

28 Cunningham Place Care Home Service

28 Cunningham Place
AYR
KA7 3HZ

Telephone: 01292 287 691

Type of inspection:
Unannounced

Completed on:
3 October 2024

Service provided by:
South Ayrshire Council

Service provider number:
SP2003003269

Service no:
CS2013316915

About the service

28 Cunningham Place is a registered care home service provided by South Ayrshire Council. The service operates from a purpose-built house with an adjoining flat. It is located in a residential area of Ayr, and is centrally located, with access to public transport links and local amenities.

The service provides care to a maximum of seven young people. The house has its own parking spaces at the front, and a garden to the rear of the property. It has six single bedrooms with en suite facilities and an additional bathroom. There is an open plan lounge and dining room area and kitchen. The living areas are furnished and decorated to a good standard. There is a large separate room for the use of young people which is currently being repurposed as a gaming and study area.

About the inspection

This was an unannounced follow-up inspection which was carried out by two inspectors from the Care Inspectorate. Two inspectors visited on 17 September 2024 between 10:30 - 21:15. One inspector visited on 2 October 2024 between 14:45 - 18:00. Feedback detailing how the service could progress was provided on 3 October 2024.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings and registration information. We also reviewed information submitted by the service and information gathered throughout the inspection year.

To inform our evaluation we:

- spoke with five young people using the service and two family members
- spoke with 14 members of staff and management
- spoke to representatives from social services and education
- observed practice and daily life
- reviewed key documents.

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 areas for improvement will be highlighted in this report.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty of 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 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.

Key messages

- Young people were making good progress through their plans.
- The service was providing care to some young people under continuing care arrangements.
- Staff training required to be developed to ensure all staff have an understanding of trauma-informed care and children's rights.
- Care provided to young people was inconsistent which impacted on relationships.
- Communication and information sharing required to be improved to ensure young people were kept safe.
- The leadership team required to take urgent and decisive action to improve service delivery.

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

Requirements

Requirement 1

By 30 August 2024, the provider must ensure that all staff have had relevant training. This is to ensure young people receive safe and consistent care. In particular the provider must:

- Ensure all staff have undertaken up-to-date child and adult protection training.
- Ensure all staff have undertaken training in relation to trauma-informed practice.
- Ensure all staff have undertaken training in relation to children's rights.
- Develop a plan detailing how the service plans to embed a trauma-informed model of care within its ethos and culture.
- Develop a plan detailing how the service plans to embed a children's rights based approach within its ethos and culture.
- Identify effective and clear strategies to support children and young people.

This is in order to comply with section 8(1)(a) 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: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This requirement was made on 1 August 2024.

Action taken on previous requirement

- a) All staff had completed online child protection training and refresher training was planned. Staff had not completed adult protection training. However, this was also planned.
- b) All staff had completed online trauma training. Some staff had received additional in-person training. This was planned for the remaining staff.
- c) Some staff had received training in relation to children's rights. This was planned for the remaining staff.
- d) There was no plan provided which detailed how the service plans to embed a trauma-informed model of care within its ethos and culture.
- e) There was no plan provided which detailed how the service plans to embed a children's rights based approach within its ethos and culture.
- f) Effective and clear strategies to support children and young people were not identified in care planning and risk assessment documents. We heard that there are plans to continue to develop these documents alongside additional staff training. It was pleasing that the service had introduced training to team meeting and supervision agendas. We look forward to seeing the effectiveness of this at future inspections.

This requirement had not been met and we have agreed an extension until 23 January 2025.

Not met

Requirement 2

By 30 August 2024, the provider must ensure that there is effective leadership to provide structure and support to the staff team. This is to ensure young people's needs are met and they are kept safe. To do this, the provider must, at a minimum:

- a) Ensure there is an experienced manager present within the service to prioritise the needs of the young people.
- b) Develop and implement the service's improvement plan to address the culture within the service to create a supportive and open learning culture within the team.
- c) Ensure that staff benefit from regular advice and guidance.
- d) Ensure that information is shared effectively within the team.
- e) Ensure that incident recording includes important detail and is accurately recorded.
- f) Ensure that staff are debriefed following an incident to support staff to reflect on their practice and how to best support the young people.
- g) Ensure that staff receive regular and effective supervision to reflect on their practice and identify areas of practice for further development.

