service no:**  
CS2003001265

## About the service

20 Barochan Road is a residential children's house owned and managed by Renfrewshire Council. The house can accommodate up to six young people. The house is a purpose-built property located on the outskirts of Johnstone. It has a large garden and grounds, with local amenities in close proximity.

## About the inspection

This was an unannounced inspection which took place on 29 and 30 June 2023. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service and four of their family/friends/representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- The service had developed better processes to support young people and staff.
- The service had made improvements since the last inspection.
- Young people had good relationships with staff.
- Staff felt supported by management.
- The service needed to develop effective quality assurance systems.
- Care plans and risk assessments needed to be clearer.
- Young people were encouraged to participate in decisions about the house.
- There needed to be better support and monitoring of bullying.

## 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

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

We found that since the last inspection there were times where young people were not safe. During this time young people were at risk of harm in the service and in the community. However, we found that more recently young people felt safer and told us "Things are a lot quieter now and there is more opportunities to spend time with staff." The management was able to reflect on this time in the service and recognise the impact this had on the young people and their outcomes.

We found that new systems had been implemented to monitor any instances of bullying within the service. We found these were not effective in ensuring young people were kept safe. They identified the potential of escalation in instances, but did not always prevent this from occurring.

Staff had developed positive relationships with the young people. We were told "I really like the staff they care and spend time with me." Staff were proud of the achievements the young people had made, and recognised these were supported by the relationships they had developed. This had been an area of great progress for the service. This led to young people developing trusting relationships and accepting support to help them grow in confidence.

The staff team had not yet had the opportunity to undergo any training in relation to trauma informed practice. We recognised this was an area which would benefit the team to help develop a greater understanding of the young people's needs. We were reassured to hear that trauma training had been scheduled for the upcoming weeks, to develop the knowledge of the team. However, it would be beneficial for the service to introduce a quality assurance system to monitor training. This will help staff develop their skills and knowledge, helping to support young people grow and develop.

Staff were passionate about supporting young people to appointments. One young person told us, "I wouldn't have been able to attend my appointments without the help of staff." We were able to see how external agencies such as CAMHS (Child and Adolescent Mental Health Services) had been accessed to support young people. Staff were persistent in ensuring young people attended appointments where necessary. This led to young people having good mental health support.

Young people were supported to stay connected to their family and friends. The staff had a good understanding of the support families, and young people needed to help sustain positive relationships. Where possible young people were supported to spend extended periods at home, and go on holidays with their family.

Staff advocated for young people to ensure they were included in education or work. We were able to see how young people had been supported with education, and others had been successful in gaining employment. This led to young people feeling a sense of achievement and confidence.

There had been a change of manager since the last inspection. The staff team reflected positively on this change recognising, that there was clearer processes in place now. This helped the team be clearer in their decision making, and help develop a more consistent approach.

We found the admissions process was clear in identifying potential risks and the impact on young people. However we found that although these were identified, young people would continue to be placed in the service. At times this had led to poor outcomes for young people, which were identified prior to them moving into the service. We felt these instances could have been prevented through ensuring the correct placement was found for the young people. **(See area for improvement 1.)**

Staff and young people both reflected back to a period of time where there was not enough staff and did not feel safe. We were able to identify through reading incidents there was not enough staff to support the young people, and had identified this as a concern at our last inspection. We recognised there had been considerable efforts from senior managers to support the service through this time also. We were reassured that during the inspection staff and young people felt this had improved, with more staff being recruited in the last few months. On reviewing the recruitment process, we recognised the policy needed to be updated to reflect safer recruitment guidelines.

The service needed to develop effective quality assurance systems when auditing young people's files. We found there to be conflicting information in the different documents, which were vital in ensuring the safety of the young people. Risk assessments also were not clear on how to support risks which were identified and did not take into consideration risks which were shared with the service. This needs to be clear to ensure the safety of young people, and that they receive the right support.

The care plans for young people needed to be more informative to ensure staff can support young people. We found the care plans lacked information and were not regularly updated. The goals identified within these were not SMART (Specific, Measurable, Achievable, Realistic and time bound.) Further development would help ensure there is consistent care for young people. **(See area for improvement 2.)**

Supervision had not been consistent for staff, due to a period of low staffing within the service. This had appeared to have been more sustainable in the past few months, however, some staff still had not received regular supervision. Although staff felt management were approachable and available should they need support. Supervision needs to be conducted formally on a regular basis to ensure reflection on practice and development of the staff team.

