

Norse Road Care Home Service

122 Norse Road
Glasgow
G14 9EH

Telephone: 01412 763 926

Type of inspection:
Unannounced

Completed on:
7 May 2024

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003001064

About the service

Norse Road is a purpose-built care home for children and young people operated by Glasgow City Council. The service is registered to provide care and support to eight children and young people. All young people have their own bedrooms with ensuite shower rooms. There are two communal living areas and a kitchen with a dining area. There is a large, enclosed garden.

About the inspection

This was an unannounced inspection which took place on 29 April 2024 between 10.30am and 8.30pm, and 30 April 2024 between 10am and 4.30pm. The inspection was carried out by two inspectors 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 six people using the service and one of their family members
- spoke with eleven staff and management
- observed practice and daily life
- reviewed documents
- spoke with eight visiting professionals.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any areas for improvement will be highlighted in this report.

Key messages

Young people did not always feel safe due to the complex relationships within the house.

Individual risk assessments would benefit from analysis and detailed interventions to holistically present and mitigate risk. This has been a requirement at previous inspections and remains a requirement from this inspection which needs to be prioritised.

Young people experienced warm, caring and fun relationships with staff members who knew them well.

Children's Rights were strongly promoted within the house and young people were supported to engage with external professionals to support their individual rights.

Although staff had attended nurture training, the model was not fully embedded in the approach to care. This was a requirement at the last inspection which we have assessed as not having been met at this inspection.

Personal plans did not support an outcome focused approach.

Quality assurance activity was not robust, nor did it support best practice.

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

A grade of weak has been awarded to this key question, as although some strengths were identified these were compromised by significant weakness. As some of the areas of the concerns were relating to the protection and wellbeing of children and young people, requirements have been made.

Although young people did not express feeling unsafe during the inspection, a review of documentation evidenced that a number of young people had raised concerns regarding the peer dynamic within the house that resulted in them feeling unsafe. Risk management meetings had been held to explore the risk and dynamic. It was positive that the service took a proactive response and the service should continue to assess and analysis the risk holistically within the house given the high concerns for the peer dynamic.

Although individual risk assessments appeared to have been recently reviewed there was out of date information on them, conflicting information, information not recorded and strategies not detailed or clear. Overall, the risk assessments lacked analysis to inform intervention which prevented a consistent approach to reducing risks and responding to safeguarding concerns.

Although processes had been followed in response to most protection concerns and incidents, there was a discrepancy within the detail across recordings or individual knowledge. This results in a lack of confidence that the responses and processes were robust and understood by all responsible staff.

When reviewing the management of risk, it was concluded that the extent to which children and young people were protected from harm was compromised and staff did not consistently identify indicators of concern, and strategies to minimise risk were ineffective. It was a concern that this was a requirement from the last two inspections. The requirement should be prioritised. **Requirement 1.**

Young people were encouraged by the staff to engage with individual children's rights workers, and staff themselves sought out guidance in relation to children's rights when needed. There was strong evidence of the use of children's rights and advocacy to support young people in formal meetings and challenge decisions where young people felt their voice had not been heard.

All day staff had attended nurture training to support their understanding of trauma informed care, however the night shift staff had not yet attended this training. Some staff spoke more confidently than others and we heard that some staff were finding the approach more challenging than others to evidence in practice.

Young people experienced warm and fun relationships which were appropriately tactile and at a pace that was led by the young person. All young people had developed trusting relationships within the house. However, some young people described an inconsistent approach or communication from their caregivers. A similar theme was raised by an external professional. We concluded that the relationships within the house had improved however there was a fragility to these relationships. This was attributed to the need to progress nurture and trauma inform care and the need to address issues where developmental work is required with some members of the care team.

There was a lack of trauma informed language within documentation and in some responses to young people. It was concluded that although there had been some progress in the recognising that all behaviour is communication, there had been more limited progress in terms of the development of a nurturing culture within the service. This was a requirement from the last two inspection which will be continued in this

inspection. **Requirement 2.**

Young people were supported to express their views and opinion within formal review meetings. However, there were references to complaints made by young people to the service where there was no written record and no evidence that a conclusion had been reached.

Young people were being supported to look after their physical and mental health. There was good communication between staff and external professionals, although we heard that on occasion communication could be more timely to support interventions. It would also be beneficial for the same staff member to support young people to appointments to ensure consistency and communication.

Staff prioritised meaningful connections for the young people. This resulted in the young people enjoying positive relationships with family members and peers.

Education was strongly promoted within the service that resulted in positive outcomes for the young people who were engaging with school, college, university and work placements.

There were older young people in the house who were being supported under continuing care legislation. The policy for continuing care was being finalised and we look forward to seeing the impact of this at the next inspection.

Personal plans were not outcome focused or SMART (specific, measurable, achievable, realistic and timebound). Care plans were not reflective of the young people's current situation with gaps or outdated information. Therefore, the extent to which children and young people's needs were met was limited because necessary personal planning and risk assessment strategies were not identified or put into practice. This will form a requirement from this inspection. **Requirement 3.**

There had been a number of changes within the senior and management roles in the house. This had resulted in a lack of stability which had been unsettling for staff and young people. Some staff also reported that they had not benefitted from regular supervision in line with the organisations policy. Some staff raised a lack of confidence that raising concerns of issues would result in change from the management team.

