

# Care service inspection report

## **Edinburgh Secure Services** Secure Accommodation Service

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Inspected by: Duncan Craig

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Type of inspection: Announced

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**Service provided by:**

City of Edinburgh Council

**Service provider number:**

SP2003002576

**Care service number:**

CS2003010921

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	4	Good

### What the service does well

We found that Edinburgh Secure Services provided very good care and support to young people who, for a variety of reasons, required to spend time within a secure environment.

The service focused on, and maintained, a very good balance between its statutory security obligations and the provision of supportive, child centred care.

Young people's health was managed and promoted very well.

We found that staff at all levels were highly skilled in establishing and developing close and constructive professional relationships with young people.

We found that the care and education components of the service worked very well together.

We found that the service had embraced the ethos of service user and parent/carer participation and had established this within decision making and planning. The participation policy and procedure, "Count Me In", was firmly embedded within all aspects of life within the service.

Young people told us that they felt safe within the service.

### **What the service could do better**

Due to uncertainty about the future of the St Katharine's campus, there was a high level of anxiety among the staff team. We were, however, satisfied that staff were not letting this anxiety impact upon their work with young people. Until a definite decision about the future is made, managers and staff were unable to plan for the future. The provider should reach a resolution as soon as possible to allow change to be managed.

A number of staff members had left Guthrie Unit, leaving a depleted team. Regular and well established "locum" staff were being employed to fill gaps in the rota. The Principal was exploring how the team could be further supported.

Within Braid House, some young people felt that there was a minority of staff who were less prone than others in arranging and participating in activities. Some staff held a similar view. These views should be explored.

We discussed with the Principal the movement of janitorial staff around the secure areas. This was coordinated by the "Duty Senior". Whilst no problems were reported, we felt that there was the potential for their presence on the units to disrupt unit life. There was a need to take greater account of what was happening in the unit at the time of their visits. The Principal agreed to look at revising current practice to ensure that their impact upon unit life was minimal.

### **What the service has done since the last inspection**

The service was working on achieving Tier 2 "Health Promoting" status, having achieved Tier 1.

The provider and the service continued to strive to improve the physical environment within both secure units. Both units presented as well decorated, "homely", clean and tidy.

The service had worked very hard to address requirements and recommendations made following the inspection of 30 August 2013. Please see "Requirements Outstanding" within this report.

### **Conclusion**

We found that Edinburgh Secure Services provided very good care and support to young people who were experiencing considerable difficulties in their lives.

There was evidence that the parents/carers of young people were being supported and encouraged to be involved in planning.

The service was coping with potential change very well.

The balance between security and care was very good and enabled young people to feel safe and valued.

Managers and staff were committed to a shared vision and ethos based upon child centred care. We saw that the quality of relationships between staff and young people was a major strength of the service.

Young people's health and wellbeing had a very high profile within the service and were managed effectively.

The secure component of the whole service was very effectively complemented by the integrated Close Support and Throughcare/Aftercare provision.

### **Who did this inspection**

Duncan Craig  
George Stewart

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

### Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Edinburgh Secure Services is made up of two separately registered types of service; a Secure Accommodation service and a Care Home service termed "Close Support". The care home service includes a Throughcare and Aftercare component.

The operation of both services is fully integrated.

This inspection was of the Secure Accommodation service only.

Edinburgh Secure Accommodation Services consists of Braid Secure Unit, based at Howdenhall Centre and providing six placements, and Guthrie Secure Unit, based at St. Katharine's Centre, also providing six placements.

St. Katharine's and Howdenhall sites are close to local amenities and convenient for local transport.

The stated aims of the service are "to provide for young people, whose behaviours pose a serious risk to themselves or others, a safe, secure, supportive and stimulating environment in which they will achieve their full potential, develop respect for themselves and for others and be assisted in gaining an understanding of the attitude, skills and knowledge that will enable them to return safely to their communities".

As both units provide secure education on the premises, National Care Standards (NCS) for "School Care Accommodation Services" are employed in addition to NCS for "Care Homes for Children and Young People."

