

Canmore Care Home Service

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Type of inspection:
Unannounced

Completed on:
12 August 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.

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 and each has ensuite facilities.

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.

About the inspection

This was an unannounced which took place on 5 August 2024 (1200-1845 hours) and 6 August 2024 (1230-1945 hours). 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 young people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with two external professionals.

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 requirements or areas for improvement will be highlighted in this report.

Key messages

Young people's emotional and physical safety was well supported and maintained.

Young people benefitted from positive relationships with staff who provided responsive care.

Young people had positive educational outcomes and were supported in their learning and development.

There were greater efforts made to balance the needs of the young people in Canmore with the provider's duty to provide care to young people in need.

Young people did not receive consistent practice and support in relation to continuing care and planning at key transition periods.

Formal staff supervision and staff training was not up-to-date and taking place regularly for all staff

Young people's planning documents (careplans) and risk management strategies did not reflect the complexity of need and did not inform how young people's needs were met and risks managed.

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 were kept safe in the service and their emotional and physical safety was well supported and maintained. Staff felt confident about their role in child protection and in safeguarding the young people.

Many of the young people benefitted from wide networks of support and enjoyed positive relationships with their lead professionals (social worker). The role of advocacy was embedded in the service and in young people's plans. The staff in the service had good communication with multi-agency colleagues. This all helped to ensure that young people's rights were promoted and provided reassurance that appropriate safeguards were in place.

Since the last inspection, there was a marked difference in the increased ability of staff to provide more attuned care. We found that young people experienced responsive and individualised care. Staff had more opportunity and increased ability to develop relationships with the young people. Young people told us that they felt listened to and experienced respect. We discussed with the managers some identified areas of practice that required continued improvement to ensure that care and support was aligned with trauma informed practice and the messages from the promise (The Independent Care Review 2020).

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. Young people experienced fun and had opportunities to try new things, go on holidays and be involved in their communities.

The home environment had greatly improved since our last inspection. This was considered to be of a high quality and the house felt relaxed, homely and welcoming. Young people took a pride in their space and were involved in designing a home that met their needs.

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 important role that physical activity and interests had in improving young people's mental health.

Young people's connections with family and friends was supported very well and we saw the service having an integral role in supporting young people and their families to improve and nurture these relationships. Friends and family were welcome at the house and there was now ample space to accommodate this.

We found that all the young people had improved educational outcomes since the last inspection. All of the young people were in education and many had part time employment. This was considered to be one of the consequences of more stable and attuned care. The service were proactive in ensuring that all the young people were participating in learning, personal growth and development.

The service was committed to continuing care practice. Young people were aware of their right to stay in the service until the age of 21 and knew their rights in this area. This was promoted and the benefits of this understood. However, we did not see consistent practice around the completion of statutory welfare assessments or effective planning for young people who were at this stage. We had concerns for one young person whose needs were not adequately assessed and their future was uncertain. This has resulted in poorer outcomes and the risk of future poor outcomes (see area for improvement 1).

We saw young people's views being sought and included, for example, through the use of advocacy, individual time and the 'wellbeing web' tool. However, we did not see care plans 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 (see requirement 4).

The service had a structured approach to self-evaluation and was aware of what was required for improvement. This was reflected in their service improvement plan which followed SMART principles and was informed by up-to-date best practice. We saw ongoing progress from previous inspections on the work undertaken by managers to progress the culture, practice and leadership within the service.

The matching and admission of new young people arriving at the service was a key concern at the last inspection. We found that the links between the service and external management were improved and greater efforts made to balance the needs of the young people in Canmore with the provider's duty to provide care to young people in need.

Matching and admissions procedures were in place and there was evidence that the arrival of the last young person in the service was robustly planned. We were aware of the continued demands placed on the provider to provide care for young people in need of protection. We highlighted the need for continued robust matching and admission procedures in order to allow the service to build on progress and ensure outcomes are not adversely impacted.

