

# Crannoch Residential Child Care Resource Care Home Service

LOCHGELLY

**Type of inspection:**  
Unannounced

**Completed on:**  
12 April 2018

**Service provided by:**  
Crannoch Residential Child Care  
Resource Ltd

**Service provider number:**  
SP2009976534

**Service no:**  
CS2009235415

## About the service

Crannoch Residential Child Care Resource is registered with the Care Inspectorate to provide a care home service for up to six young people aged between eight years and eighteen years.

The service is based in Lochgelly in Fife and has been registered with the Care Inspectorate since May 2010.

The mission statement of the service identifies that:

'Crannoch Residential Child Care Resource aims to provide the highest standard of care for young people within a homely, nurturing and safe environment where they will have the opportunity to develop the skills necessary to improve their lives both physically and emotionally and allow them to meet their full potential in an atmosphere of mutual value and respect.'

Aims of the service include:

- Ensuring children and young people's rights are upheld at all times.
- Providing the highest level of care and support which will enable young people to develop trusting relationships with adults in the house.
- Supporting young people to find and maintain his or her placement in school, college or work.
- Ensuring that all young people accommodated in Crannoch are supported to develop the skills necessary for moving on, whether a return home, to another more appropriate placement, or independent living.
- Working in partnership with Local Authorities, Education and Health in the best interests of young people.

## What people told us

Prior to the inspection, we received one completed care standard questionnaire which indicated that the young person was very happy with the quality of care received from the service.

This inspection took place during school holidays and young people were enjoying their relaxation time. Some young people chose not to speak with us individually but were observed to be comfortable and relaxed in the company of staff and other young people. Those that we spoke with, told us that they enjoyed relationships with their keyworker and could identify staff that they enjoyed taking part in specific activities with, including football and using gaming consoles.

We enjoyed spending time in the company of young people during a meal and heard about planned activities including an extensive bike ride. Food was tasty and well presented. Young people told us that they were able to contribute to menu planning and that they enjoyed trying new foods. It was admirable to hear afterwards, that those who joined in with the bike ride had cycled in excess of thirty miles.

We did not speak to any parents or carers during this inspection.

## Self assessment

We did not ask the manager to submit a self-assessment this year. Instead we looked at the service development plan for evidence of self-evaluation and improvement planning.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

The service was found to be operating at a good level within the theme of care and support.

It was clear that young people and staff enjoyed positive relationships. This meant that young people felt safe and comfortable at Crannoch and were generally relaxed in their interaction with staff that they knew. Continuity of keyworker had been established and this was valued by young people.

We could see progression for young people including college access and preparation for transition on from the service. Individual hobbies and interests were encouraged and nurtured. Staff worked hard to ensure that young people could enjoy 'me time' where they could develop self-esteem and confidence. This had made significant difference to the wellbeing of specific young people.

Care plans were detailed and used the 'Getting It Right For Every Child' (GIRFEC) wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included) for assessment and to identify desired outcomes. Plans were written simply, sensitively and supportively. Achievements and progress to-date were celebrated. Some additional information found within young people's profiles could be incorporated within the care plan to guide staff fully in providing appropriate support.

Risk assessments were in place and reviewed regularly. Risk reduction measures and support strategies were identified using the NAPPI Behaviour Scale which we felt gave good insight to stress factors affecting each young person. Risk assessments could be developed further to identify if risks are historical and give insight to frequency of known behaviours.

Some physical Intervention records did not contain appropriate details of the type of safe hold used, the timeframe of use, or the date. We have made a requirement about this (See Requirement 1).

We felt that the service needed to further consider ways to respond to and minimise reduction of substance misuse by specific young people and we have made a recommendation about this (See Recommendation 1).

Regular written feedback was provided to placing Social Workers. This promoted insight and created an effective flow of communication. Access to Children's Rights Services was encouraged and we could see this had enabled young people to have their voice heard on matters which were important to them. It was pleasing to see the nurturing approach used in communication with families. Information was shared sensitively but accurately in a non-confrontational way.

## Requirements

**Number of requirements: 1**

1. The provider should ensure that records of physical intervention are completed accurately and robustly, containing all essential details (including type of safe hold used and duration) in line with the Holding Safety Guidance and the organisations policy on the use of physical intervention.

**This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 - Welfare Of Users.**

In addition, this will ensure that care and support is consistent with the Health and Social Care Standards which state that 'any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'if independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

## Recommendations

**Number of recommendations: 1**

1. The provider should further consider ways to respond to and minimise reduction of substance misuse by specific young people.

**This will ensure that care and support is consistent with the Health and Social Care Standard which states 'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services' (HSCS 1.28).**

**Grade: 4 - good**

## Quality of environment

### Findings from the inspection

The service was found to be operating at a good level within the environment theme.

