

38 Hardthorn Road Care Home Service

38 Hardthorn Road
Dumfries
DG2 9JQ

Telephone: 01387 274 046

Type of inspection:
Unannounced

Completed on:
3 October 2024

Service provided by:
Dumfries & Galloway Council

Service provider number:
SP2003003501

Service no:
CS2013316737

About the service

38 Hardthorn Road was registered with the Care Inspectorate in 2013 to provide a care home service for a maximum of five children and young people aged between eight and 18 years. At the time of inspection there were four young people living in the house.

About the inspection

This was an unannounced inspection which took place on 24 September 2024, 10:30-20:30 and 25 September 2024, 08:45-16:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed the information about this service. This included earlier inspection findings, registration and complaints information and intelligence gathered throughout the inspection year.

To inform our evaluation:

- We spoke to three of the young people using the service.
- We spoke to eight staff members the manager and area manager.
- We spoke to two professionals.
- We saw staff interactions with young people and everyday life.
- We reviewed documents.

Key messages

- Young people were safe.
- Young people experienced nurturing compassionate care.
- Young people had connections to the people that were important to them.
- Children and young people were able to access supports and activities.
- Young people's plans were not consistently SMART and lacked analysis.
- Staff did not receive regular consistent supervision.
- Managers could support children, young people, and staff by regularly providing quality assurance of care plans, risk assessments and matching and admission processes.

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 good for this key question. We could see important strengths, with some areas of improvement. The strengths shown had a significant impact on young people's experiences and outcomes.

Young people told us they were safe. Staff knew the young people well and were responsive to their physical and emotional needs. Staff collaborated with partner agencies to reduce risk. All young people had risk assessments. Work was being undertaken to improve these as, in places, they lacked analysis.

All young people had access to adults outwith the service who act in their best interest. All had access to advocacy. The service implements national guidance and best practice in child protection, including child sexual exploitation.

Young people experience therapeutic care from a stable staff team. Young people's emotional wellbeing is supported. There is a culture of minimising restrictive practice. Staff had recently completed a refresher in Crisis Aggression Limitation Management (CALM)

Young people enjoyed warm nurturing relationships with the staff team. There were inconsistencies in staff's understanding of how trauma affected the young people. Therefore, there were inconsistencies in staff practices, potentially creating uncertainty for the young people. Ongoing training is needed to support staff to embed this into their practice. **(See Area for Improvement 1)**

Young people experienced spontaneity and fun. The young people were shown high levels of respect from the staff team.

The environment was kept to a good standard with all rooms well decorated, however much of the house felt impersonal. Management, staff, and young people recognised this and were working to make changes.

Young people were fully included in their care and support they took part meaningfully in decisions that affected them. This was an area of strength. Young people's rights were championed, their sense of wellbeing and worth was nurtured and promoted. Young people's physical and mental health was prioritised and had access to relevant supports.

We found that the service had failed to inform the Care Inspectorate of incidents within the stipulated time limits an issue raised at the previous inspection. Management recognised this and were committed to meeting timescales moving forward. **(See Area for Improvement 2)**

Meaningful connections to families and friends were a priority, young people saw the people who were important to them.

The young people's interests, and life skills were continually developed. Education was a priority with young people attending school, college and having work placements.

There is a commitment to young people staying in the service and providing enduring relationships and support.

Care plans and risk assessments were up-to-date and current with the young people's contribution clear. We found inconsistencies in how plans were recorded and not all plans were Specific Measurable, Achievable, Realistic, Timely (SMART). Risk assessments were, in places, inconsistent, which undermined the safety of the young people.

Plans lacked analysis making them less effective in addressing need and risk. Leadership recognised this was an area for continuing development and were addressing these issues through ongoing quality improvement, staff training and supervision. **(See Area for Improvement 3)**

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

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

There had been instability in the leadership team. This had eroded team morale and confidence. The interim manager was creating a supportive and empowering culture. The manager modelled high standards of practice and actively championed the best possible outcomes for the young people.

External managers were clear about their role and maintained regular contact with the manager and the house. A evaluation exercise had been conducted in January 2024, however, this had negligible impact on service provision. An ongoing lack of quality assurance had the potential to undermine the consistent provision of care and long-term positive outcomes for young people. Management acknowledged that this work was outstanding from the previous inspection and quality assurance work was scheduled for January 2025. **(See Requirement 1)**

Transitions were well planned with staff visiting young people at home and young people visiting the house prior to moving. Young people were consulted, and impact assessments undertaken to consider the needs and rights of others.