The staffing levels and ratios were much improved since the last inspection when this was at critical levels. The levels and mix of staff was generally appropriate to the number of young people in the service and their individual needs. This was reflected in the increased time that staff had been able to spend individually with young people. Staffing levels had been adversely affected by sickness and, while this did not impact on outcomes currently, this highlighted the need to consider staffing levels alongside the admission of new young people to the service and the dynamics within the service.

Staff felt well supported and management within the service were considered to be approachable and dedicated. At the last inspection, formal professional supervision, staff training, learning and development were areas that required improvement. We found that professional supervision continued to be inconsistent. There also remained delays in essential staff training being completed. We discussed with managers the importance of staff supervision and training to enable staff to provide the best quality of care (see requirement 3).

We did not see risk management strategies effectively guiding or managing risks for young people. The quality of risk assessments was poor and did not reflect the complexity of need and offered no indication on how to meet young people's needs or manage risks. We did not see this impact adversely on outcomes however there is the potential for this in the future if this is not addressed. (See requirement 1).

Quality assurance systems and areas of management oversight continue to require strengthening and renewed focus. We were encouraged to see a significant reduction in the number of serious incidents and continued close management oversight of all incidents. However, the quality assurance of areas such as staff training, young people's plans and risk management strategies remained in need of attention. We have made requirements in these areas. It was concluded that the improvements made since the last inspection will require a more sustained period to allow for these quality assurance systems and processes to be established.

Requirements

1. By 30 November 2024, you must ensure that there are effective systems in place for the assessment and management of risk. This is to ensure the safety of children and young people and ensure they receive high quality consistent care and support. In particular you must:

a) undertake an audit of all young people's risk assessments and identify training needs for staff members

b) ensure that risk assessments are up-to-date and provide appropriate analysis of risk and the associated measures to manage these risks

c) ensure that all staff have appropriate support and training to help them to understand their role in the completion of risk assessments and in using these in practice

d) ensure there are appropriate quality assurance systems of risk assessment and risk management practice in place and implemented.

Areas for improvement

1. To ensure that young people have the right care and support to help them successfully transition into adulthood, the provider should ensure that welfare assessments are carried out timeously for young people who are eligible for continuing care.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards which state that:

'My future care and support needs are anticipated as part of my assessment (HSCS 1:14); and

My human rights are central to the organisations that support and care for me' (HSCS 4.1).

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

Requirements

Requirement 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' (HCSC 1.20).

This requirement was made on 16 April 2024.

Action taken on previous requirement

Matching and admissions procedures were now in place and there was evidence that the arrival of the last young person in the service was robustly planned. This included due consideration of the needs of the existing young people in the service and staffing arrangements. The managers in the service were actively involved and appropriate levels of information were shared to ensure that the service was best placed to meet the needs of the young person.

Met - within timescales

Requirement 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).

This requirement was made on 16 April 2024.

Action taken on previous requirement

The staffing levels and ratios were much improved since the last inspection when this was at critical levels. The levels and mix of staff was generally appropriate to the number of young people in the service and their individual needs. Staff absence has continued to affect the service however we did not find that this impacted on the current experiences or outcomes of the young people. This requirement will remain in place.

Met - within timescales

Requirement 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)

This requirement was made on 16 April 2024.

Action taken on previous requirement

There remained delays in essential staff training being completed. We found that professional supervision continued to be inconsistent, particularly for sessional staff. We discussed with managers the importance of staff supervision and training to enable staff to provide the best quality of care. We were made aware that staff sickness had impacted on the quality assurance and tracking of staff training. This requirement will remain in place.

Not met**Requirement 4**

This was a previous requirement that was upheld at the last inspection.

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
- 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 26 August 2022.

Action taken on previous requirement

We did not see care plans 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. We were made aware that staff sickness has impacted on the ability to carry out file audits of care plans and young people's key documents. There was a lack of quality assurances of these documents and the need for staff development to complete this task was not highlighted. This requirement will remain in place.

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

This area for improvement was made at a previous inspection and remained unmet at last inspection:

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.

This area for improvement was made on 26 August 2022.

Action taken since then

This previous area for improvement is covered within Requirement 1 and has, therefore, 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 26 August 2022.

Action taken since then

This previous area for improvement has not been met and will be incorporated into existing unmet requirement 3.

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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