

Birchwood Care Home Service

Camaghael
Fort William
PH33 7NF

Telephone: 01397 702224

Type of inspection:
Unannounced

Completed on:
12 June 2024

Service provided by:
Reflexion Care Group Ltd

Service provider number:
SP2013012183

Service no:
CS2019378313

About the service

Birchwood is a care home service for children and young people. The service can be provided to a maximum of three young people aged between 10 years to 20 years. At the time of this inspection there were three young people living in the service.

The service is based in Fort William in a modern house set in a large garden in a rural area close to local schools and other amenities.

The aim of the service "is to provide a nurturing, holistic, and therapeutic placement for young people experiencing difficulties or crisis in their life".

The service is provided by Reflexion Care Group Ltd and was registered in February 2020.

About the inspection

This was an unannounced inspection which took place on the 4th 5th and 6th of June 2024. The inspection was carried out by an 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 two people using the service and one of their representatives
- Spoke with six staff and the manager of the service
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting 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

- The service needs to take steps to ensure it fully considers its ability to meet the needs of young people coming to the service, and minimises risk to those already using the service.
- The service had strengthened its approach to child protection, but still needs to further develop adult protection processes.
- Staff had a good awareness of most risks for young people, and knew how to respond to support them.
- Care planning processes still required work to ensure the views of young people were evident, and staff knew exactly what was required to support them.
- The service needs to address its ability to assess staffing needs to ensure appropriate staffing levels, skills, and experience are in place to support all young people.
- The service will benefit from creating a continuing care policy which outlines what young people can expect from the service
- Quality assurance arrangements had improved, they will be further supported by improvement planning which is scrutinised by external managers.
- Restrictive practices were still being used in the service, but reduced for some. The service should consider how they support staff to further develop practice to reduce unplanned use.

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

Quality indicator 7.1: Children and young people are safe, feel loved and get the most out of life

We made an evaluation of adequate for this key question. The service demonstrated strengths, but these just outweighed weaknesses. Strengths still have a positive impact but the likelihood of achieving positive experiences and outcomes for people are reduced significantly because key areas of performance need to improve.

At the time of inspection there were three young people using the service. We found the needs of the young people varied greatly. The provider had clear processes for considering the ability of the service to meet the needs of young people. We found that in practice the service could have followed these more carefully ensuring they had all the relevant information required to fully consider the services ability to meet the needs of all young people. **(See Area of Improvement 1)**

Once young people were in the service, we found that the service had made good progress in ensuring that all managers and staff had a good knowledge of child protection processes. This had strengthened the services ability to identify need and risk for young people, and to work collaboratively with external agencies to reduce risk. We did highlight the need to ensure staff had similar skills in adult protection processes and that the provider develops an adult protection policy to support this. We had confidence that the service would progress this.

Individual support plans were in place for all young people. Staff had a good awareness of these and knew what was expected of them to minimise the risks that were documented. We found for some young people that not all current risks were represented. This meant that there was the potential of inconsistent responses from staff. Staff received debriefs after incidents, this was an important area of practice. We suggested the service further consider how they ensure all risks are identified, and that staff are consistently supporting young people to reduce these.

All young people had care plans. We found that it was difficult to find the views of young people at times within these. We had previously asked the service to review its care planning processes, considering the way they consult and involve young people in their care planning processes. We also highlighted the need to be explicit in when goals would be achieved, by what support, and by whom. We did see some good examples of staff working towards positive goals for young people but there was still improvement work to be undertaken in this area of practice to ensure consistent approaches from staff. **(See Requirement 1)**

The service supported young people to stay in touch with those close to them. Staff would ensure that all opportunities to meet with family members were prioritised. We found evidence of effective communication and updates between the service and families. This meant where appropriate, families felt involved. Family members spoke highly of the supports their child experienced in the service.

Young people had access to appropriate advocacy at the times they most required this. The service had ensured there was choice in the provision of this and young people were able to freely access if required. This meant young people's views could be represented effectively by people separate to those supporting their care.

The service had good links for young people in education. This was an area of strength. Staff prioritised efforts to engage young people in positive destinations.

Quality Indicator 7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights

Leaders offered a supportive and empowering culture. Staff all spoke of the manager of the service being more available, and how this had been helped by a stable group of staff members. All staff reported that they felt supported, they had regular supervision both formal and informal.

There was a reflective culture within the service. The house manager led this area of practice and made sure that staff reflected on responses, both during shift and conducting formal debriefs routinely. This helped staff members have a good knowledge of their individual strengths and helped ensure a collaborative approach to care.