Unplanned admissions had previously impacted negatively on young people and the staff team. This remained an issue for staff and was the cause of some anxiety. There had been one unplanned admission in the last 12 months. Senior management had given a commitment to this stopping.

The service lacked clarity of vision for best outcomes for the young people. This meant a lack of mutual understanding in the team about the focus of service provision, proposed outcomes for the young people and how these were to be achieved. The statement of aims and functions was dated 2014, this requires to be updated to reflect the principles of Scotland's 'The Promise.' The service registration needed to be amended to accurately reflect this. Management was committed to resolving this as a priority. **(See Area for Improvement 4)**

The service had an experienced team. There had been work done in recent months to support staff to have refresher training across various areas of practice. Staff meetings were regular and there had been a team development day. The staff team is stable which promoted the opportunity for young people to develop and enjoy enduring trusting relationships. Staff supervision had been inconsistent. Management recognised the need to address this to ensure staff were confident, reflective practitioners providing the highest level of support for the young people. **(See Area for Improvement 5)**

Young people were actively involved in the recruitment process which was value based. Young people attended interviews in person to meet with candidates, this was an area of strength.

The interim manager had driven forward the ethos of the promise within the house and implemented child centred strategies. Service development had been undertaken, however for some there was a lack of confidence in this being sustained.

Requirements

1. By 31 January 2025 to ensure the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice.

To do this, the provider must as a minimum:

a) Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes;

And

b) Ensure a direct line management responsibility.

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);

And

'I use a service and organization that are well led and managed' (HSCS 4.23).

Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure carers consistently apply their training to practice. This should include, but is not limited to, ongoing training in Trauma Informed Practice, ensuring that behaviours are understood and responded to, from a trauma informed perspective.

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' (HSCS 3.14).

2. The provider should notify the Care Inspectorate of incidents as described within the Care Inspectorate publication, "Records that all registered children and young people's services must keep and guidance on notification reporting" REG-0821-067.

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).

3. The service should ensure that care plans are accurate, analytical, and SMART.

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. The service should ensure that their aims and objectives are fully up-to-date and that their purpose is reflected in their registration.

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.' (HSCS1.20)

And

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

5. The service should ensure that staff supervision is provided by the manager with direct responsibility for the service to ensure continuity of staff performance and development needs.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

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

Requirements

Requirement 1

By 31 January 2024, the provider should ensure that there is an assessment of staffing levels to meet the needs of children and young people. The staffing assessment must comply with the Care Inspectorate Guidance for providers on the assessment of staffing levels, March 2021.

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 care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 11 August 2023.

Action taken on previous requirement

Partially met. Right amount of staff for the service. Still outstanding with a new rota being established and how this will be covered to meet the needs of the young people.

Met - outwith timescales

Requirement 2

By 31 January 2024 to ensure the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice.

To do this, the provider must as a minimum:

- a) Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
- b) Ensure a direct line management responsibility.

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);

And

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

This requirement was made on 11 August 2023.

Action taken on previous requirement

Not met, the service has proposed date for January 2025.

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

External managers should ensure proper overview of assessment and planning processes to ensure young people's plans fully address their care and support needs and take proper account of the identified needs of other young people using the service.

This is to ensure the Health and Social Care Standards, which states:

'People using the service are protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 11 August 2023.

Action taken since then

Met

Previous area for improvement 2

The provider should improve the incident recording and debriefing process, to ensure that audit of incidents can occur to support improved interventions for young people.

To do this, the provider must:

- a) Ensure that all incidents are recorded in a child centred manner;
- b) Ensure that debriefs are completed for staff and offered to young people and are clearly recorded.
- c) Implement a system where tracking and review of incidents can occur within the home.
- d) Ensure that learning from incident tracking is discussed with young people and incorporated into the care plan.

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 because people have the necessary information and resources' (HSCS 4.27)

And

'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.' (HSCS 2.25).

This area for improvement was made on 11 August 2023.

Action taken since then

Met

Previous area for improvement 3

The provider should notify the Care Inspectorate of incidents as described within the Care Inspectorate publication, "Records that all registered children and young people's services must keep and guidance on notification reporting" REG-0821-067.

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 11 August 2023.

Action taken since then

Not 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?	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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