

# Canmore Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
27 February 2024

**Service provided by:**  
North Ayrshire Council

**Service provider number:**  
SP2003003327

**Service no:**  
CS2003001160

## About the service

Canmore is a residential care service provided by North Ayrshire Council. The service is currently registered to provide care to a maximum of eight children and young people. At the time of the inspection, nine young people were living in the service.

The service is based in a purpose-built building in Kilwinning. The building is detached and on one level, with a car park and some garden space in the grounds. There are eight designated bedrooms within the house that each has ensuite facilities.

## About the inspection

This was an unannounced inspection which took place on 20 February 2024 (12:00 - 19:00) and 21 February 2024 (10:45 - 19:15). 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 five people using the service and two of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with one external professional.

## Key messages

The statutory duties of the provider to provide emergency care has contributed to the absence of admission or matching procedures and the house being overcapacity.

The service was not an appropriate care setting for all of the young people that lived there.

Young people experienced unstable care and poor outcomes.

Staffing levels and ratios did not reflect the number of young people in the service or meet their individual needs.

We saw evidence of warm and nurturing relationships and, despite difficult circumstances, concerted efforts by staff to provide individual time and support to young people.

The commitment and effort of staff and management have served to mitigate some of the potential poorer outcomes for young people.

## 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?	2 - Weak
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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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Young people within the house felt safe and experienced care that was respectful. One young person commented, "There is always someone to speak to if needed. I feel looked after." Staff had knowledge of child protection procedures and felt confident in managing any child protection concerns.

We had concerns about the safety of the young people and staff within the service. It was clear that Canmore was not an appropriate care setting for all of the young people who lived there. The needs of some of the young people were too complex for the service to manage. There have been regular incidents where staff and other young people have been subjected to violence and been unsafe.

One staff member stated, "We can't keep (X) safe within this type of environment." A family member also commented, "They (young people) have been failed by Canmore... there has been loads of problems.... It is not fair on the kids."

These indicators of concern were responded to appropriately by the service who have been proactive and articulate in representing the needs of the young people to the provider. However, this did not result in timely, effective decision-making from the multi-agency team around the child and senior decision-makers. We were concerned about the apparent disconnect between the service and the provider. This resulted in poor outcomes for young people.

Most of the young people in the service had support from advocacy services and access to positive support networks out with the service. We were encouraged to see the service's commitment towards this and their championing of young people's rights. We heard that some young people and a family member raised complaints about the dynamics and upset within the house. However, we did not see evidence of any formal outcome or resolution to this. This would suggest the need for the complaints process to be strengthened to ensure that young people's rights are protected.

There was a high level of significant incidents and some of these included the use of physical restraint. We found that these were recorded appropriately with a level of quality assurance and oversight from managers. Staff debriefs took place and these were formally recorded. We found that a reflective and learning culture was promoted. This was commendable given the very difficult circumstances.

One staff member explained, "I had a really thorough de-brief. I felt really supported... They (managers) are proactive in terms of support. Reflective. They reflect on their own practice and what they would do differently."

Young people spoke positively about their relationships with staff and there was evidence of warm and nurturing relationships. Despite the challenges, we saw concerted efforts from staff to spend individual quality time with the young people. A trauma-informed approach to care has been developed and has become more embedded in practice. The service have plans and aspirations to develop this further.

There were efforts to involve young people in their care and planning. We saw this through the use of advocacy, individual time and in young people's care plans. However, we did not see care plans directly

shaping the care that young people received. We found that these did not adhere to SMART (specific, measurable, achievable, realistic and time-bound) principles. These were lacking in quality and detail that was relative to the young person's needs

The physical space within the service was not suitable for the number of young people living there. The living space has been utilised to accommodate additional young people. The service do not have control over the admission of new young people. We heard from young people, staff and family members that service overcapacity has been detrimental to young people's experiences. The lack of space has made it more difficult to manage difficult situations and give young people the space they need. One family member commented, 'that was their space and it has been taken away from them.'

The house appeared institutional and in need of decoration and upgrade. Staff and managers are well aware of the need to improve this and there were clear plans in place to address this. These have not progressed due to the other more immediate priorities of the staff team in providing care and responding to the needs of the young people.