The educational provision is regulated by Education Scotland (ES) and was reported on, following a joint inspection, in September 2011.

The Secure Accommodation service is approved by the Secretary of State in line with The Secure Accommodation (Scotland) Act 1996.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 5 - Very Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

This inspection was carried out by Duncan Craig and George Stewart of the Care Inspectorate on 21 and 22 January 2014. Margo Fyfe and Ian Cairns from the Mental Welfare Commission attended on 22 January 2014.

- We looked at the service's Annual Return and Self Evaluation prior to inspection
- We also received an appraisal regarding health and wellbeing from the outgoing Senior LAC (Looked After Children) Nurse prior to inspection
- At inspection we spoke with young people individually and in sub-groups
- We spoke with five parents/carers by phone
- Staff members spoke with us, individually or in sub-groups, including night staff, regarding their experience of, and contribution to, the service
- We spoke with Unit Managers and Assistant Unit Managers
- We discussed the operation and performance of the service with the external manager of the service
- We had ongoing dialogue with the Principal throughout the inspection
- We spoke with the current LAC Senior Nurse and the Arts Therapist
- We had a brief discussion with a senior member of educational staff
- We spoke with a placing social worker
- We attended a shift changeover meeting
- We had conversation over lunch with young people and staff
- We examined case files, audit records and a broad range of other documentation
- We looked around the service and examined decor, furniture and fittings
- Staff practice and interaction with young people was observed throughout the inspection



## **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

## **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

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

### The requirement

The provider must implement a safe and effective system for managing young people's medication by:

- i) ensuring that medication is stored safely and securely at all times;
- ii) ensuring that medication is stored in original packaging with labels attached;
- iii) ensuring that staff accurately record instructions for the administration of medication as reflected on the prescription or label;
- iiii) ensuring that staff administer medication accurately in accordance with the written prescription.

This is in order to comply with:

SSI 210/2012 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users

Timescale for implementation: With immediate effect.

### What the service did to meet the requirement

We saw that medication was stored and recorded appropriately. The administration of medication was subject to a weekly audit and "spot checks" by the Duty Manager. We saw that medicines within cabinets were well organised and labelled appropriately. Records, including audits, were up to date. All staff had received "in-house" training on expectations regarding the storage, administration and recording of medication as part of rolling out a new medication procedure introduced by the City of Edinburgh Council's Children and Families Department.

**The requirement is:** Met - Within Timescales

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## The requirement

The provider must ensure that all staff receive training to enable them to manage medication safely and effectively.

This is in order to comply with:

SSI 210/2012 Regulation 15(b)(i) - a requirement to ensure that staff have training appropriate to the work they are to perform

Timescale for implementation: By 31 December 2013.

## What the service did to meet the requirement

All staff had received "in-house" training on expectations regarding the storage, administration and recording of medication as part of "rolling out" a new medication procedure introduced by the City of Edinburgh Council's Children and Families Department.

**The requirement is:** Met - Within Timescales

## The requirement

The service provider must carry out a review of the safety and security arrangements for the service, taking into account the examples of poor practice noted above. Effective systems must be put in place to ensure that the environment is safe including:

- \* offices, key cabinets, medicine cabinets and filing cabinets should be locked and keys securely stored;
- \* potentially harmful items including knives and scissors should be stored securely out of reach and sight of young people;
- \* first aid kits and body fluid response kits should be appropriately stored and in date;
- \* ligature cutters should be safely stored but quickly accessible in the case of an emergency;
- \* a risk assessment of the premises should be carried out and recorded; it should be reviewed to take account of changes in the use of the building as the result of learning from incidents or accidents; the premises should be regularly checked to make sure that it is maintained to a safe standard at all times.

This is in order to comply with:

SSI 210/2012 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users

Timescale for implementation: By 31 October 2013.

## **What the service did to meet the requirement**

We saw that offices, key cabinets, medicine cabinets and filing cabinets were locked and keys securely stored.

We saw that potentially harmful items including knives and scissors were stored securely out of reach and sight of young people.

First aid kits and body fluid response kits were appropriately stored and in date.

