

28 Cunningham Place Care Home Service

AYR

Type of inspection:
Unannounced

Completed on:
11 February 2025

Service provided by:
South Ayrshire Council

Service provider number:
SP2003003269

Service no:
CS2013316915

About the service

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 centrally located in a residential area of Ayr 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 one inspector and one team manager from the Care Inspectorate. We visited on 29 January 2025 between 10:15 and 19:45. Feedback detailing the service's progress was provided on 11 February 2025.

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:

- met four young people using the service and spoke to two of the young people
- spoke with eight 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, and this included the service supporting young people under continuing care arrangements.
- Staff training plans had been significantly developed to ensure staff received training in child protection, adult protection, trauma-informed practice and children's rights.
- The staff and leadership team were working hard to embed training within the service's ethos and culture to ensure children and young people received rights based, trauma-informed care.
- The staff and leadership team had developed internal information sharing systems and improved staff communication to ensure young people were kept safe.
- The leadership team had taken decisive action to improve service delivery and were knowledgeable about aspects of the service which were working well and areas requiring further development.

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 not met at the last inspection and we agreed an extension until 23 January 2025.

This requirement was made on 1 August 2024.

Action taken on previous requirement

a) It was pleasing to see that staff had completed child protection and adult protection training. Those staff who had not completed training had been unable to do so due to absences, and this was being prioritised and planned.

b) It was pleasing to see that staff had completed trauma training. Those staff who had not completed training had been unable to do so due to absences, and this was being prioritised and planned.

c) It was pleasing to see that staff had completed training in relation to children's rights. Those staff who had not completed training had been unable to do so due to absences, and this was being prioritised and planned.

d) It was pleasing to see that a plan had been developed, detailing how the service plans to embed a trauma-informed model of care within its ethos and culture. We found that the service required some additional time to embed these plans into practice.

e) It was pleasing to see that a plan had been developed, detailing how the service plans to embed a children's rights based approach within its ethos and culture. We found that the service required some additional time to embed these plans into practice.

f) The service has continued to review their care planning documents, in addition to reviewing the models of care used to support children and young people. We found that strategies to support children and young people could be SMART-er (specific, measurable, achievable, relevant, timebound). We heard that the service plans to develop this area of practice, by continuing to review care planning documents and their effectiveness, in addition to sourcing and providing specialist training for staff.

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 not met at the last inspection and we agreed an extension until 23 January 2025.

This requirement was made on 1 August 2024.

Action taken on previous requirement

- a) It was pleasing to see that the provider had ensured that there was an experienced manager, present within the service, to prioritise the needs of the young people.
- b) It was pleasing to see that an improvement plan had been developed to support the creation of an open learning culture within the team. We found that this plan was being implemented in a continual, progressive and incremental way.
- c) It was pleasing that the service had continued to build on progress made since the last inspection. We found that the staff team had benefited from regular advice and guidance both formally and informally. This included discussions with managers, colleagues, formal training and team meetings with a management presence.
- d) It was pleasing that the service had continued to build on progress made since the last inspection. We found that handover processes and recording had helped support information sharing. We found that the staff team had also benefited from building relationships within the team which supported effective information sharing processes.
- e) It was pleasing to see that incident recordings were clear and included discussions with young people, and management follow up. The service had an up-to-date overview of incidents to support analysis, management oversight and quality assurance.
- f) It was pleasing to see that debriefs had taken place, where appropriate, to support staff's reflection and learning. We heard that there were plans to continue to develop this area of practice, by drafting debriefing guidance, and introducing both individual and group debriefs for the staff team.

g) It was pleasing to see that regular, formal supervision was in place. The service had developed supervision timetables and trackers, with clear arrangements, as well as reviewing supervision templates. We heard that there were plans to continue to develop this area of practice by introducing group supervision for the staff team.

Met - outwith timescales

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 not met at the last inspection and we asked the provider to undertake with immediate effect.

This requirement was made on 1 August 2024.

Action taken on previous requirement

We found that all incidents which were notifiable to the Care Inspectorate had been notified. It was pleasing to see that notification training to staff was in the process of being updated to reflect current guidance, and that quality assurance processes to review notifications had been implemented.

Met - outwith timescales

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 not met at the last inspection and we agreed an extension until 23 January 2025.

This requirement was made on 1 August 2024.

Action taken on previous requirement

It was pleasing that the service had continued to build on progress made since the last inspection. We found that the service had continued to implement gradual changes to staffing teams to ensure the correct number of suitably qualified staff on shift, with a mix of skills and experience. Whilst we found the service had experienced some staffing pressures, this was mitigated, and the service was actively recruiting.

We found that the service was continuing to develop their staffing needs assessment, which informed ongoing decisions regarding staffing. During the inspection we, provided feedback on how to continue to develop the quality of this, including ensuring that these were SMART (specific, measurable, achievable, relevant, timebound).

Met - outwith timescales

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

It was pleasing to see that the service had continued to build on progress since the last inspection. We found that admissions and matching assessments were completed, and that there was some detail regarding support young people required. During the inspection, we provided feedback on how to continue to develop the quality of admissions and matching assessments including capturing the views of children and detailing analysis.

We found that the service supported young people's transitions to Cunningham Place. This included convening consideration meetings to ensure young people's support was planned, where possible. It was pleasing to see that there were plans to continue to develop this area of practice, including reviewing paperwork and convening regular meetings during the periods young people were settling into the house.

We found that this area for improvement was 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

We found that the service had some quality assurance processes in place. However, there was limited evidence of quality assurance processes in place for all aspects of service delivery which included management and external management oversight. We provided feedback on further development of this during the inspection. It was pleasing to see that the service was looking to develop practice in this area further. We look forward to seeing the impact of this at future inspections.

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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