The house was well maintained and we could see recent upgrades to décor and flooring within communal spaces which helped create a pleasant environment. Furniture was good quality, well suited for purpose and added to the homeliness of the environment. The service benefited from dedicated maintenance support and repairs were carried out quickly. We were encouraged to hear of further plans to improve décor.

The outdoor area to the rear of the property had been developed. Young people had been involved in gardening and were looking forward to better weather to continue this. We heard of plans to develop the outdoor space at the front of the property.

Young people had decorated their bedrooms in line with personal taste and choice. It was evident that young people had an increased sense of pride and respect for their surroundings and it was pleasing to hear that bedroom furniture was included within transition plans for young people moving on from Crannoch.

Good health and safety procedures were in operation to provide a safe environment and staff carried out routine checks to ensure this was maintained. Staff followed good hygiene practices in the kitchen and when preparing food. We looked at food hygiene records and suggested minor refinements to documentation.

Recent changes to the layout of the property were working well. We heard from placing social workers of the value young people placed on being able to choose which bedroom they wanted and this had been facilitated by staff. We could see that changes to office space had enabled staff to feel more comfortable and productive whilst also promoting greater security in monitoring access to the front door.

The rear of the property contains a variety of rooms that are currently less well used and we were pleased to hear of the range of ideas that staff and young people have regarding this section of the house including promoting independent living skills for older young people. We look forward to seeing how this area of the house is used at next inspection.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

At this inspection, we assessed the quality of staffing as good.

Staff told us morale had greatly improved since last inspection and attributed this to feeling supported by in-house and external management as well as each other. Staff reported greater feelings of stability within the team and a greater sense of purpose in developing the service.

Turnover was relatively low and newer staff were progressing through a robust induction programme which included a range of essential core training and e-learning. Young people had been involved in the recruitment of staff and we encourage the service to continue to be creative in promoting participation. It was positive to hear that young people's feedback was sought on new staff undertaking shadow shifts which helped inform the induction process.

We heard from placing social workers about the positive role Crannoch staff played in promoting more positive relationships between young people and external professionals who support them.

There were a wide range of policy and procedural guidance which staff were familiar with and referred to ensuring organisations standards were maintained. Team meetings were regular. Meeting records could be developed further to ensure identified actions are completed and followed up where necessary.

Formal supervision occurred frequently for the staff we spoke to and within the records we sampled, which were reflective and supportive. Staff felt that there were a range of opportunities for informal discussion with seniors and managers and used this effectively.

The service has actively moved towards using part-time contracts where possible rather than sessional contracts to promote continuity of care for young people and stability within the staff team. The service should be mindful of the supervision arrangements for staff who continue to be employed on a sessional basis. Staff members were registered appropriately with the Scottish Social Services Council.

In response to external feedback we gathered during inspection, we have suggested the service consider ways of informing professionals of the full range of staff members and their roles within Crannoch.

The service should take time to further develop the staff team, promote individual responsibilities, strengthen team dynamics and continue to embed the positive change in morale and culture.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

We have graded the quality of management and leadership as good at this inspection.

A strong service development plan was in place which had been a focus of a recent development day. The plan was actively reviewed during team meetings, enabling staff to have a clear understanding of progress achieved.

We could see a renewed sense of motivation across the team. Senior care workers had taken on responsibility for key areas of service provision and were developing their leadership skills in ensuring that the wider team was kept informed of best practice and guidance to maintain standards. Development days had been used effectively to cascade learning. A culture of motivation and improvement had been formed and should continue to be embedded.

Quality assurance processes should be developed further to include regular auditing of systems and care practice to ensure that standards are maintained at all levels (See Recommendation 1). This would support all staff to be clear on expectations of their role and identify areas of training need or further action required.

Rota's were planned well in advance and included detail of when the external manager was available. The external manager and directors were well known to young people and staff whilst still promoting the autonomy of the manager.

Positive changes had been made to the senior staff rota to promote access across all operational teams. Discussion with staff identified however, that there were occasions where consistency of practice varied between the senior team. We felt that senior staff could use dayshift opportunities more effectively to meet and reflect as a senior team to ensure that decisions and practice are consistent and enable the wider team to feel more confident in managing boundaries and behaviour of young people (See Recommendation 2).

There had been no complaints, however, young people knew how to raise a complaint using a variety of methods including speaking to their Children's Rights Worker. There were transparent systems in operation should a complaint be received, which included monitoring by the external manager. The service had recently introduced a robust duty of candour policy. We could see evidence that the whole team were consulted when a new policy was being created.

We discussed expectations regarding content and detail of notifications requiring to be submitted by the service to the care inspectorate, particularly regarding any follow up action taken by the service or external professionals.

## Requirements

**Number of requirements:** 0

## Recommendations

Number of recommendations: 2

1. Quality assurance processes should be developed further to include regular auditing of systems and care practice to ensure that standards are maintained at all levels.

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

2. Increased opportunities for senior staff to meet and reflect as a senior team should be created to ensure that decisions and practice are consistent and enable the wider team to feel more confident in managing boundaries and behaviour of young people.