Ligature cutters were safely stored but quickly accessible in the case of an emergency.

A full risk assessment of the premises had been carried out and recorded. Review arrangements were in place to amend as required. We saw that the service was tidy and trip hazard free.

**The requirement is:** Met - Within Timescales

## **The requirement**

The service provider must ensure that confidential information about young people is securely stored.

This is in order to comply with:

SSI 210/2012 Regulation 4(1)(b) - a requirement to provide services in a manner which respects the privacy and dignity of service users

Timescale for implementation: By 31 October 2013.

## **What the service did to meet the requirement**

We saw that confidential information about young people was securely stored. The use of "white boards" for key information about young people had ceased.

**The requirement is:** Met - Within Timescales

## **The requirement**

The service provider must at all times ensure that there are suitably qualified and competent staff on duty in such numbers as are appropriate for the health, welfare and safety of service users.

This is in order to comply with:

SSI 210/2012 Regulation 15 (a) - a requirement about staffing

Timescale for implementation: With immediate effect.

## **What the service did to meet the requirement**

As mentioned within this report, the Guthrie staff team was depleted. We were satisfied that the use of regular and known locum staff ensured a minimal impact on the quality of service. It was envisaged that these vacant posts would be filled as part of a re-deployment exercise.

**The requirement is:** Met - Within Timescales

## **The requirement**

The service provider must ensure that a group risk assessment is carried out and recorded in any situation where a group of young people are out of the secure unit.

This is in order to comply with:

SSI 210/2012 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users

Timescale for implementation: With immediate effect.

## **What the service did to meet the requirement**

We saw that young people's mobility was risk assessed and managed well. Group risk assessments had been carried out.

**The requirement is:** Met - Within Timescales

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## The requirement

The service provider must implement effective systems to make sure that the health, welfare and safety of service users is assured at all times.

This is in order to comply with:

SSI 210/2012 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users

Timescale for implementation: By 31 October 2013.

## What the service did to meet the requirement

As recorded within the body of this report, considerable audit and monitoring activity had taken place. Revised audit arrangements were in place for medication, supervision, security, care planning, general health and safety and staff training.

Responsibility for actions was clearly laid out and understood within the service's action plan drafted following the inspection of 30 August 2013.

Young people told us that they felt safe within the service.

**The requirement is:** Met - Within Timescales

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

Recommendations from 30 August 2013

1. The service should update the information booklet is to include the name "Care Inspectorate" so that young people have accurate information if they want to make a complaint.

National Care Standards for School Care Accommodation Services - Standard 1 - Arriving for the first time.

Outcome: The information booklet had been updated as recommended.

This Recommendation has been met.

2. The service should ensure that all staff have access to regular planned and structured supervision sessions to support their practice.

National Care Standards for School Care Accommodation Services Standard 7 - Management and staffing arrangements.

Outcome: We saw that a supervision programme was in place. Monitoring and audit arrangements were in place.

This Recommendation has been met.

3. The service should increase training opportunities for staff in relation to First Aid, suicide and self harm in order to help staff to further develop their knowledge and skills in these areas.

National Care Standards for School Care Accommodation Services -  
Standard 7 - Management and staffing arrangements.

Outcome: The service had audited numbers of staff up to date with first aid training. Some staff had received first aid training as a result. All AUM staff were booked in for a full first aid training course in March and night staff were timetabled in to receive training thereafter. All staff had been re-briefed in the Suicide Prevention Plan and ligature management, including the use of ligature cutters. Some staff had attended "Safe Talk" and "Assist" training. At inspection, all staff were undertaking the "Choose Life" e-learning module on self harm.

This Recommendation has been met.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service had completed a self assessment as requested by the Care Inspectorate. From the information given it was clear that they had taken time to describe their work in relation to the Quality Themes and Statements. They referred to their policies and procedures and gave examples of their work to evidence how they met the Quality Themes and Statements. They highlighted aspects of their service that they thought they did well and described how they would improve other aspects in future.

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

We spoke with individual and sub-groups of young people regarding their experience of the service.