This is in order 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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This requirement was made on 1 August 2024.

Action taken on previous requirement

- a) There had been an increase in management presence within the service. We look forward to seeing the effectiveness of this at future inspections.
- b) There was no service improvement plan provided which detailed how the service planned to create a supportive and open learning culture within the team.
- c) It was pleasing that the service had introduced practice learning to team meeting and supervision agendas. Team meetings also had a management input. We look forward to seeing the effectiveness of this at future inspections.
- d) It was pleasing that the service had introduced handover sheets to support effective information sharing. However, we found that the quality of information within these and processes to support communication across teams required further review.
- e) We found that some incidents were not recorded and the quality of incident recordings was variable. We did not receive an overview of incidents or evidence of analysis. There was limited evidence of quality assurance processes and management oversight for incidents.
- f) We did not see any evidence of debriefs taking place to support staff's reflection and learning. It was pleasing to see that the service had drafted debriefing information and guidance. We look forward to seeing the development and implementation of this at future inspections.
- g) The majority of staff told us that they had received supervision, however we did not see any evidence of supervision planning. We saw some evidence of supervision taking place, however, we found that the quality of information within these required further development to support reflection and learning.

This requirement had not been met and we have agreed an extension until 23 January 2025.

Not met

Requirement 3

With immediate effect, the provider must ensure that to support effective scrutiny of the service, notifications are submitted in accordance with guidance, and that sufficient detail is added to accurately reflect the incident and provide assurance to the Care Inspectorate that the service is responding appropriately.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 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 is to ensure that practice is consistent with Records that all registered children and young people's care services must keep and guidance on notification reporting (Care Inspectorate, January 2022).

This requirement was made on 1 August 2024.

Action taken on previous requirement

We identified incidents which were notifiable to the Care Inspectorate, and these had not been notified by the service. We found that some incidents which were notified, lacked important detail.

The service had provided notification training to staff, however aspects of this could be updated to reflect current guidance.

Quality assurance processes to review notifications had been implemented. However, the effectiveness of this requires further review.

This requirement had not been met and we asked the provider to undertake with immediate effect.

Not met

Requirement 4

By 30 August 2024, the provider must ensure that there is the correct number of suitably qualified and competent staff on shift.

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).

This requirement was made on 1 August 2024.

Action taken on previous requirement

The service had made changes to staffing teams to ensure a better mix of skills and experience.

A staffing needs assessment was completed, however this required to be SMART-er (specific, measurable, achievable, relevant, timebound).

Key information to inform the staffing needs assessment was not provided including a qualification, skills and training audit of all staff.

The service continued to experience staffing pressures and attempted to minimise this by using other resources.

This requirement had not been met and we have agreed an extension until 23 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

In order to ensure young people have the service that is right for them, the provider should ensure that decisions about admissions are fully informed by a robust, clearly evidenced assessment and matching process.

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) and "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 13 July 2023.

Action taken since then

The service supported young people's transitions to and from Cunningham Place. This included convening consideration meetings to ensure young people's support was planned, where possible. It was pleasing to see that the service had developed impact assessments.

We found that impact assessments were not fully informed by robust and clearly evidenced assessment. We found a lack of detail regarding support the young people required and how the service would meet these needs.

This area for improvement has not been met.

Previous area for improvement 2

To promote high quality care and support for all young people within a culture of continuous improvement, the provider should ensure that robust quality assurance processes are in place to promote improved outcomes 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 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 1 August 2024.

Action taken since then

The service had implemented some quality assurance processes. Where these were in place, when follow-up actions were identified, it was unclear who was responsible for these actions and the timescales for this.

There was limited evidence of quality assurance processes in place for all aspects of service delivery, which included management and external management oversight.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

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