Young people's connections to family and friends were supported very well and we saw the service having an integral role in plans to enable some young people to return home to the care of family. Relationships and support to families was given priority by staff. We saw strong, supportive and enduring relationships between the service and young people's family members. Family and friends were made to feel welcome at the house although the absence of communal space and points when the house was unsettled made this more difficult.

Independent life skills were promoted well and many of the young people were able to exert a high level of choice over how they spent their free time. Staff were committed to supporting and offering guidance that was relative to the age of each young person. However, we were aware that the ability of staff to spend one-to-one quality time or enjoy activities was more limited due to the current number of young people relative to staffing levels.

The service had a good understanding of young people's health needs and took a holistic approach to health and wellbeing. Healthy eating and exercise were promoted and we saw the positive impact of this on young people's mental health. It was, however, challenging for staff to be alert and responsive to the complex and competing health needs of all the young people.

Young people's engagement and achievements in education and learning were variable within the service. Some of the young people were making some progress in their education but many of the educational outcomes were poor. We saw educational attainment deteriorate when young people's care and safety needs were not fully met.

The service's culture and leadership has progressed greatly over the last two years. The current management team have made significant inroads and progress in the issues that were identified in previous inspections in relation to the service's culture, practice and management.

The service approach self-evaluation well and are aware of what is required for improvement. This is reflected in their service improvement plan which followed SMART principles and was informed by up-to-date best practice and a commitment to The Promise (Independent Care Review 2020). It is evident that improvement has stalled in more recent times and external factors, that are out with the service's control, have impacted on their ability to progress and sustain any improvements made.

We are aware of wider issues and challenges in North Ayrshire that have increased demand for the care of young people in the authority. The provider's statutory duty of care means the need to prioritise and provide care for young people, on an emergency basis, to ensure their immediate safety. This has resulted in this service operating over its capacity for a prolonged period.

We found that the provider's necessitated response to their statutory duties has had a negative impact on the care of young people in the service. New admissions have been based on availability and when there is no availability, 'makeshift' arrangements. There was no evidence of young people being matched to the service before admission. Indeed, we saw example of a young person being admitted to the service despite the assessment being clear that their needs were too great for the service to meet and that this would have a detrimental impact on the existing young people. This created risk and led to poor outcomes for young people (see requirement 1).

There have been periods of significant shortages in staffing and the staffing team have not always possessed the necessary breadth of skills and experience. This has been impacted by staff sickness, vacancies and a period when the local authority implemented a recruitment 'freeze'. The current staffing levels and ratios do not fully reflect the number of young people in the service or their individual needs. There was not always sufficient staff to meet young people's needs and ensure safety. This has resulted in the staff team and managers working under incredible pressure and their efforts to manage this have been commendable. We were aware of one significant incident where the risks and outcomes were directly linked to the limited number of staff on shift (see requirement 2).

Staff felt well supported and management within the service were deemed to be approachable and dedicated. Formal support to staff, such as professional supervision, has not been taking place regularly. Staff training and development had suffered and we saw apparent delays in essential training. Staffing shortages made it difficult to allow time for staff training. Managers have been unable to focus on staff development or supervision, due to providing staff cover and the need to respond to crisis situations (see requirement 3).

One staff member explained, "we need more focus on learning, trauma informed practice...the manager is very knowledgeable but they can't do it as they are part of the staff team...they have the ability but are not getting a chance. They are a positive for where care is going at the moment and where we need to be..."

We did not see risk management strategies effectively guiding or managing risks for young people. There was a disparity between the risks for some young people and the strategies to manage these. It was clear that the service were unable to safely manage this for a prolonged period and this was timeously communicated to the provider, however, the multi-agency plan did not effectively address this.

Quality assurance systems and areas of management oversight require strengthening and renewed focus. Issues in relation to admissions, capacity and staffing has resulted in managers providing staff cover and responding to crisis situations. Consequently, managers have been unable to focus on these and fully perform their management role. There is confidence in the capacity of the managers of the service however, support and action from the provider is necessary to improve outcomes for young people and the standard of care provided.

## Requirements

1. By 30 June 2024 the provider must ensure that there is an effective and appropriate admissions process in place within the service, sufficient to ensure that only children and young people the service has the ability to care for, are admitted to the service.