We enjoyed meals and general discussion with young people in both units.

Views of the service were predominantly positive. Young people told us that they "get

on well with the staff". We saw that young people felt able and were comfortable in raising issues with staff.

Where applicable, young people were clear as to their exit plans and could describe the processes involved.

### **Taking carers' views into account**

We spoke with five parents/carers by phone. They told us that the service was helping their young person and that communication was good. They told us that they were made welcome when they visited. One parent had concerns about communication and decision making. We advised her to speak with the Unit Manager.

Comments included:

"he is getting on very well"

"the service is great - fantastic"

"there has been a big change in him"

"brilliant staff"

"communication is good - I can speak to his key worker or case manager"

"any issues have been resolved quickly"

"great staff - amazing"

"I've seen a big change in her - less anger and self harm"



## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

We have graded this Quality Statement 5 - very good.

We found that young people and their families had very good opportunities to be involved in evaluating and developing the quality of individual and group care provided by the service.

Young people had access to a range of options to express their views.

The service continued to operate its "Count Me In" participation strategy and there was very good evidence that this had become firmly established within individual care planning and general decision-making processes.

Prior to, or upon beginning their placement within the service, young people and their parents/carers were provided with an information pack (Welcome Pack) that explained life within the service and provided details of important contacts, including the Children's Rights Officer (CRO) and the Care Inspectorate. This pack explained the importance of participation and outlined the "Count Me In" strategy. Young people told us that they were familiar with the system and knew how to access it.

All meetings for young people and staff included "Count Me In" on the agenda. Young people themselves, or staff as advocates, could raise issues at the request of individual or sub-groups of young people. This was reflected within meeting minutes and Action Points were identified. The Principal and Unit Managers were informed of all issues raised through "Count Me In".

We saw clear links from suggestions made by young people to action plans identified in the service development plan for 2014. Examples included developing a "buddy" system for young people being admitted to the unit, clearer admission protocols including timescales for integration with the group and improvements to the participation of young people in planning their transitions.

Likewise, we saw clear links from parent/carer feedback including, improvements to the Welcome Pack and improvements to engagement with parents at events and decision-making meetings.

We observed very good quality discussion between staff and young people throughout the inspection. It was evident that staff had built very strong and supportive relationships with young people, through which young people were empowered to make suggestions and discuss issues about the quality of care and support they received.

From observations and speaking with a young person recently admitted, we saw very good evidence of positive interaction and reassurance from staff during admission.

Internal Care Planning meetings, involving the placing social worker, parents and other stakeholders, were very good. We saw that arrangements for these meetings were arranged to take account of parents' work commitments to enable them to attend.

The service had held regular Parent/Carer meetings. We saw minutes of the most recent meeting that covered a broad and appropriate agenda. Staff kept in touch with parents/carers through regular phone calls and by facilitating visits to the unit. We saw that parents were welcomed to the service.

We found that the service continued to have very effective relationships with external agencies and services. This meant that young people could access their services.

The Children's Rights Officer and Who Cares? Scotland representatives were notified of young people's admission. This ensured that young people had access to advocacy from commencement of their placement.

We saw very good evidence of the service regularly conducting exit interviews/questionnaires focused upon young people, their parents/carers and their attached social work and/or health professional.

Periodically, the service also sent out questionnaires to all stakeholders to assess satisfaction with the service. We saw that responses were collated and comments considered in development plans as well as for immediate action through key workers and/or managers.

Young people's meetings took place periodically. The success of these was reflective of the service user group at any given time; however, we saw that staff worked very hard to make these meetings interesting and of relevance to the young people. Young people said these meetings worked well and this was reflected in minutes.

Formal complaints and suggestion arrangements were in place, including a "Suggestion" box in each House. The Children's Rights Officer was a member of the "Complaints Information Group" that looked at each complaint and outcome. This was with a view to maximising learning from each complaint. All complaints and suggestions were subject to the Principal's overview.

Young people were able to raise issues about food directly with the chef who, as we saw at inspection, regularly had lunch with them.