We recognised that the service had been committed to ensuring improvements were developed within the service since the last inspection. This was reflected in the care young people were now receiving, and were reassured that even although quality assurance systems needed further development the service would work hard to ensure this would be developed.

## Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure that when impact assessments determine risks and safety concerns for young people. The appropriate placement is found.

This should include, but is not limited to, ensuring that if risks are identified in the assessment which impact the ability to keep a young person safe, then an appropriate placement is found.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

2. To support children's wellbeing, learning and development, the provider should ensure that care plans are informative and accurate.

This should include, but is not limited to, ensuring that the information is consistent, and goals are SMART.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

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

### Requirements

#### Requirement 1

By 31 October 2022, the provider must ensure that all staff have structure and support, to develop a consistent approach to the care provided. To do this, the provider must, at a minimum:

- a) Ensure there is a clear leader within the service to implement structure and a clear approach to support the young people in the service.
- b) Ensure that staff are debriefed following an incident and receive regular supervision to help them reflect on their practice and best support the young people.
- c) Ensure that staff are supported to access trauma and care planning training to help them develop their skills and knowledge to best support young people.

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 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).

**This requirement was made on 7 November 2022.**

#### Action taken on previous requirement

Part (a) of the requirement has been met, as the service had implemented a manager to provide structure to the team. However, the other aspects identified have not been met and are reflected in the report.

#### Not met

#### Requirement 2

By 1 October 2022, the provider must ensure that there is enough staff to support the young people in their care and support their needs. To do this, the provider must, at a minimum:

- a) Ensure the emotional and mental health needs of the young people are taken into account when completing the staffing assessment. This is to ensure there is sufficient support to meet their needs and keep them safe.
- b) Ensure there is the right number of staff on shift to support all young people in the service.

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: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'My needs are met by the right number of people' (HSCS 3.15).

**This requirement was made on 7 November 2022.**

### Action taken on previous requirement

There was no staffing needs assessment in place. There was also periods of time where there was not enough staff to support the young people. We recognised during this time the commitment and efforts from Senior Managers to support the service. However, we felt there was still evidence of there being not enough staff available to young people.

**Not met**

## Requirement 3

By 10 October 2022, the provider must ensure that the risks young people present within the service are assessed. To do this, the provider must, at a minimum:

- a) Ensure that the risks young people present are recorded accurately and include proactive strategies, along with primary and secondary strategies to support the young people.
- b) Ensure that young people are supported and kept safe from the risks other young people may present to them in the service.

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: 'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies' (HSCS 3.24).

**This requirement was made on 7 November 2022.**

### Action taken on previous requirement

The risk assessments had been developed to detail pro-active measures in place. However, they did not identify how to support the young person should they present the risk, and some risks shared were not included in assessments. Therefore this was not fully met and requires further development to ensure clear documentation of how to respond to risks young people may present.

**Not met**

## Requirement 4

By 31 October 2022, the provider must ensure that any bullying which arises within the service is monitored and responded to appropriately. To do this, the provider must, at a minimum, ensure that:

- a) Risk assessments are updated to reflect the concerns and supports put in place.

- b) Monitor each incident and review whether further action needs to be implemented.
- c) Ensure that if the bullying continues, the young person is able to be kept safe and if not ensure action is 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 am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This requirement was made on 7 November 2022.**

#### Action taken on previous requirement

There had been action taken to record instances of bullying. This was useful in creating a chronology, and had progressed from the systems which were not in place previously. However, this was not effective in preventing further instances of bullying and lacked information of how the young person was supported with this. Therefore we felt this was not met and needed to be developed further to ensure young people were supported and kept safe.

**Not met**

#### Requirement 5

By 31 October 2022, the provider must ensure that all staff have had the relevant training in restraint and there is a review of incidents looking at more proactive ways to respond when young people are distressed. To do this, the provider must, at a minimum, ensure that:

- a) All staff have the relevant training in relation to restraint.
- b) There is a review of incidents and more proactive responses are considered.
- c) Staff are given a debrief after any incidents.
- d) If restraint is identified as a method which may be needed to keep a young person safe, the details of this are specific and recorded within their risk assessment.

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 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).

**This requirement was made on 7 November 2022.**

## Action taken on previous requirement

Requirement met, introduction of debriefs to staff and training.

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](http://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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