

Nurture One Ltd **Care Home Service**

Wyndales Farm Symington Biggar ML12 6HX

Telephone: 07939 628 829

Type of inspection: Unannounced

Completed on: 27 May 2024

Service provided by: Nurture One Ltd

Service no: CS2020380197 Service provider number: SP2020013539



About the service

Nurture One Ltd is a care home service that provides care for up to three young people aged between 8 and 18 years and was registered by the Care Inspectorate on 20 October 2020. The service utilises two properties in rural South Lanarkshire.

One property is a large farmhouse that accommodates two young people. This is a spacious home with large communal areas. Young people have individual bedrooms and a shared bathroom. There is a large garden that young people have access to. The Bungalow is a smaller building and can accommodate one young person. There is an individual bedroom and separate bathroom. The property has a comfortable living room and access to a garden.

About the inspection

This was an unannounced inspection which took place on 20 and 21 May 2023. The inspection was carried out by two inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about the 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:

- Observed practice and daily life, informally speaking with one young person using the service.
- Spoke with nine members of staff, including managers.
- Spoke with three external professional.
- Spoke with two family members.
- Reviewed documents.

Key messages

- Young people were kept safe both emotionally and physically.
- Young people had access to responsible adults outside the service who acted in their best interests.
- There had been a significant reduction in the use of restraint practice.
- Young people were supported to maintain connections with family members.

• The service should improve their planning and co-ordination of induction for new staff, provide regular support for staff based on individual needs and be clearer about their position in supporting learning and progression for staff.

• Leader's should provide consistent oversight and analysis of incident records to support staff learning and development.

• We were impressed with the service's capacity to improve and their understanding of the need for continuous improvement and development.

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?	4 - Good
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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 4 - Good people's rights and wellbeing?

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Young people were kept safe both emotionally and physically. Staff were committed to getting to know the young people and were responsive to need. Care plans and risk assessments were detailed and this supported a more consistent approach to keeping young people safe. We suggested that the service should ensure that plans are timeously updated to promote safe care when needs and risk change.

Young people had access to responsible adults outside the service who acted in their best interests. The service discussed the importance of advocacy when young people were moving to the service to encourage young people's voices to be heard and their rights upheld.

The service's child protection policy had been updated and followed national guidance. Most staff had received training in child protection and child sexual exploitation and had a good understanding of their roles and responsibilities. External professionals were confident in the service's child protection practice.

There had been a significant reduction in the use of restraint practice. Therapeutic Crisis Intervention training and regular refreshers had supported staff's confidence in de-escalation strategies to support young people. Restraint practice was only used as a last resort.

We observed warm nurturing interactions between staff and young people. We heard of the efforts from staff to develop relationships while being respectful of the young people's needs and wishes. There was some confusion about appropriate consequences for behaviours. Not all staff approached this from a therapeutic, trauma informed perspective. We highlighted the need for leaders to support staff development in this area to ensure young people were consistently receiving the care they required.

Young people were encouraged to engage meaningfully in their care and support. A noticeable improvement from our previous inspection was the evidence of young people's views and wishes. Decisions were clearly explained to young people. This demonstrated respectful care where young people's rights were promoted.

The service ensured they had the information necessary to understand the needs and risks associated with the young people's physical and mental health. Supporting young people's health and wellbeing was a priority of the service.

Young people were supported to maintain connections with family members. Family members felt welcome when visiting the service and staff supported family time. We felt that to further strengthen links with families and provide a cohesive approach to care that the staff team should have more communication with family members out with planned family time.

The service had good knowledge of community resources available to young people. We were encouraged to hear about the introduction of a designated sports and fitness coach. The knowledge and encouragement from the coach impacted positively on young people's health and wellbeing and provided additional opportunity to develop ambitions, interests and life-skills.

Young people were not attending education on a daily basis, however we found improved access to education opportunities including, local schools, Skills Development Scotland and college courses. At times, young people had the opportunity to attend the service's headquarters to participate in online learning provided by their local authority. This helped to separate the home environment from the learning environment. We suggested that the service should consider how they could offer more time out with the houses to participate in learning to provide greater routine and structure to the day.