This will ensure that care and support is consistent with the Health and Social Care Standard which states 'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

Grade: 4 - good

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

## Previous requirements

### Requirement 1

To protect the dignity and safety of children and young people overnight the service must ensure that staffing arrangements are reflective of care needs and risks related to individual young people. The service should regularly review the need for waken night staff and ensure that risk assessments are updated as and when required.

This is in order to comply with SSI 110 (2011) regulation 4(1)(a) and (b) - a regulation that the provider must: make proper provision for the health, welfare and safety of service users; and provide services in a manner which respects the privacy and dignity of service users.

This requirement was made on 1 August 2017.



**Action taken on previous requirement**

We could see from Rota's that staffing levels were well maintained. The majority of daytime shifts had four staff available, with two staff covering sleepover duties each night. We were able to see appropriate adjustments to shift patterns to monitor young people during night time following specific incidents. We could see within Care Plans and Risk Assessments that the supervision needs of young people were being considered which promoted our confidence that waken night shifts would be introduced if required.

**Met - within timescales**

**Requirement 2**

To ensure that children and young people are cared for by staff who have been properly vetted prior to starting employment in the service, the service must ensure that safer recruitment practices are properly implemented.

This is in order to comply with SSI 3256 (1996) regulation 8 - a regulation that the managers of a residential establishment shall have in place appropriate procedures to be followed in the vetting of staff in relation to their suitability to work in the establishment both prior to their appointment and regularly thereafter.

This requirement was made on 1 August 2017.

**Action taken on previous requirement**

The service has taken action to ensure that all aspects of the existing recruitment policy and procedure are implemented. We could see this reflected within the Service Development Plan which had resulted in stricter auditing practice and a dedicated administration role in ensuring that all relevant paperwork and checks were completed and filed. Files sampled at this inspection were robust.

**Met - within timescales**

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

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

To ensure that the needs of young people are adequately met and the best outcomes achieved, clear plans identifying these needs and outcomes for children and young people must be effectively implemented.

**National Care Standards - Support Arrangements - Standard 4**

This recommendation was made on 1 August 2017.

## Action taken on previous recommendation

Care Planning documentation has been reviewed and developed. We could see greater focus on breaking down larger aims into more achievable targets. We found evidence of positive progression for young people, including transition plans where appropriate.

## Recommendation 2

Similar to findings from the last two inspections, levels of formal supervision do not meet the organisations policy and do not meet the support needs of staff working in residential child care. By improving the regularity of formal supervision in line with organisational policy the service will ensure that staff are best supported to meet the needs of young people.

**National Care Standards – Management and Staffing – Standard 7.2 and**

**SSSC Codes of Practice – Employers of Social Services Workers – 2.2**

**This recommendation was made on 1 August 2017.**

## Action taken on previous recommendation

Through sampled files and discussions with staff, we found that the frequency of supervision had improved.

## Recommendation 3

To protect children and young people from harm, the service should ensure that identified risks are properly recorded and appropriate preventative action taken.

**National Care Standards – Feeling Safe and Secure – Standard 6**

**This recommendation was made on 1 August 2017.**

## Action taken on previous recommendation

We looked at a range of evidence including incident and accident reports, NAPPI reports (which included debriefs and de-escalation strategies used) and individual risk assessments. We found that risk assessments were being updated more frequently in response to changing needs and behaviours of young people.

## Recommendation 4

Whilst a SMART improvement plan is in place for the service we found that awareness of the plan among staff suggested that their involvement was minimal and there was little evidence of the involvement of others. To support continuous improvement the provider should develop a coherent improvement plan in consultation with young people, staff and others with an interest in the service.

**National Care Standards – Management and Staffing – Standard 7.9**

**This recommendation was made on 1 August 2017.**

## Action taken on previous recommendation

The service has worked hard to ensure all staff are aware of, and are involved in, taking forward the service development plan. We could see this had been a focus of a recent development day and was also a regular agenda item at team meetings.

## Recommendation 5

The service must ensure that effective systems for managing medication safely are fully implemented and understood by all staff.

### National Care Standards - Keeping Well-Medication - Standard 12.6

This recommendation was made on 1 August 2017.

#### Action taken on previous recommendation

One of the Senior Residential Care Workers has taken a lead role in managing medication procedures and auditing practice. A recent development day included a workshop developing staff awareness of the responsibilities of medication administration. Further training on medication is planned. Sampled files and stored medication was accurate at this inspection.

## 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

Date	Type	Gradings
1 Aug 2017	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 3 - Adequate Management and leadership 3 - Adequate
14 Sep 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate
19 Aug 2015	Unannounced	Care and support 4 - Good

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Aug 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 May 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Aug 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
8 Mar 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	2 - Weak
		Management and leadership	2 - Weak
5 Mar 2012	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
5 Jul 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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