We found evidence that at times of crisis there were not enough staff members to meet the needs of all young people within the service, despite these issues being known by leaders. This also affected the service ability to identify the training required to meet the individual needs of young people, either whilst using the service or prior to a decision being made about the services ability to meet their needs. This meant that at times both young people and staff were placed at unnecessary risk. **(See Requirement 2)**

We highlighted the need for the service to develop a continuing care policy which would help ensure that young people are fully aware of their rights, and what they can expect of the service and provider in line with the promise'. **(See Area for Improvement 2)**

The service had made steps for some young people to reduce restrictive practices. We found that for one young person in the absence of clear procedures, different staff responded in different ways. The young person told us that this meant they would experience unplanned consequences for behaviour from staff. At times having items removed as result of this for unplanned times. We found that this meant that they **felt frustrated at times, and** this led to further distressed behaviours. This practice was not in line with the principles of "The Promise", and highlighted a need for the service to further develop staff, and leaders knowledge of trauma informed practice. **(See Area for Improvement 3)**

There were clear quality assurance systems in place, the external manager had been supporting the manager of the service to complete these. We highlighted the need for the external manager not just to support completion of internal audits, but to offer a level of external scrutiny. This would help ensure that the service has identified clearly improvement objectives and is taking the appropriate steps to address this, such as those identified within inspection reports or those identified within the service.

Requirements

1. By 31 October 2024, the service must ensure that care planning processes fully reflect the wishes and needs of young people, and inform staff fully of their role in supporting them. This is to support the young people's wellbeing, outcomes and choice.

The service must include but not limit to:

- a) Ensuring young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) Ensuring that goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these. Goals should be actively tracked and subject to regular review.
- c) Ensuring that all staff are aware of the needs and focus of work for all young people within the service and know exactly what is needed from everyone to support young people to reach their goals.
- d) Ensuring that managers and external managers have oversight of plans, and can assess advances and barriers in progressing outcomes for young people.

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

2. By 30 September 2024, the service must ensure that they support a safe environment for young people and staff. The service should ensure the correct numbers, experience, and skills mix are working within the service at all times. The service should include but not limit to:

- a) Recording their assessment of staffing needs in accordance with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.
- b) Ensure that all young people get access to the staffing required to meet their needs, at all times, including access to awaken night staff if required.
- c) Consider their ability to meet the needs of new and existing young people prior to new young people coming to the service. This should include assessment of staffing levels, and training needs.
- d) Ensure that training requirements for young people are sought, and where these are not in place the service takes steps to mitigate risk whilst these are accessed.

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

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

Areas for improvement

1. To support children's wellbeing, the provider should ensure that they follow 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services', published by the care inspectorate'. The provider 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.
- d) Ensuring they fully follow the providers own matching policy, and that matching processes are subject to quality assurance measures from external managers.

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. The service should develop a continuing care policy to set's out its responsibilities to provide continuing care to young people and how it will ensure that young people are aware of their right to continuing care up to the age of 21.

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

"As a child or young person I feel valued, loved and secure" (HSCS 3.5) and "My human rights are central to the organisations that support and care for me" (HSCS 4.1).

3. The service should ensure that all episodes of restrictive practice are reviewed thoroughly and that training is given to support a reductionist, and trauma informed approach to this area of practice. To do this, the provider should, at a minimum, but not limited to:

- a) Ensure there is a plan for staff to have training to support a more trauma informed approach.
- b) Ensure staff are aware of what restrictive practices are and are given guidance on strategies which have a trauma based approach they can utilise instead.

c) Ensure that all restrictive practices are known, and that agreement for the use is part of a multi agency collaboration.

d) Ensure that where restrictive practice are agreed that these are clearly written and consistently implemented by the staff team.

e) Ensure that risk assessments/personal plans are subject to regular review, and that quality assurance measures promote and support improvement. This should include a focus on reducing restrictive practices.

This is to comply with Regulation 4(1)(a) 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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

Requirements

Requirement 1

By 30 September 2023, the service must ensure that care planning processes fully reflect the wishes and needs of young people, and inform staff fully of their role in supporting them. This is to support the young people's wellbeing, outcomes and choice.

The service must include but not limit to:

- a) Ensuring young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) Ensuring that goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these. Goals should be actively tracked and subject to regular review.
- c) Ensuring that all staff are aware of the needs and focus of work for all young people within the service and know exactly what is needed from everyone to support young people to reach their goals.

This is to comply with Regulation 4(1)(a) 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 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 10 August 2023.

Action taken on previous requirement

We could see that there had been some improvement work undertaken to the process, and heard that the service/provider planned to further develop this.

On this inspection however, we found that goals were not specific for young people. This meant that there was no coordinated approach to achieving positive outcomes for young people. One young person told us that they didn't feel as involved in their care planning as they would like. We highlighted the need for the service to address this area of practice to ensure the voices, wishes, and aspirations of young people were visible, and that staff knew exactly what was required to support them to achieve these.