Overall, we found that managers and staff were committed to facilitating opportunities for young people to raise issues through both formal and less formal routes. Young people confirmed to us that they felt able to raise issues with staff and managers and that they felt their views were listened to. They told us that issues tended to be resolved through discussion with key workers or other staff members.

### **Areas for improvement**

The service should continue to involve young people, their parents/carers in improving the quality of care and support.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

We ensure that service users' health and wellbeing needs are met.

### Service strengths

We have graded this Quality Statement 5 - very good.

We found that the service had very good arrangements in place to promote the health and wellbeing of young people.

We saw that very good admission, risk assessment, care planning and key working systems were in place that provided consistent opportunities from admission onward, for young people and their parents/carers, to reflect upon, review and plan their care and support. The young people we spoke with during the inspection told us that they understood their care plans, and were happy with the way that they were progressing.

The Looked After and Accommodated Children's (LAAC) nurse visited young people shortly after admission. She had access to historical health records and was able to share key information with the service including incomplete immunisation.

Each young person had a health file and a health care plan that included prescribed and non-prescribed medication records and appointments with dentist, GP and other health professionals. This ensured that young people's health needs were met promptly.

Young people were given contact details for Who Cares? Scotland and the Children's Rights Officer upon admission.

We saw that care plans were outcome focused, included transition plans and were up to date. Young people's files contained a chronology which enabled staff to understand key factors in young people's lives.

The service had piloted within Guthrie Unit (and one of the open units) care plans that used SHANARRI (safe, healthy, achieving, nurtured, active, respected, responsible and included) headings from GIRFEC (Getting It Right For Every Child). These headings were also used in daily recordings and in young people's care planning reviews.

We found very good examples of transition management that fully involved the young people concerned. This enabled young people to positively move on from the service. Edinburgh Secure Services had a dedicated throughcare and aftercare unit and team that allowed support to continue after discharge from the service.

Medication was stored and recorded appropriately and was subject to a weekly audit and "spot checks" by the Duty Manager.

All staff had recently received in-house training on expectations regarding the storage, administration and recording of medication as part of rolling out a new medication procedure introduced by the City of Edinburgh Council's Children and Families Department.

We found that young people were well supported in managing particular health related conditions. For example, the service had a very good relationship with the Accident and Emergency Department that enabled young people to access emergency treatment.

Individual risk assessments were completed on admission, making use of available information and these were shared with staff via the daily files on each individual child. These were updated as more information was gathered and staff got to know the young person.

We saw that Edinburgh Connect, a psychological support service commissioned by City of Edinburgh Council, met with the service every 6 weeks where one young person, usually the most recent admission, and their circumstances were discussed. More focused discussion, termed "Level 2", with Edinburgh Connect was available regarding specific issues relating to individual young people. We saw that this collaboration was very positive in promoting understanding of young people's issues and in identifying appropriate interventions.

The service had a positive relationship with, and input from, the Child and Adolescent Mental Health Service (CAMHS).

We saw in files, and received confirmation from young people, that the Smoking Cessation Nurse spoke with groups and individual young people to help them stop smoking.

We found that the care and education components of the service worked very well together. This meant that care and support was consistent and continuous. This had contributed to improved educational outcomes.

The service had achieved Health Promoting Unit Tier 1 and was working towards Tier 2.

Young people were encouraged and facilitated to partake in physical activities and had access to a gym, a court yard, a fitness room and, where planned access to the community ("mobility") permitted, cycling.

We saw that staff and the cook tried hard to balance the wishes of the young people and the need to ensure that they had a healthy, balanced diet. Young people generally were happy with the menu and the quality of meals. Young people were represented on the Food Committee which was working with a nutritionist to further improve the provision of a healthy balanced diet. We saw that fruit was available at all times.

We found that there was good awareness and knowledge among staff regarding child protection and safe care issues. Staff had received child protection training. Basic child protection training was also part of the staff induction programme.

We found the service to be a caring and nurturing environment for young people. The service promoted the importance of building healthy attachments and trusting relationships with young people as the basis for addressing their complex and varied needs.

### **Areas for improvement**

The considerable improvement in the storing, administration, recording and auditing of medication should be maintained.