There was limited management oversight or service development plans. Some of the themes from this inspection, are a repeat of previous concerns raised in the service which evidences a lack of sustained improvement and development. We concluded that the leadership within the service lacks necessary stability and direction.

Some transitions had been well managed with staff being proactive in advocating for young people. However, there were also examples of young people's transitions being less positive which resulted in some less favourable outcomes.

No matching and admissions documentation was received therefore it is not possible to comment on the effectiveness of these. However, we were concerned that the registered manager was not aware of these documents and therefore was not in a position to support staff to understand any identified risks and required action to mitigate these. It is a clear expectation that the registered manager would be fully involved in the matching process and have oversight of any assessment prior to the child joining the house.

The staffing analysis documentation did not provide insight into the assessment and planning for staffing in relation to their skills to meet the needs of current individual young people. Staff members reported that there were often less staff available to support the young people.

There was a lack of quality assurance activity that would support best outcomes for young people in terms of service development. The quality assurance activity that had been completed was not robust nor did it guide best practice and service improvement. **Requirement 4.**

Requirements

1. By 30th August 2024, to ensure children and young people receive high quality, compassionate and nurturing care, the provider should promote a trauma informed approach to all staff.

To do this, the provider must, as a minimum:

- a) Provide high quality training to all staff on trauma informed and nurturing practice.
- b) Ensure language used during interactions and in documentation, support a trauma informed approach.
- c) Staff and management within the service, should continue to act as role models in relation to being good citizens and neighbours. Children and young people should be helped to understand why this is important.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).

2. By 30th August 2024, to ensure the safety and welfare of all children and young people, the provider must ensure effective management of child and adult protection concerns, incidents and any notifiable events.

To do this, the provider must, as a minimum:

- a) Operate an effective risk assessment policy and procedure which correctly and accurately identifies all risks to young people and staff.
- b) Provides a robust and responsive system for the review of risk.
- c) Ensure all staff undertake child protection and adult support and protection training.
- d) To support effective scrutiny of the service, the provider should ensure to access and follow, up to date Care Inspectorate guidance on notifications and provide assurance to the Care Inspectorate that the service is responding appropriately to the level of concern.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

3. By the 30th August 2024, to ensure children and young people are supported to achieve positive outcomes, the provider must ensure that personal plans set out how children and young people's health, welfare and safety needs are to be met.

To do this, the provider must, at a minimum:

- a) Ensure that goals identified within wider care plans are reflected in personal plans.
- b) Goals are SMART (specific, measurable, achievable, realistic and time-bound).
- c) Plans evidence how children and young people lead on their own care and support.
- d) Contains accurate and relevant information.

This is to comply with Regulation 4(1)(b) (Welfare of Users) and Regulation 5(2)(b) (Personal Plans) 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 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).

4. By 30th August 2024, to support a continuous culture of improvement, the provider must implement robust quality assurance processes and practices (internal and external) to evidence the effectiveness of the service in meeting the needs of all children and young people.

To do this, the provider must at a minimum:

- a) Ensure that internal and external management oversight is effective in identifying and remedying poor quality records relating to children and young people's care and support.
- b) Ensure that all formal auditing accurately reflects the work of the service in conveying ways in which children and young people's care and support is delivered.
- c) Ensure all staff receive high quality regular supervision to support their individual learning and development.

This is to comply with Regulation 4(1)(b) (Welfare of Users) and Regulation 5(2)(b) (Personal Plans) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS, 4.19) and '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).

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

Requirements

Requirement 1

By 30th September 2023, to ensure children and young people receive high quality, compassionate and nurturing care, the provider should promote a trauma informed approach to all staff. To do this, the provider must, as a minimum:

- a) Provide high quality training to all staff on trauma informed and nurturing practice.
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- c) Staff and management within the service, should continue to act as role models in relation to being good citizens and neighbours. Children and young people should be helped to understand why this is important.

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This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).

This requirement was made on 26 June 2023.

Action taken on previous requirement

We could see that some work and been undertaken and progress made in relation to this requirement, however, we were not confident that this was fully embedded and we were of the view that further work is required. We found that in documentation such as risk assessments the language used was not nurturing or trauma informed.

Not met

Requirement 2

By 30th September 2023, to ensure the safety and welfare of all children and young people, the provider must ensure effective management of child and adult protection concerns, incidents and any notifiable events. To do this, the provider must, as a minimum:

- a) Operate an effective risk assessment policy and procedure which correctly and accurately identifies all risks to young people and staff.
- b) Provides a robust and responsive system for the review of risk.

c) Ensure all staff undertake child protection and adult support and protection training.

d) To support effective scrutiny of the service, the provider should ensure to access and follow, up to date Care Inspectorate guidance on notifications and provide assurance to the Care Inspectorate that the service is responding appropriately to the level of concern.

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This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 26 June 2023.

Action taken on previous requirement

We remain concerned about the safety and welfare of young people due to the lack of robust risk assessment documentation.

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 best support children and young people to reach their full potential, the provider should ensure effective handover processes are followed by all staff and scheduled appointments are prioritised by the appropriate staff member.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 26 June 2023.

Action taken since then

We saw sufficient progress in relation to this area for improvement and have assessed that this 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.

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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