We have carried this requirement forward, with renewed timescales.

Not met

Requirement 2

By 30 September 2023, the provider must ensure that child and adult protection processes are fully known and implemented by the service. This is to ensure the wellbeing and safety of young people.

The provide must include but not limit to:

- a) Ensuring that all staff and managers are fully aware of their roles and responsibilities in relation to the protection of children and young people.
- b) Ensuring that the service and provider has oversight and analysis of all incidents or safeguarding concerns. Ensuring that all relevant notifications are made following 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'
- c) Ensuring that where protection concerns arise, including conduct concerns of staff, that all relevant parties are informed within relevant timeframes and that processes and policies fully implemented.
- d) Ensuring that quality assurance processes can identify issues and supports required to rectify.

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

This requirement was made on 10 August 2023.

Action taken on previous requirement

The service has taken clear steps to address this level of concern. The training provision offered to staff and managers had been strengthened by accessing local training in addition to the inhouse offering. This meant that staff and managers were far more aware of their role in the protection of young people.

Notifications were made to relevant partners within timeframes, which ensured processes were fully followed. This was a marked improvement for the service.

We suggested steps which may help the oversight and analysis of protection concerns to further develop practice and training requirements. We had confidence that the service would carry out these suggestions.

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 the young people's wellbeing the service should review their risk assessment processes. This should include but is not limited to:

- a) Ensuring that risk assessments explain clearly the roles and supports required by staff to minimise risk, and support young people.
- b) Ensuring that restrictive practices are considered through a trauma informed lens, and that agreement for the use is part of a multi agency collaboration.
- c) Ensuring that where restrictive practice are agreed that these are clearly written and consistently implemented by the staff team.
- d) Ensure that risk assessments are subject to regular review, and that quality assurance measures promote and support improvement. This should include a focus on reducing restrictive practices.

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)

and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 10 August 2023.

Action taken since then

The service had improved its processes of risk assessment. This meant that the supports required from staff to reduce risk for young people were clear and staff had improved awareness of what was needed from them.

Restraint was used as a last resort, we could see good oversight and management of its use, and felt this area of practice was improved.

Broader restrictive practices including the use of consequences were used. We found that despite some efforts within plans to implement these, this was not consistently used. For one young person, they told us that it felt too restrictive.

We will address the use of consequences through a new area for improvement to ensure that these are considered through a trauma informed lens. This will help ensure that these are subject to goals for young people which will aid a reductionist approach to the use of such consequences.

Previous area for improvement 2

To support the young people's wellbeing and safety the provider should ensure that they support a safe environment for young people and staff the service should ensure the correct numbers, experience, and skills mix are working within the service at all times.

The provider should include but not limit to:

- a) Ensuring that services record their assessment of staffing needs in accordance with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.' This should include management cover arrangements.
- b) Ensuring that the registered manager of the service is 100% supernumerary.
- c) Ensuring that where a peripatetic manager arrangement is sought that this is completed following the 'Guidance on peripatetic Management Arrangements'.
- d) Ensuring that external management is provided by someone who is not the registered manager of the service.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 10 August 2023.

Action taken since then

The service has experienced a stable period with staffing levels. This has meant that the manager of the service has been supernumerary for the majority of time. External management was also separate from the day to day management of the service.

The service had not completed a full staffing needs assessment on an ongoing basis as per the guidance outlined in the area for improvement. We found that this meant the service had not at times identified issues which should have allowed for the reconsideration of the staffing levels required within the house to meet the needs of all young people.

When new young people came to the service there was also no robust assessment to ensure that the existing staff had the knowledge, skills, and training to meet their needs.

This area for improvement will continue to allow the service to take steps to address.

Previous area for improvement 3

To support young people's outcomes, safety and choice the provider/service should review their quality assurance processes and measures.

The provider/service should include but not limit to:

- a) Ensuring that the formal quality assurance processes in place, can identify and address swiftly any errors. This should include the roles of both the internal, and external managers in reviewing processes, planning and practice within the service.
- b) Ensuring that quality assurance processes reflect the services implementation of the providers internal policies.
- c) Ensuring that quality assurance measures focus on evaluation, and in doing so identify areas of need, support, and training for staff and managers.

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 the professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 10 August 2023.

Action taken since then

Internal quality assurance processes had improved and there was evidence of more evaluative statements within this. The service manager had supported the house manager to improve this area of practice. Where this process was implemented consistently it was clear to see where areas of practice had developed.

It would be beneficial to further assess the role of the external manager in ensuring ongoing improvement work is undertaken in relation to the service improvement plan, and any outstanding requirements and areas for improvement outlined by ongoing inspection.

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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