

Coalburn House Care Home Service

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Coalburn
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Telephone: 01414420087

Type of inspection:
Unannounced

Completed on:
9 December 2024

Service provided by:
Nurture One Ltd

Service provider number:
SP2020013539

Service no:
CS2022000306

About the service

Coalburn house is a care home service that provides care for a maximum of two children and young people. It was registered by the Care Inspectorate on 10 October 2022 and is provided by Nurture One Ltd. The service has only been operational since July 2024.

The service is a large, detached modern bungalow with a substantial outdoor area in the rural village of Coalburn in South Lanarkshire. Young people have their own bedroom with en-suite bathroom. There are two separate communal rooms, dining room, staff office and sleepover room. Although in a rural setting there are larger towns a short distance away and accessible by public transport.

About the inspection

This was an unannounced inspection which took place on 4 December between 11am and 8pm and 9 December between 11am and 5:30pm. The inspection was carried out by one 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 one young person using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals
- reviewed questionnaires returned by four staff members and one young person.

Key messages

- Young people were kept safe by staff who worked well together and understood needs and risks.
- Young people were treated with respect and received warm, nurturing care.
- Care plans and risk assessments could be improved to be more individualised, person centred and SMART.
- The registered manager and assistant manager were positive role models and supported the staff team well.
- Transitions into the service were planned well.
- The service should develop a comprehensive system for assessing staffing levels, knowledge and skill mix, ensuring these are matched to the needs of young people using the service.
- More detailed recordings and greater evaluation and analysis of incidents would improve monitoring of the quality of service delivery.
- The registered manager was committed to continuous improvement.

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?	4 - Good
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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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Young people were kept safe by a staff team who worked well together and effectively with partners. They understood and were responsive to needs and risks of the young people. One professional commented 'they are kept safe all of the time.'

Young people had access to responsible adults outside of the service who acted in their best interests. The service was good at ensuring independent advocacy was available to young people. This ensured their rights were upheld and promoted in planning and working towards achieving positive outcomes.

The staff team had a growing confidence in child protection practice due to training and a comprehensive policy. All staff felt supported by the management team. The service had fully implemented national guidance and best practice in their response to child protection concerns. This ensured a multi-agency approach to keeping young people safe.

Young people enjoyed warm, nurturing and caring relationships with some staff who were committed to understanding the impact of trauma on their behaviours and development. We observed fun interactions and many cuddles. This allowed young people to develop trusting relationships with those caring for them.

Restraint practice was used as a last resort, and always followed best practice guidance. Young people received support following any incident involving restraint and were supported to understand why this practice had been used. We suggested that greater analysis and evaluation of incidents would support a reductionist approach to restraint practice.

Young people were shown a high level of respect from those caring for them and this was reflected in the quality of the environment. Young people had chosen how they wanted their bedroom decorated and were involved in the planning for this. Young people were actively involved in their personal plans and risk assessments, they knew the information recorded about them and felt included in decisions affecting them.

The service ensured they had the information necessary to understand the needs and risks associated with the young people's physical and mental health. Supporting young people's health and wellbeing was a priority of the service.

Young people's connections to family were supported and managed sensitively. We highlighted the importance of the staff team contributing confidently to decisions about family time as their knowledge of the young people and their families develop. This will ensure that meaningful connections are promoted and sustained. The staff team were keen to support young people to develop positive connections with the local community, promoting inclusion.

Young people had opportunity to try many different hobbies and activities that they were interested in. This was supported by staff to give them exciting new experiences and broaden their horizons. Young people were encouraged to develop important life-skills, and we observed their involvement in the planning, shopping, preparation and cooking of meals. This boosted their confidence and gave them a sense of achievement as well as encouraging them to try new foods.

Young people's education needs were considered before they moved to the service and although there had been delays in securing an education resource this had been out with the service's control. Alternative education provision had been provided to ensure structure and routine for young people in the interim.

It was pleasing to see that the organisation had recently developed a continuing care policy to demonstrate their commitment to young people staying in their service as they become adults. It was too early to assess the effectiveness of this policy in supporting positive outcomes for young people and we look forward to seeing this being embedded in practice.

Personal plans and risk assessments were in place for young people and up-dated regularly. These documents should be more individualised, person centred and SMART (specific, measurable, achievable, realistic and timebound). We suggested that improvement in this area would ensure that the meeting of young people's needs and aspirations was maximised (see area for improvement 1).

The manager and assistant manager were experienced and role modelled good standards of practice. They had successfully created a learning culture where staff felt supported in their role. The recent introduction of the assistant manager post was a positive one, providing an additional level of support to the staff team and a sharing of responsibilities with the manager. This allowed for managerial tasks to be completed effectively while ensuring the developing staff team had appropriate management support.

The external manager was visible and supported the staff team and managers. There was regular oversight of practice and progress of young people's outcomes. We suggested that there could be greater evaluation and analysis of incidents to provide objective reflections and more effective monitoring of the quality of young people's experiences and improving outcomes. We suggested that more detailed recordings about incidents would support greater evaluation of practice (see area for improvement 2).

Transitions into the service were planned well and young people were appropriately supported. There were detailed records of the transition process, and the information gathered prior to admission provided a good understanding of the young people including their needs and risks. One young person told us that they were visited by staff before they moved, shown pictures of the house and asked what they liked. This meant that staff were well informed and able to make transitions as positive as possible for the young people.

Maintaining appropriate staffing levels within the service had been challenging and the provider was actively recruiting to ensure core staffing levels were appropriate to meet the needs of young people. Staff in the service were dedicated and felt supported, with many doing additional shifts to ensure the young people were cared for by staff they knew and trusted. Where we recognised the benefit of this, we highlighted the need to ensure that the goodwill of the staff team did not lead to burnout. The managers reported a proactive approach to minimising the impact on young people and were using regular bank staff who had developed relationships with the young people. We suggested that the service develop a comprehensive system for assessing staffing levels, knowledge and skill mix, ensuring these are matched to the needs of young people using the service (see area for improvement 3).

Staff had a good understanding of the individual needs of the young people. Most staff were unqualified however appropriate training, supervision, development sessions and management support had been effective in supporting a therapeutic and trauma informed approach to care.

The organisation followed safer recruitment guidance, and all staff were registered with the Scottish Social Services Council. Young people had been involved in interviewing candidates. This meant young people were included in recruitment decisions and their views were listened to.

The organisation was improving the quality assurance systems in place to monitor service delivery. We suggested continuous improvement in this area to ensure robust evaluation and analysis. This would provide greater insight into practice and support a staff team who were keen to develop.

The manager had plans to review and develop the personal plans and risk assessments in line with messages from the Promise and we look forward to seeing these developments and how they impact on the care and outcomes for young people.

Areas for improvement

1. The service should develop their personal plans and risk assessments to ensure that they are individualised, person centred with clearly recorded agreed actions to achieve positive outcomes for the young people, how these will be measured, how achievable these are and within which timeframe.

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) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. To ensure that young people consistently receive the best possible care and support the provider should ensure staff are supported to record detailed incidents records including de-escalation techniques and restraint holds used and that there is effective management oversight and analysis of incident records. This will promote greater reflection, learning and staff development.

This is to ensure that care and support is consistent with the 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)

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

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?	4 - Good
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	4 - Good

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