

Inspection report

Monreith Road Care Home Service

152 Monreith Road East
Cathcart
Glasgow G44 3DF

Inspected by: Anne Borland
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 28 November 2006

Service Number

CS2003001062

Service name

Monreith Road

Service address152 Monreith Road East
Cathcart
Glasgow G44 3DF**Provider Number**

SP2003003390

Provider Name

Glasgow City Council

Inspected ByAnne Borland
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

28 November 2006

Period since last inspection

7 months

Local Office Address1 Smithhills Street
Paisley
PA1 1EB

Introduction

Monreith Road is a residential children's unit for eight young people who are in the care of the local authority which is provided by Glasgow City Council Social work Department. Care is provided over a 24 hour period. The house is a Victorian semi detached villa set in its own gardens situated in the south side of Glasgow. The aim of the service is to provide a safe, caring environment in which young people are encouraged and assisted to reach their potential.

Basis of Report

This report follows an unannounced inspection which took place over two days on the 28th and 29th November 2006. During the inspection the Officer spoke with nine staff members who included the manager, three senior practitioners, and five residential workers.

The Officer spoke individually with two young people and joined the young people for the evening meal. The Officer also observed the young people's meeting and the staff team meeting.

This service was inspected after receiving a Regulation Support Assessment (RSA) to determine what level of support was necessary. The RSA is an assessment undertaken by the Care Commission Officer which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service and action taken upon requirements.

This service was required to have a low level of support which resulted in an inspection based on the national inspection themes, which include, nutrition, child protection, care planning, the use of restraint, safer recruitment of staff, and the Scottish Social Service Council (SSSC) code of practice. In conjunction with the themes, the Officer examined the service's performance in relation to three of the five core standards for this inspecting year, these being:

Standard 4 - Support Arrangements

Standard 5 - The environment

Standard 6 - Feeling Safe and Secure

The Officer also examined a range of relevant documentation and observed the interaction between the staff and young people..

Action taken on requirements in last Inspection Report

There were no requirements made following the last inspection.

Comments on Self-Evaluation

This was not available

View of Service Users

Service users who spoke with the Officer were generally positive about the care they

received. Several felt the food could be improved upon and one young person expressed the view that the behaviour of other young people had a negative impact on their experience of living in the unit.

View of Carers

The Officer did not speak with any relatives or carers at this inspection.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care Homes for Children and Young People - Support Arrangements

Strengths

All young people had the full range of Looked After and Accommodated paperwork (LAAC) which includes day to day placement arrangement, core record and initial assessments.

Young people's support needs and future care plans were agreed at multi disciplinary care reviews which were held at least 6 monthly depending on individual circumstances.

Young people were encouraged to complete their own written report prior to review meeting. The Officer found examples of 'Having your say' report in the files sampled. Young people were encouraged to attend review meetings and confirmed discussion takes place with key workers prior to reviews.

The assessment report includes health, social, cultural, educational needs and arrangements for family contact.

Staff members complete monthly care plan audits to keep abreast of progress made and areas which require particular attention. This is monitored by external managers.

The staff team are in regular contact with education providers and other agencies involved in supporting the young people.

Areas for Development

The files containing the information regarding the young people were in disarray and documents were not easily found. This should be addressed.

National Care Standard Number 5: Care Homes for Children and Young People - Your Environment

Strengths

The house has a spacious hallway and young people had access to two sitting rooms. On the days of inspection the house was clean and tidy.

The young people had access to the garden which was well maintained and is furnished for use in finer weather.

The kitchen was accessible to young people who could participate in the preparation of meals and snacks.

Young people have access to two bathrooms and one shower room.

All young people had individual bedrooms which are of a good size and allow room for personal belongings.

Arts and crafts materials were available and enjoyed by the young people. Books and board games were also available.

The house was a smoke free environment.

Areas for Development

On the days of inspection the house was lacking in homely touches and looked stark. The manager advised that this was as a result of recent destructive behaviour. The previous recommendation to provide window coverings in bathrooms was not met. The bedrooms at the top of the house were cold. The doors did not close over properly and this was exacerbated by a lack of door handles to allow young people to properly to secure their bedrooms and protect belongings. (see recommendation 1)

One of the bedroom doors was fitted with a yale lock, which if locked from the inside, would not allow staff entry in the event of an emergency. (see requirement 1)

National Care Standard Number 6: Care Homes for Children and Young People - Feeling Safe and Secure

Strengths

The staffing levels had been arranged so that there was 3 staff members on duty during day and evening. The night time staffing was 3 for part of the shift and later reduced to 2. This increase has been in place for some time in response to the needs of the young people and the layout of the building.

The provider has child protection procedures a copy of which is held in the service. The manager had recently completed a week long child protection training course and had appropriately instigated child protection procedures following allegations made.

The service has procedures to follow in the event of a young person failing to return to the unit. Records demonstrated that staff members were aware of these procedures and followed them appropriately.

A visitors book was in use and a visitors policy in place.

The young people were aware of the complaints procedure and also have access to 'who cares?' representatives and children's rights officers.

All staff had been trained in Therapeutic Crisis Intervention to manage challenging behaviour.

The newly created service handbook for young people gave explanation on the use of restraint and young peoples rights in relation to the use of restraint.

Staff members completed violent incident forms following incidents of violence and aggression.

Areas for Development

Staff were not routinely checking portable fire equipment and no recordings were in place regarding action taken when faults had been found. Recordings suggested that weekly tests were sporadic and not in keeping with the providers guidance. Checks of emergency lighting had not taken place since January. (see recommendation 2)

Staff had the responsibility for heating and serving evening meals therefore impacting on the level of supervision available to the young people. This should be reviewed.

A number of violent incident forms, many involving acts of violence, had not been completed by the manager and no evidence found of action to be taken to reduce the possibility for reoccurrence. This should be addressed (see requirement 2)

The Officer found evidence of a prolonged period of bullying with no planned of action recorded of how this was to be managed. There was child protection concerns which, although was part of an ongoing investigation, was still of concern at the time of inspection. No adequate risk assessment were in place at the time of the inspection. (see requirement 3)

Enforcement

There is no enforcement action taking place.

Other Information

The manager along with a staff member has recently completed handbook which, when ready for issue, will provide extensive information about the service.

Requirements

Requirement 1 - All areas of the environment should be accessible to staff members in the event of an emergency. This is to comply with Scottish Statutory Instrument 2002 No. 114 The Regulation of Care (Requirements as to Care Services (Scotland) Regulations 2002, regulation 4(1)(a) - welfare of users. Timescale : 1 week from the publication of this report.

Requirement 2 - The manager requires to review the current process for monitoring violent incidents occurring in the service with a view to improving safety. This is to comply with Scottish Statutory Instrument 2002 No. 114 The Regulation of Care (Requirements as to Care Services (Scotland) Regulations 2002, regulation 4(1)(a) - welfare of users. Timescale : 4 weeks from the publication of this report.

Requirement 3 - The manager and provider require to seek to resolve the bullying and other inappropriate behaviour being exhibited in the unit between young people and provide risk assessments to eliminate or reduce the level of harm. This is to comply with Scottish Statutory Instrument 2002 No. 114 The Regulation of Care (Requirements as to Care Services (Scotland) Regulations 2002, regulation 4(1)(a) - welfare of users. Timescale : 6 weeks from the publication of this report.

Recommendations

Recommendation 1 - Standard 5.1- A planned programme of redecoration and maintenance should be put in place to improve the physical environment.

Recommendation 2 - Standard 6.5 - Fire safety checks should be carried out in keeping with the providers own procedures.

Anne Borland
Care Commission Officer