

Dunoon School Hostel School Care Accommodation Service

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Unannounced

Completed on:
13 November 2024

Service provided by:
Argyll and Bute Council

Service provider number:
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CS2006115758

About the service

Dunoon School Hostel is managed by Argyll and Bute Council. The accommodation provides care and support for up to 70 children and young people from a range of communities in and around the Dunoon area and wider parts of Argyllshire.

The property comprises several floors, with separate sleeping accommodation for boys and girls. On the ground floor there is a large open plan lounge, dining room, kitchen and several other smaller rooms in which young people can play and relax. The bedrooms, some of which are shared, are located on the upper floors and there are bathroom facilities nearby.

The outside space is enclosed and is laid mainly to lawn, with a small patio area and shrubbery.

About the inspection

This was an unannounced inspection which took place on 30 September and 1 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 22 young people using the service and received 13 responses to our survey from parents/carers
- spoke with 10 members of staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Most young people had good relationships with staff.
- A few young people did not always feel their privacy and dignity was respected.
- The provider had re-instated study time.
- Young people felt there was not always enough staff on duty.
- The quality of information shared at staff shift handovers should be improved.
- Child protection procedures were not fully implemented.
- The quality of leadership must be improved.
- Risk was not well managed.
- Personal plans must contain SMART (specific, measurable, achievable, realistic and timebound) outcomes.
- Monitoring of young people's experiences and outcomes must improve.

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?	2 - Weak
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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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Most young people said they were well cared for and felt included in decisions about their care and support and that they had good relationships with most members of staff. Young people had key workers and most said they could approach them if they needed to speak with someone. We observed warm and respectful interactions with young people during the inspection visit, but a small number of young people told us that they did not always feel that their privacy and dignity was respected. This was a view shared by a few parents who would prefer staff to work more consistently, to comfort and reassure their children, while they live away from home. We have identified an area for improvement with regard to young people's right to dignity, respect and feeling of security (see area for improvement 1).

In partnership with parents/carers, the provider had re-instated study time for young people. On-site support from teaching staff, helped to promote attainment for all young people and this was a very positive development. Young people also had many opportunities to participate in activities. These were mostly based in the local community and included accessing health and leisure facilities, whilst music and baking was enjoyed in the hostel, by those who preferred creative opportunities.

Review of medication procedures highlighted where storage and administration of medicines could be improved. We provided practical advice regarding improvements to the existing medication procedures and guidance for managers in respect of quality monitoring and we will review progress at the next inspection.

Since the last inspection, the number of young people living in the hostel had risen significantly. When we asked young people if there was enough staff to spend time with them, some said not always. In our discussions with staff they spoke about not having the same amount of time to spend with young people on a one to one basis, to get to know them and to find out about their needs and wishes. We believed that the quality of care and support for young people should be better. The provider should review current staffing arrangements to ensure that the needs of all young people are fully known to care staff and that adequate measures are put in place to promote their wellbeing (see area for improvement 2).

We considered ways in which managers and staff communicated the needs of young people to each other. We observed a daily shift handover between staff and identified that the quality of information shared did not reflect plans, aimed at supporting young people. The provider should ensure that daily handover meetings are informative of the needs and wishes of all young people, including how support will be delivered to meet those needs. We have identified an area for improvement with regard to the quality of information provided at handover (see area for improvement 3).

Modelling good practice as leaders is an essential part of the management role. We found that there was a lack of effective leadership and cohesion in the management team. Management practices also did not sufficiently empower staff. The provider had sought to ensure that all staff developed an understanding of child protection concerns, including the provider's child protection procedures. Staff had completed child protection training, but concerns had not been sufficiently shared, understood or well managed. The extent to which young people were protected from harm was compromised by ineffective leadership practices. There was in some instances, a failure to identify and respond to indicators of concern and insufficient collaboration with key partners also resulted in incomplete information about the levels of risk to young

people living in the hostel. The Care Inspectorate was not properly notified of all protection concerns relating to a number of young people. We have made a requirement which outlines the level of concern about young people's safety and wellbeing (see requirement 1).

The safety and wellbeing needs of young people was not robustly assessed, through risk assessment and personal planning. We sampled risk assessments and these did not fully encompass the potential impact of risk, therefore increasing the likelihood of risk to those young people, who required more support. Similarly, personal plans lacked information about how young people were supported to achieve SMART (specific, measurable, achievable, realistic and timebound) outcomes and improved wellbeing. We have made a requirement which identifies the need for fully documented records to enable young people's safety, care and support (see requirement 2).