To do this the provider must as a minimum:

- a) devise a written admissions policy and procedure that outlines procedures, including those made in an emergency
- b) ensure that there is due consideration and analysis of a young person's history, needs and risks prior to their admission. This should include timely sharing of information between the service and the placing locality team prior to admission. The service's capacity to meet the needs of a young person should be assessed and evidenced prior to their admission
- c) ensure consideration prior to admission is given to the potential impact on existing young people within the service
- d) ensure there are appropriate numbers of staff, who have a sufficient skills mix and the competencies needed to care for all children and young people admitted to the service
- e) ensure that house managers are involved in the decision-making process around admissions.

This is in order to comply with Regulations 4(1)(a) (welfare of users) and 15(a) (staffing) 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 in the right place to experience the care and support I need and want' (HSCS 1.20).

2. By 30 June 2024 the provider must ensure that the service have sufficient staffing levels to support the health, safety and welfare of the young people.

To do this the provider must as a minimum:

- a) ensure there are sufficient staffing numbers to meet the needs of the young people using the service at all times
- b) ensure there is a balance of qualified and experienced staff able to support the young people.

This is in order to comply with Regulation 4(1)(a) (welfare of user) and 15 (staffing) 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 needs are met by the right number of people' (HSCS 3.15).

3. By 30 June 2024, the provider must ensure that there are effective processes in place for staff learning, development and support.

To do this the provider must as a minimum:

- a) ensure that an audit of staff training is undertaken to highlight and address any delays in mandatory training
- b) ensure that all staff and managers benefit from regular professional supervision. This should be used to identify training needs and areas for personal development

c) ensure that staff have protected time for training and learning. This should include time to reflect on any adverse incidents or challenges and any relevant changes and developments in policy and legislation.

This is in order to comply with Regulation 4(1)(a) (welfare of users) and 15 (b) (staffing) 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).



## 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 review the recording of care plans to ensure they comply with SMART principles.

To do this, the provider must support the completion of care plans that include:

- a) clearly recorded specific actions to achieve positive outcomes for young people;
- b) actions have clear measurements;
- c) actions are of an achievable size and realistic for the young person;
- d) an identified timeframe for completion of each action; and
- e) file audits are carried out to ensure that all assessments provide accurate personal information in all cases.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvements 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 personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This requirement was made on 21 July 2022.**

#### Action taken on previous requirement

We did not see care plans directly shaping the care that young people received. We found that these did not adhere to SMART (specific, measurable, achievable, realistic and time-bound) principles, as outlined within this requirement. These were lacking in quality and detail that was relative to the young person's needs. An auditing system had been put in place however, we did not see consistent and up-to-date completion of this.

**Not met**

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

### Areas for improvement

#### Previous area for improvement 1

To support children's wellbeing, the service should ensure that they follow 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services', published by the Care Inspectorate'. The service should include, but not limit to:

- a) Ensuring they consider the potential impact on existing young people within the service.
- b) Ensuring they have all the necessary information prior to making a decision regarding the new young person being referred to the service.
- c) Ensuring they consider staffing levels, skills, mix and any current staff vacancies.

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).

**This area for improvement was made on 21 July 2022.**

#### Action taken since then

The admission and matching of young people to the service was at the crux of the concerns found within this inspection. We found no evidence of robust matching prior to young people being admitted to the service. Indeed, admissions took place despite it being clear that the service were unable to meet the needs of the young people being considered. These plans were subsequently not reviewed accordingly post-admission.

This area for improvement has not been met.

#### Previous area for improvement 2

To support children's wellbeing and safety, the provider must ensure that all sessional workers receive regular and good quality formal supervision, and that an appropriate record is maintained.

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 and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.24)..

**This area for improvement was made on 21 July 2022.**

**Action taken since then**

Formal support to staff, such as professional supervision, has not been taking place regularly. Managers have been unable to focus on staff development or supervision, due to providing staff cover and the need to respond to crisis situations

This area for improvement has not been met.

**Previous area for improvement 3**

To support children's wellbeing and safety, the service should ensure that they inform the Care Inspectorate of all notifiable instances, as per 'Records that all registered children and young people's services must keep and guidance on notification reporting.'

The service should ensure they have overview and analysis of all incidents within the house.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 1.23).

**This area for improvement was made on 21 July 2022.**

**Action taken since then**

We found incidents were recorded appropriately with a level of quality assurance and oversight from managers. Staff debriefs took place and these were formally recorded. Incidents were notified to the Care Inspectorate as required.

This area of improvement has been met.

**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?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	2 - Weak

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