

The Meadows Care Home Service

The Meadows Children's House
James Crescent
IRVINE
KA12 0UL

Telephone: 01294 276 994

Type of inspection:
Unannounced

Completed on:
4 June 2024

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2007142325

About the service

The Meadows is a residential children's house in the town of Irvine.

The service is registered to provide care for up to eight children and young people.

The house is situated near to the town centre and is close to local amenities.

About the inspection

This was an unannounced inspection which took place on 28 May 2024 between 11:00 and 23:00 and 29 May 2024 between 09:30 and 16:30. 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 three people using the service
- spoke with five staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Young people benefited from trusting relationships with those who cared for them.
- Improvements were required to promote consistent safe care practice and a consistent response to risk.
- The service had worked hard to develop an ethos and approach to care that was based on compassion and kindness.
- Emergency arrivals into the service had impacted on the quality of care offered to young people.
- Leadership required to further develop their oversight systems so that they consistently and effectively monitored service delivery.

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?	3 - Adequate
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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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Young people had relationships with staff which made them feel safe in their home, both emotionally and physically. Some staff identified indicators of concerns and utilised strategies to manage risk effectively but there were inconsistencies in these responses which often led to reactive safe care practice.

Poor multiagency collaboration around risk management compromised young people's safety and support planning did not effectively detail what actions the service required to do to scaffold young people to reduce or mitigate identified risks (see area for improvement 1).

Children and young people had access to responsible adults outside the service and advocacy links were well established. Staff did not have a full understanding of what advocacy and children's rights offered and this would be of benefit to further develop in the service.

Staff understood and were confident responding to safeguarding concern. They knew that these should be reported to a manager as soon as possible but felt that clarity was required on who the child protection lead in the service was.

The team had worked hard to embed an improved ethos and approach based on compassion which valued warm and trusting relationships between staff and young people. The care young people received did not always recognise behaviour as communication and further developments were required to promote care that was guided by a full understanding of trauma.

The support offered by staff resulted in some young people feeling more confident in themselves and developing new skills to achieve identified goals. Where young people were experiencing difficulty with their ability to manage risk this was not always supported in a way that focused on recovery, which impacted on these young people building resilience.

Young people regularly experienced spontaneity and fun with staff who knew them well. Young people had opportunities to engage in a range of activities which positively impacted on their wellbeing. Young people felt respected by staff who listened to them and who championed and promoted their cultural needs which recognised and nurtured their identities.

Young people were supported to maintain meaningful connections with their families, even where this was challenging for them. The service promoted continuing care and aftercare in a positive and forward thinking way, maintaining relationships with young people who had moved on as a vital part of their support networks.

Aspects of support and care were limited because necessary personal planning and risk assessment strategies were not effectively identified or consistently put into practice. There was a creative approach to collaborating with young people evidenced by the team. However, this was not consistently reflected in SMART (specific, measurable, attainable, relevant, and time-bound) personal planning (see area for improvement 2).

Leaders ensured that there was a supportive and empowering culture. This culture resulted in staff being able to raise any concerns and have confidence that leaders would respond to these appropriately. Further direction was required from leadership to maintain a consistent approach in practice and successfully promote the best possible care for young people.

Transitions into the service regularly happened on an emergency basis and resulted in communal spaces being utilised as bedrooms due to the service going over the number of children and young people the home was suitable, and registered, for. This impacted on the overall quality of care young people experienced. While it is appreciated that local authorities have a statutory responsibility to provide care to young people, and this often results in emergency admissions, it is important that the external managers are considering how to reduce the impact of this on young people already living in the service. They play a key role in monitoring the quality of children and young people's experiences and the service's capacity to improve outcomes.

Effective matching assessments were not available for young people who arrived on a planned basis. The current matching paperwork does not provide sufficient guidance on how best to assess the impact of new young people moving into the service (see requirement 1).

There was a good mix of skill and experience within the service and the team offered peer support to one another. The service had a cook and homemakers, who supported the team and had positive relationships with young people. The service required to develop staffing analysis which evidences an assessment of staff mix and numbers by management (see area for improvement 3).

Staff felt equipped and supported to successfully meet all the needs of young people which was supported by accessible training, team meetings, development opportunities, and supervision. However, leaders required to further develop a culture that utilises reflective practice to promote consistent and stable therapeutic care, so that staff feel confident and clear in the approaches to use with young people.

Staff were consistently safely recruited and registered. There was an emphasis on value-based recruitment and young people were actively involved in recruitment processes, where possible, across the local authority.

There were some systems in place to monitor aspects of service delivery, and the quality of the setting, but these require further development by leadership to be effective (see area for improvement 4).

Managerial oversight in the service was limited and this resulted in incidents not being notified to the Care Inspectorate as required (see area for improvement 5).

Personal planning did not fully inform practice and was not fully guided by risk and, as a result, this limited the capacity to achieve the best outcomes for young people. The service had a development plan in place and had made some progress in the identified areas from the previous inspection.

Requirements

1. By 16 August 2024, the provider must carry out effective matching analysis to ensure that all arrivals are in the best interests of all young people.

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

a) Provide an analysis of how the arrival of any new young person may impact on young people already living in the service and how this will be supported.

b) Provide a detailed assessment of how the service plans to support identified risk or need for young people referred to the service.

This is to comply with Regulation 4(1)(a) (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 in the right place to experience the care and support I need and want' (HSCS 1.20).

Areas for improvement

1. To promote consistent safe care practice, staff should work closely with other agencies and confidently use preventative risk assessed practice.

This should include, but is not limited to, effective interagency communication and regularly reviewing risk management plans and strategies. This would support a whole systems approach that seeks to reduce and manage any concerns for young people.

