

Harmeny School

School Care Accommodation Service

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Type of inspection:
Unannounced

Completed on:
11 October 2024

Service provided by:
Harmeny Education Trust Ltd

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SP2003002598

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CS2003011066

About the service

Harmeny School provides school care accommodation for up to 32 children and young people who have complex social, emotional and behavioural needs. Harmeny School is an independent, grant aided school which is owned and managed by Harmeny Education Trust Ltd., a not for profit organisation with charitable status. The school is situated in extensive grounds in a rural setting on the edge of Edinburgh with good access to local amenities and bus routes. The accommodation is provided in four purpose built cottages within the grounds and in one wing of the original nineteenth century house. Harmeny School is a national resource with children in residence from throughout Scotland. It operates throughout the year.

About the inspection

This was an unannounced inspection which took place on 1, 2 and 3 October 2024. The inspection was carried out by two inspectors 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 13 young people
- Spoke with 32 staff, including senior managers
- Spoke with the chair of the Board of Trustees
- Spoke with four external professionals
- Spoke with four family members
- Reviewed survey responses of, 14 staff, 16 external professionals and four family members.

Key messages

- Young people experienced warm, nurturing and respectful care and staff worked hard to keep young people safe.
- Young people were supported to maintain meaningful relationships with people important to them.
- Young people had opportunities to develop their skills and interests.
- Transitions for young people moving into and on from the service were managed well.
- Roles and responsibilities within the care management team needed to be clearer.
- Managers needed to increase their visibility within the cottages and provide a more consistent approach to supporting staff.
- Quality assurance and auditing systems required to be improved.

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

The staff team worked hard to keep young people safe. Most young people felt safe, although some told us they did not always feel safe. Staff and young people commented on the high staff turnover and the impact this had on developing trusting relationships which subsequently compromised the safety of young people at times.

The organisation's child protection policy was comprehensive. The service's onsite social worker contributed to staff feeling confident and supported in this area of practice. We suggested that the service should review and learn from a recent child protection matter, ensuring a shared understanding of the role of the onsite social worker. Not all child protection concerns were notified to the care inspectorate, the service needs to improve practice in this area to further promote the safety of young people (see requirement 1).

We saw efforts to reduce the use of restraint practice, including additional training for staff and substantial statistical information about the use of restraint. We suggested a more evaluative and qualitative approach to learning from practice, with greater reflection on incidents and more support to staff to embed their training in practice.

Young people experienced warm, nurturing, and respectful interactions with some staff. External professionals commented on the strength of some relationships. There were however occasions when a lack of communication within staff teams resulted in inconsistent messages to young people and this impacted on the development of trusting relationships.

Food was provided to the cottages from a central kitchen. This meant that young people had limited choice of food or involvement in menu planning. The organisation was aware of this and were considering how improvements could be made.

Staff supported young people to maintain connections with people important to them. All family members felt welcomed when visiting the service. One parent advised that they did not feel 'judged' by the staff. Maintaining these connections supported young people's sense of identity and belonging.

Young people benefitted from a large outdoor space where they had opportunity for play, exploration, and learning. They also had opportunity to take part in a vast array of activities and clubs. There was consideration of individual needs and the impact of attending clubs and activities. Staff celebrated young people's successes. This supported young people to develop their skills and interests as well as their self-esteem and confidence.

Education was promoted and young people were supported to attend school on site or at the local high school. Many care staff and external professionals informed of communication issues between care staff and school staff within the organisation. We highlighted this to senior managers as at times this resulted in inconsistent messages being given to young people.

The service demonstrated a commitment to continuing care, however their continuing care policy focussed on the development of a cottage with a different ethos of care for older young people. Not all older young people were able to reside in this cottage and therefore this ethos of care was not consistent for all older

young people across the service. We suggested that the service conduct a review and evaluation of this development and up-date their policy to ensure a consistent commitment to all older young people (see area for improvement 1).

The service had an assessment and planning team who produced robust, trauma informed assessments of young people. It was not clear however, how these assessments were used to inform day to day practice. They did not set out timeframes for work to be completed and there were limited specific goals for young people to achieve. Plans could be improved by applying SMART (specific, measurable, achievable, realistic and timebound) targets. We heard of plans to improve practice in this area to ensure an increased shared understanding of needs and risks. This included increased involvement of young people which was necessary to ensure their views contributed to their assessments and plans (see area for improvement 2).

The care management team was fragmented. There had been several changes in personnel, and this had negatively impacted on working relationships. In addition, there was confusion over the management structure and the roles and responsibilities of individuals. We were aware of examples where this impacted on the efficiency of tasks being completed and we raised concerns about how staff performance issues were being addressed. The organisation needs to review the roles and responsibilities within the care management team, address the current dynamics and ensure more consistent direction is given to the wider staff team (see requirement 2).