The service had made improvements to their care plans and risk assessments. Robust information gathering informed initial risk assessments that were then built upon as the service got to know the young people. We were confident from reviewing incidents that information recorded within these documents were followed in practice. Care plans contained more detail and included young people's views. Goals within care plans were specific and clear. We suggested that specifying responsibility and timescales would further improve this area of practice. This would support analysis of young people's progress and the impact of the support being provided.

All staff felt supported by the registered manager. Structural changes within the organisation including the introduction of an assistant manager had relieved some pressure and allowed the registered manager to develop in their role. The increased confidence in the registered manager and high standards of practice had contributed to a positive shift in culture where staff felt supported and empowered and positive outcomes for young people were promoted.

External managers were clear about their roles and responsibilities. We saw improvement in monitoring the quality of children and young people's experiences, safeguarding and improving outcomes.

There was robust information gathering and assessment when making decisions about young people moving into the service. This meant that the needs of all young people in the service could be considered along with staffing needs and skills. We heard from an external professional about the robust consideration given to transitions taking account of young people's needs and rights to make it as positive an experience as possible.

The staff turnover had been relatively high and the service had recruited several new staff members. This hindered young people's ability to enjoy enduring and trusting relationships. There was a limited mix of qualifications, knowledge and experience within the staff team. The service recognised this and although challenging, we saw greater consideration to the mix of staff skills and this was supported by an effective staffing needs analysis that was regularly updated. To support staff stability we suggested that the service could improve their planning and co-ordination of induction for new staff, provide more regular support for staff based on individual needs and be clearer about their position in supporting learning and progression for staff (see area for improvement 1).

We saw regular and continuous audits and evaluation of care plans, risk assessments, incidents reports as well as audits of medication, training and maintenance within the houses. These audits were much improved from our previous inspection. We recognised improvement in the quality of incident records and de-briefs following incidents. There was greater reflection from staff and we noted improvement in the language used within these documents. There was less evidence of managers' reflections and views. We felt that this area of practice could be improved if there was more objective oversight and guidance provided to support staff learning and development. This would provide greater evaluation of young people's outcomes and experiences to ensure they receive the best possible care and support (see area for improvement 2).

Since our last inspection, we have been impressed with the service's engagement with the care inspectorate and their capacity to improve. We have confidence that leaders understand the need for sustained improvement and service development.

Areas for improvement

1. To support consistency and stability of care to enable young people to enjoy enduing and trusting relationships, the provider should ensure a co-ordinated approach to staff induction, training and continuous development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their prefersional and

are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14) and "I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.16)

2. To ensure that young people consistently receive the best possible care and support the provider should ensure effective management oversight and analysis of incident records. This will promote greater reflection, learning and staff development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4:19)

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 the embedding of children and young people's participation into service processes, the provider should ensure that there is sufficient evidence of the young person's voice being sought, heard and responded to.

This should include, but not limited to, recording of young people's views and requests alongside actions and responses to this.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23) and "If a decision is taken against my wishes, I am supported to understand why' (HSCS 2.13).

This area for improvement was made on 2 June 2023.

Action taken since then

This area for improvement has been met. We found significant improvement in this area of practice. Staff used several methods to gain young people's views and ensured recording of these. Young people's views were often clear throughout documents.

Previous area for improvement 2

To support young people's right to education, the provider should ensure that planning and decision making around mainstream, alternative education or provider learning support is decided in partnership with the placing local authority education provider.

This should include, but not limited to, shared decision making about the appropriate educational/learning path.

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 4.18).

This area for improvement was made on 2 June 2023.

Action taken since then

This area for improvement has been met. We found improved access to education opportunities including, local schools, Skills Development Scotland and college courses. The service supported young people to complete online work arranged by their local authority. We saw plans and recorded discussions with local authorities prior to young people moving to the service.

Previous area for improvement 3

The service provider should review the recording of care plans to ensure they embed young people's views and comply with SMART principles. Clearly recording agreed actions to achieve positive outcomes for the young people, how these will be measured, how achievable these are and within which timeframe.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) 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) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 2 June 2023.

Action taken since then

This area for improvement has been met. We identified significant improvement in the care plans and risk assessments. Care plans contained more detail and included young people's views. Goals within care plans were specific and clear.

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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

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