There was an absence of robust quality monitoring, which undermined confidence in the effectiveness of decision making and daily practices. This had the potential to increase the likelihood of risk. We have made a requirement that there must be routine oversight of management practices to provide assurance of quality leadership and management of the service. This must include regular quality monitoring and auditing of young people's risk assessments and personal plans (see requirement 3).

Requirements

1. By 1 February 2025, the provider must ensure the health, welfare and safety of all young people,.

To do this, the provider must at a minimum:

- a. ensure that child protection procedures are understood by all staff working in the service.
- b. provide assurance of the identification of risk and of appropriate reporting and recording systems, where protection concerns occur.
- c. ensure that effective safeguarding training is in place.
- d. ensure that child/adult support and protection and safeguarding concerns are shared and fully understood by staff who provide care and support for young people
- e. notify the Care Inspectorate in line with regulations.
- f. ensure that external leaders who play an important role in safeguarding, make an effective and sustained contribution to service improvements.

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

2. By 1 February 2025, the provider must ensure the health, welfare and safety of all young people,.

To do this, the provider must at a minimum:

a) ensure that personal plans and risk assessments adequately encompass the full range of young people's needs.

b) ensure that personal plans contain SMART (specific, measurable, achievable, realistic and timebound) outcomes, which adequately address the needs of young people, particularly where there is a need for additional support.

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

'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).

3. By 1 February 2025 the provider must ensure there is effective quality assurance processes in place. To do this, the provider must, at a minimum, ensure that:

a. there is oversight of management practices to provide assurance of quality leadership and management of the service.

b. personal plans and risk assessments are regularly audited.

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 a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To ensure that all young people feel that their privacy, dignity and feelings of security are promoted, the provider should re-visit respectful practices with all staff.

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

'I experience care and support where all people are respected and valued' (HSCS 4.3).

2. To ensure that there is adequate staffing in place to care for and support the individual needs and wishes of young people, the provider should review existing staffing arrangements.

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).

3. To ensure that all young people receive high quality care and support, the provider should improve the quality of information shared at daily handover meetings.

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).

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

Requirements

Requirement 1

The provider must ensure that all young people have a personal plan detailing how their care and support needs will be met by the service. By involving young people in developing their plans, they will be better placed to understand the aspects of their lives which are important to them and how adults involved in their daily supports, can assist them to achieve positive outcomes. This must be in place from 30 January 2019.

This is to reflect the Health and Social Care Standards: 1.15.

'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', and the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

This requirement was made on 30 January 2019.

Action taken on previous requirement

The provider had personal plans for young people. We reviewed a sample of these during this inspection and we have identified that further progress is required. We have made a further requirement with regard to personal plans at this inspection.

Not met

Requirement 2

The provider must ensure that appropriate risk assessment is undertaken for young people and that staff are alert and responsive to safeguarding young people's welfare, health and safety needs. This must be in place from 30 January 2019.

This it reflect the Health and Social Care Standards: 3.21.

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm', and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

This requirement was made on 30 January 2019.

Action taken on previous requirement

The provider had not ensured appropriate risk assessment for all young people. We have made a further requirement with regard to risk assessment at this inspection.

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

The provider should take appropriate steps to ensure that any issues arising from staff conduct or practice do not impact upon the consistent and stable environment for young people.

This is to ensure that care and support of young people is consistent with Health and Social Care Standards that state:

'My care and support is consistent and stable because people work together well' (HSC, 3.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 30 January 2019.

Action taken since then

There were no concerns regarding staff conduct during this inspection, impacting upon a consistent and stable environment for young people.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that appropriate arrangements are in place to maintain staffing levels, while taking account of the skill mix of staff on duty, to provide young people with the most suitable supports to meet their needs.

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

'My needs are met by the right number of people", and 'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.15, 3.8).

This area for improvement was made on 30 January 2019.

Action taken since then

We have identified an area for improvement at this inspection, with regard to staffing levels.

The previous area for improvement has not been met.

Previous area for improvement 3

The provider should ensure that routine quality monitoring practices are implemented and sustained, in order to raise standards and improve outcomes for young people.

This is to ensure that care and support of young people is consistent with Health and Social Care Standards that state:

'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 30 January 2019.

Action taken since then

We have made a requirement at this inspection, with regard to quality monitoring practices.

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.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	2 - Weak

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