There was inconsistency in the visibility of service managers and team managers in the cottages. Some staff reported a lack of management presence and managers spoke of the difficulty of fulfilling their multiple tasks. We heard how inconsistent management styles impacted on the learning culture and confidence of the staff teams across the cottages. We concluded that this limited managers ability to contribute to keeping young people safe and improving outcomes (see requirement 2).

Difficulties in the recruitment and retention of staff had impacted on the service's ability to ensure the correct number and mix of experienced, qualified, and skilled staff on every shift. This caused additional pressure for more experienced staff members. The service needs to develop a robust staffing needs assessment to ensure they are appropriately assessing and proactively providing staffing levels to meet the needs of young people and staff at all times (see area for improvement 3).

Transitions for young people coming to the service and moving on from the service were managed well. Relevant information was shared, and the needs of all young people were considered. The 'Here4U' project was a strength of the service and supported successful individualised transitions from the service. One external professional described the transition for their young person leaving the service as 'one of the best transitions plans' they had seen. This commitment to maintaining connections supported young people's sense of worth and belonging.

There were many training opportunities for staff. A new induction programme had been implemented and there was a training plan for the year ahead including the use of external trainers to support learning and development. There was less evidence of how staff were individually supported to embed training in practice. Additionally, a high staff turnover made it difficult to ensure that all staff had the training required to be confident practitioners.

We found that the quality assurance processes in place were largely ineffective in supporting practice development. We saw examples of medication audits, but it was not clear how these influenced practice development. There was lack of oversight of supervision, care planning and incident reports. Improvement in this area was required to ensure continuous, robust evaluation of young people's outcomes and experiences (see requirement 3).

The Chief Executive had a clear vision for the organisation, and it was reassuring that the service's development plan had identified many of the improvements required.

Requirements

1. By 20 December 2024, the provider must notify the Care Inspectorate as detailed in the document 'Records that all registered children and young people's care services must keep and guidance on notification reporting (2022)'.

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 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)

2. By 30 January 2025, 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 leadership and management roles and responsibilities are clear
- b) ensure increased visibility of managers within the cottages
- c) ensure a consistent approach across the cottages to develop a positive learning culture across the organisation
- d) ensure that staff benefit from regular advice and guidance
- e) ensure that information is shared effectively within the teams
- f) ensure that staff are consistently debriefed following incidents to support staff to reflect on their practice and how to best support 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).

3. By 30 January 2025, the provider must ensure there is evaluative scrutiny and oversight of all aspects of the care provision within the service. This is to ensure that children and young people experience high quality, consistent care and support within a culture of continuous improvement. To do this the provider must as a minimum;

a) ensure staff are receiving the support required to embed their training in practice and develop their skills. This should include ensuring regular and effective supervision, observations of practice and feedback from managers

b) ensure that personal plans and risk assessments are reviewed and used to inform day to day practice

c) ensure robust auditing of medication and timely action on any errors identified

d) ensure an evaluative and qualitative approach to learning from incidents, including restraint incidents to develop future practice

This is to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 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 Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19) 7. 7.

Areas for improvement

1. The provider should review and develop its continuing care policy to set out its responsibilities to provide continuing care to all 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)

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

2. To support young people's wellbeing, outcomes and choice the provider should review their care planning, and risk assessment processes. This should include ensuring an inclusive approach to assessment and planning where young people's views are clearly recorded and where there is clear evidence that these assessments are being used to inform day to day 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 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).

3. To keep children and young people safe and promote their wellbeing, the provider should ensure they have an effective staffing needs assessment in place. This should be regularly reviewed and recorded ensuring appropriate numbers, experience, and skill mix of staff working within the service at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17) 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).

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 that children and young people continue to be cared for in a trauma-informed way and are subject to physical interventions only in situations of urgent safety and absolute last resort, the provider should continue with their plan to reduce physical interventions, through further evaluative and qualitative analysis.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively'. (HSCS 1.3)

This area for improvement was made on 18 July 2023.

Action taken since then

There has been a significant reduction in the use of restraint practice, young people staff, external professionals and family advised of this.

We were impressed with the detailed analysis of physical intervention incidents produced at the Safe and Positive Practice Group, information and statistics were held on several factors including the number of restraints used each month broken down to the number in each cottage, young people where restraint was regularly used, staff members involved and the highest level of restraint used.

We felt there could be further improvement in evaluative and qualitative analysis and this is included within requirement 3 about quality assurance practices.

Previous area for improvement 2

In order to continue promoting safety and reassurance, the provider should further develop its audit and quality assurance processes, particularly though not exclusively focusing on:

- reporting of incidents
- medication audits
- overview of care plans and risk assessments.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19) 7. 7.

This area for improvement was made on 18 July 2023.

Action taken since then

Further improvement was necessary and requirement 3 from this inspection covers the need to improve quality assurance systems to monitor aspects of service delivery.

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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