As discussed at inspection, the service experienced difficulties in gaining access to information held by out of authority CAMHS. Mental Welfare Commission colleagues advised that the Principal should write to the head officer of that particular CAHMS service.

SHANARRI wellbeing outcomes should underpin all care planning activity.

Within Braid Unit, some young people felt that there was a minority of staff who were less prone than others in arranging and participating in activities. Some staff held a similar view. These views should be explored.

The service should continue to promote healthy eating.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The care plan pilot using the SHANARRI headings should be rolled out across the campus.  
NCS 6 School Care Accommodation Services - Support Arrangements (for those schools which provide specialist education and care).

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

#### Service strengths

We have graded this Quality Statement 5 - very good.

Please see Theme 1, Quality of Care and Support, Quality Statement 1: "We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

We found the service to be well furnished, clean, tidy and well maintained. Young people had decorated their bedrooms with posters and pictures. Bedrooms in Guthrie Unit had recently been decorated. Corridors were decorated with pictures, young people's art work and stencils. This promoted a "homely" environment.

#### Areas for improvement

The service should continue to maintain a very good quality living environment

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We make sure that the environment is safe and service users are protected.

### Service strengths

We have graded this Quality Statement 5 - very good.

The service had very good systems in place to ensure the safety and protection of young people.

The service aimed to ensure that young people were "physically, socially and emotionally secure". This promoted a calm, safe and inclusive living environment that enabled young people to experience an ordered and constructive daily life experience.

We found that the service had appropriate security arrangements in place. These included visitor signing in and out arrangements, visitor badges, escorting of visitors and CCTV coverage. Visitors were given clear information regarding contraband and prohibited items.

We saw that young people's safety was considered, for example, within the Care Planning Meetings, Care Plan objectives, weekly planners and LAAC reviews. We saw that young people's safety had a very high profile in staff changeover meetings.

External and internal security checks were carried out regularly, including during the night. We found a clear system for checking young people during the night, particularly for young people recently admitted or deemed to be at risk. Checks were recorded accordingly.

Night staff told us that additional staff would be brought in if individual young people's risk assessment required it. Additionally, if an individual or the group was unsettled when night staff came on duty, day colleagues would stay on as a support.

Supervising young people's movement around the service was managed well. We saw that monitoring and checking of whereabouts, activities, interactions and equipment was thorough yet discreet. The service had an effective alarm and pager system in place. This was used discreetly to ensure minimal disruption to the day to day life of the service.

We found that rota and managerial on-call arrangements were effective. We saw very effective shift planning.

A well established debriefing protocol for both staff and young people was in place. These were recorded and attached to incident reports. All incident reports were reviewed and signed off by the Principal and the external manager.



We saw that this review could result in remedial action. The service continued to operate a monthly, three monthly, six monthly and annual analysis of incidents prepared by the Principal that allowed for very effective monitoring of, and learning from, incidents.

All staff, including educational staff, were Crisis and Aggression Limitation and Management (CALM) trained,.

There was strong evidence of group dynamics being managed well. This minimised the likelihood of bullying. An anti-bullying policy was in place.

In the past, staff had undertaken training in Internet safety awareness involving Child Exploitation and On-line Protection (CEOP).

The service held a monthly Health and Safety Meeting and this was informed by, and in turn informed, management and staff meetings where Health and Safety was a standing agenda item.

The Children's Rights Officer (CRO) had a high profile within the service. The CRO was notified of all incidents, including those that resulted in young people being separated from the group. They also attended the service's Incident Review Group. She was informed of all admissions to the service in order to allow her to establish contact as soon as was possible.

We found that staff had received basic child protection training as part of the staff induction programme. Ongoing training arrangements were in place through a City of Edinburgh Council training scheme entitled the "Child Protection Training Matrix".

Those managers and staff interviewed, demonstrated an appropriate level of awareness on how to respond to a disclosure of abuse.