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 because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21); and 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

2. To support children's wellbeing the service should implement person-centred personal support and risk management plans that utilise a SMART (specific, measurable, attainable, relevant, and time-bound) approach and should inform consistent safe care practice.

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); and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

3. To ensure that children and young people's needs are met by the right number of staff, the provider should implement a system for assessing, reviewing, and recording the number of staff or staff hours, skills, and experience that are required throughout the day.

This is in order to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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).

4. To promote the best possible care for children and young people, the service should ensure there are effective quality assurance systems in place which are supported by analysis, reflection, and self evaluation.

These systems should be used to inform improvements, developments, and changes required practice and young people's care. This should include, but is not limited to, regular auditing of young people's risk assessments, care plans, and outcomes.

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).

5. To support effective scrutiny of the service, the provider should ensure that managers submit notifications of significant events in accordance with guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

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

Requirements

Requirement 1

By 31 October 2023, the provider must support people to ensure they review the use of restrictive practices within the service.

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

- a) Review all incidents which involved restrictive practice.
- b) Have a clear plan on how to reduce restrictive practice within the service.
- c) Ensure there is learning opportunities and support for staff, as to how best support the young people.

This is to comply with Regulation 4(1)(a) (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 experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This requirement was made on 18 August 2023.

Action taken on previous requirement

There had been no restrictive practices since the last inspection and the service had offered the opportunity for the staff team to engage in general reflective discussion around previous incident of restrictive practice. All staff had reported finding this helpful and felt this promoted reflective practice and learning in this area.

There was no plan developed in the service on how to reduce restrictive practice, such as a restraint reduction plan, or evidence that the service had reviewed incidents which involved restraint.

While the service does not require to use restraint as part of risk management for any young person living currently in the service, the current procedures do not plan for any new arrivals that may require this type of intervention. Further developments are required in this area to reduce any potential risk to outcomes in the future.

This requirement had not been met and we have agreed an extension until 30 August 2024.

Not met

Requirement 2

By 31 October 2023, the provider must support people to ensure they identify the ethos and approach in the service and a plan how this will be implemented.

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

- a) Develop the aims and objectives of the service to reflect a trauma-informed approach to care.
- b) Develop a clear plan how this approach will be embedded into the service.
- c) Have clear supports in place for staff to support them to understand the approach and be consistent.

This is to comply with Regulation 4(1)(a) (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 experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This requirement was made on 18 August 2023.

Action taken on previous requirement

The service had developed aims and objectives to reflect the approach to care they expected from their team. When staff were interviewed at inspection they used language that reflected a trauma-informed approach and clearly valued the relationships they had built with young people.

There was a service improvement and development plan in place which detailed actions to be taken to embed the ethos and approach in the service. This was in progress, though this required some further development.

Staff had been offered reflective sessions and development days to promote the approach. There were still some concerns around consistency and reflections influencing practice and feedback had been given in this area to management so this could be progressed further.

Met - outwith timescales

Requirement 3

By 31 October 2023, the provider must support people to ensure they complete a comprehensive development plan for the service.

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

- a) SMART goals, which are regularly reviewed.
- b) Areas of development required in the service and how these will be met.
- c) Self evaluation to help inform developments required in the service.

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

This requirement was made on 18 August 2023.

Action taken on previous requirement

The service have a development plan in place that detailed the areas of development required in the service and some actions on how this would be met. There were no self evaluation documents being utilised to support this plan and the goals detailed did not utilise a SMART framework, and, as such had not been regularly reviewed and updated so they were relevant to any changes implemented in the service. Further developments are required in this area.

This requirement had not been met and we have agreed an extension until 30 August 2024.

Not met

Requirement 4

By 31 October 2023, the provider must ensure that staff are appropriately trained to support any child or adult protection concerns.

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

- a) Ensure that all staff receive sufficient and regular training including child and adult protection training.
- b) Ensure there is a quality assurance system in place to ensure all staff are trained and undertake a refresher training when required.

This is to comply with Regulation 4(1)(a) (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 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 3.24).

This requirement was made on 18 August 2023.

Action taken on previous requirement

All staff had recently attended child and adult protection training online. Managers had suitable and effective oversight of training plans which alerted them when training was due for renewal and this was arranged in a timely manner.

All staff were able to discuss how to respond to concerns relating to child and adult protection concern and felt confidently doing so. Staff knew that any concerns required to be reported to management as soon as practically possible. However, some staff were unclear whether there was a safeguarding lead in the service and clarification was required around this.

Met - within timescales

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, learning, and development, the provider should ensure that during periods of challenge in the service there is regular oversight and reflection.

This should include, but is not limited to, regular team discussions, analysing incidents to identify any patterns of behaviour and how best to support this, and clear direction and support for the team.

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).

This area for improvement was made on 18 August 2023.

Action taken since then

The service evidenced regular team discussions about some young people's time at The Meadows which utilised analysis of incidents and started the processes of developing a reflective culture.

Further work was required by leadership in respect of how this oversight is then utilised for young people currently living in The Meadows to better inform care plans, as well as development and improvement plans for the overall service.

This area for improvement has been assessed as met with a further area for improvement made around managerial oversight of these processes.

Previous area for improvement 2

To support children's wellbeing, learning, and development, the provider should ensure that there is effective quality assurance systems in place.

This should include, but is not limited to, regular auditing of young people's risk assessments and care plans.

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).

This area for improvement was made on 18 August 2023.

Action taken since then

There was evidence of senior oversight of young people's risk assessments and care plans taking place on a regular basis. However, these systems were not fully effective in identifying required changes to risk assessments or care plans or identifying what changes to practice were required.

This area for improvement will be combined with a new area for improvement to reflect the wider concerns around managerial oversight and the developments required in this area.

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?	3 - Adequate
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	3 - Adequate

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