The service had a Suicide Prevention Policy in place to ensure effective response to crisis. We found staff to be aware of, and knowledgeable regarding, suicide, para-suicide and self-harm risks. The service had produced its own training DVD regarding ligature response and we saw evidence that opportunities were taken at staff meetings to remind staff of procedures and where to access guidance. A "Big Fish" ligature cutter was located within each unit and stored safely and to allow easy access. These were checked daily to ensure that they were in working order.

First aid kits and body fluid response kits were in place, up to date and well ordered. These were checked weekly.

We found young people's access to the community ("Mobility") as a component of their "Exit Plan", was planned, risk assessed, reviewed and managed well.

Young people told us that they trusted the staff, were able to raise any issues with them and felt safe living in the service. They spoke positively of their everyday living experience.

### **Areas for improvement**

We discussed with the Principal the movement of janitorial staff around the secure areas. This was coordinated by the "Duty Senior". Whilst no problems were reported, we felt that there was the potential for their presence on the units to disrupt unit life. There was a need to take greater account of what was happening in the unit at the time of their visits. The Principal agreed to look at revising current practice to ensure that their impact upon unit life was minimal.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

### Service strengths

We have graded this Quality Statement 5 - very good.

Please see Theme 1, Quality of Care and Support, Quality Statement 1: "We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Young people from the service provided interview questions for the appointment of the Principal.

Young people also contributed to feedback on new staff achieving their 9 areas of practice competence as part of the induction programme.

### Areas for improvement

The service should continue to consult with young people regarding the recruitment, training and development of staff.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Service strengths

We have graded this Quality Statement 5 - very good.

We found staff at all levels to be knowledgeable and to operate in a professional manner.

There was a very positive ethos and culture within the service that focused on the establishing of effective young person/staff relationships; for example, we saw that night staff went to say "hello" to each young person in their bedroom, responding to requests or just "having a chat". We saw that this fostered good relationships and helped young people feel safe.

We found that the service had a very good training strategy in place and most staff were qualified to at least a level that allowed full registration with the Scottish Social Services Council (SSSC). We saw that plans were in place for the few who still required to obtain appropriate qualifications.

We saw that staff had access to a broad range of relevant in-house and external training. Staff told us about training opportunities they had experienced. A number of staff had undertaken training related to managing and supporting young people with substance abuse issues. All staff had received training related to Attachment Theory and Practice. We also saw evidence of recent training in First Aid, Group Work, Social Pedagogy, Child Protection and "Confident Children, Confident Staff".

At inspection, all staff were undertaking Post Registration Training and Learning plans.

All permanent and "regular" locum staff were trained in Crisis and Aggression Limitation and Management (CALM). This ensured that challenging behaviour was managed safely. The service had its own instructor.

The service operated an annual "Performance Review and Development" (PRD) strategy that ran alongside, and complemented, the established supervision structure. Managers and staff spoke positively regarding this strategy and highlighted reflection on practice and professional target setting as being particularly helpful in their development.

We found the supervision and staff meeting structure to be effective. Staff told us that they felt supported in their work. The carrying out of supervision was monitored by the Principal.

We found managers and staff to be aware of, and operate to, the SSSC Codes of Practice and to give regard to National Care Standards, and other relevant guidance, within discussion and decision making.

### **Areas for improvement**

The improved delivery of supervision should be maintained.

Due to uncertainty about the future of the St Katharine's campus, there was a high level of anxiety among the staff team. We were, however, satisfied that staff were not letting this anxiety impact upon their work with young people. Until a definite decision about the future is made, managers and staff were unable to plan for the future. The provider should reach a resolution as soon as possible to allow change to be managed.

A number of staff members had left Guthrie Unit, leaving a depleted team. Regular and well established "locum" staff were being employed to fill gaps in the rota. The manager was exploring how the team could be further supported.

Recent changes in the staff rota had resulted in staff being off duty and unable to attend their unit staff meeting. We felt that this could negatively impact upon communication and consistency in supporting young people. The Principal was planning to introduce a revised rota that would ensure all staff were on duty for their unit staff meeting.

(See recommendation 1).

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. Management should ensure that all staff are able to attend their unit staff meeting.  
NCS 7 Care Homes for Children and Young People - Management and Staffing.  
NCS 7 School Care Accommodation Services - Management and Staffing.

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

### Service strengths

We have graded this Quality Statement 5 - very good.

Please see Theme 1, Quality of Care and Support, Quality Statement 1: "We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

### Areas for improvement

The service should continue to consult with young people regarding the quality of management.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### Service strengths

We have graded this Quality Statement 4 - good.

We found that the service, overall, had good quality assurance systems in place.

As detailed within Quality Statement 1. 1, we found that the service had very good arrangements in place to gather the views of young people, their parents/carers and other stakeholders. We saw that the service regularly issued questionnaires, evaluated responses and made improvements if required.

The members of the management team, including the Principal and the external manager had a high profile in the units. This meant that young people could raise issues directly with senior staff if necessary. However, young people told us that most issues were dealt with by their unit staff.

The service was open to scrutiny and input from external stakeholders, notably the Children's Rights Officer and Who Cares? Scotland. This helped to ensure that the young people's perspective was reflected in discussions about the service.

Managers and staff had contributed towards the service development plan. This took into account their views and the feedback the service had received through various channels from young people, parents, carers and other stakeholders in identifying and prioritising areas for development within the service.

There was a robust system in place for dealing with complaints. There had been no formal complaints from young people, and those from elsewhere had been dealt with in a formal, constructive manner. The regular Complaints Information Group meetings, which included the council's Client Services Officer and the senior Children's Rights Officer helped to make sure that there was a balanced view taken of issues raised by young people.

The system for monitoring incidents of physical intervention was very effective. Incidents were well-recorded and scrutinised by managers within the service, and by the external manager of the service. Comments identified points for further learning where necessary. Young people and staff debriefing were recorded and attached to incident reports.

We saw an increased use of audits in relation to medication, security, supervision and care planning.

Responsibility for actions was clearly laid out and understood within the service's action plan drafted following the inspection of 30 August 2013.

We saw that various groups, including the Health and Safety Group, Police Liaison Group and Health Forum provided further quality assurance information and checks.

Quality assurance of supervision, both formal and informal, had been strengthened by Unit Manager held audit. The Unit Managers reported to the Principal.

There was a focus on thematic supervision. Themes of attachment promotion, keyworking, and contributing to the quality of service promoted positive outcomes and benefits for young people.

On occasion, other council officers had been involved in auditing key areas of practice, for example health and safety. Any areas identified for improvement had been resolved and signed off by the Unit Manager.

A new "Administration of Medicines Procedure and Audit tool" had been developed to ensure the safe storage and administration of medicines. The Council Health and Safety Committee had approved this, having received feedback from the Pharmacist from the Care Inspectorate. Storage and administration of medicines was subject to regular audit by senior staff.

We noted that some quality assurance tasks had been devolved, allowing the Principal to have a broader overview of practice.

### **Areas for improvement**

As regards the increased quality assurance and audit activity, the Principal stated: "We appreciate that there is a need to embed these into the culture of practice. Managers at all levels are working rigorously to ensure this is done quickly but in a way that will be sustained." We agreed with this view. (See recommendation 1).

The service was developing an outcome based quality assurance framework. This was in conjunction with another service and entailed reporting to the Scottish Government. This should be progressed.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1



## Recommendations

1. Audit arrangements should be maintained and evaluated periodically.  
NCS 7 Care Homes for Children and Young People - Management and Staffing.  
NCS 7 School Care Accommodation Services - Management and Staffing.

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 4	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings
30 Aug 2013	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 4 - Good Management and Leadership 2 - Weak
7 Nov 2012	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
1 Jun 2012	Unannounced	Care and support 5 - Very Good Environment 2 - Weak Staffing 5 - Very Good Management and Leadership 4 - Good

## Inspection report continued

24 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed 3 - Adequate
18 Feb 2011	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
11 Aug 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good Not Assessed Not Assessed
10 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good Not Assessed
10 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good 5 - Very Good
12 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed 4 - Good Not Assessed 4 - Good
18 Nov 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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