

Mulberry House Care Home Service

Airdrie

Type of inspection:
Announced (short notice)

Completed on:
11 March 2025

Service provided by:
Love @ Care Ltd

Service provider number:
SP2018013216

Service no:
CS2023000148

About the service

Mulberry House is a registered respite/short breaks service for children and young people with learning disabilities, supporting a maximum of two young people.

The service is provided and managed by the LOVE group.

About the inspection

This was a short noticed announced inspection, which took place on the 4 March 2025 between 10:30 and 18:30 and 5 March 2025 between 09:00 and 17:00. 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 people using the service and their family
- spoke with four staff and four management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Young people's safety needs were not fully met as staff were not always responsive to risk.
- Advocacy and child's rights arrangements ensured young people's voices were always heard.
- Monitoring and oversight of child protection and restrictive practice did not always follow best practice.
- Young people were well supported to develop their skills and resilience.
- Internal and external oversight were not effective in ensuring safe practice.

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

This key question was assessed as adequate, where strengths only just outweighed weaknesses.

Young people's emotional and physical safety needs were not always met as staff did not consistently follow risk management plans or respond to safety concerns.

Young people had regular access to responsible adults outside the service, which ensured they always had people who could act in their best interest and advocate for them.

Staff felt confident responding to child protection concerns. Child protection records were not always kept in line with best practice and the service should rectify this for the future to ensure oversight and auditing of these matters is effective.

The service had worked hard to ensure a more stable team, which offered the opportunity for young people to develop trusting relationships that supported their emotional wellbeing.

There had been no restraints recently in the service. Restraints from last year, when reviewed, did not follow best practice in terms of recording and debriefing (see the section 'What the service has done to meet any requirements we made at or since the last inspection').

Young people enjoyed warm and nurturing relationships that promoted trust, because staff were transparent and empathetic. Further developments around trauma is needed to ensure there is a full understanding of the impact this can have on behaviours and development.

Staff worked hard to increase resilience with an approach that considered how best to scaffold young people through daily interactions to ensure outcomes were consistently progressed. Routines and structure were maintained well as these were essential to young people's emotional wellbeing.

Young people experienced spontaneity and fun with staff who knew them well. Interests were nurtured and most staff approached support with enthusiasm and encouragement.

The house had undergone recent improvements, which ensured that the environment was of a high standard. Interactions between staff and young people were respectful, especially when in relation to sensitive matters.

Personal planning clearly reflected young people's needs and routines, with strategies to support them. Despite young people clearly being at the centre of personal planning, the service required to develop methods to include children in this process and ensure their voices were present.

There were some inconsistencies in trauma-informed practice and further developments were needed in this area.

Young people were supported to get the most out of life, as their physical and emotional needs were understood and supported. There had been continued issues with medication, which required to be resolved (see the section 'What the service has done to meet any requirements we made at or since the last inspection').

Meaningful connections to family were championed, fostered, and promoted.

Young people's individual ambitions, interests, and life skills were consistently supported and developed by staff who knew young people well. The service supported young people's access to education to ensure they had individually tailored support to allow them to fully engage in learning and maximise attainment.

Young people's needs and aspirations were clearly detailed in personal planning. However, these were not currently using a SMART (specific, measurable, attainable, relevant, and time-bound) approach and did not always have clear review dates (see the section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Leaders ensured that the culture was supportive. The team is still within a development phase but leaders promote an inspiring approach that aimed to champion the best possible outcomes for young people.

Developments were required in terms of internal and external oversight to ensure that systems are effective in contributing to keeping children and young people safe and improve outcomes (see requirement 1).

Transitions into the service continued to require development (see the section 'What the service has done to meet any requirements we made at or since the last inspection').

Staffing needs assessments were not detailed enough to ensure there was clear guidance regarding the right number of staff with the right skills and experience (see area for improvement 1).

Many staff were still in the early development phase of their knowledge and skills and the service should consider how best to develop a trauma-informed team who offer the best quality therapeutic care.

While supervision was offered in the service, the frequency of this should be more flexible to ensure effective oversight, monitoring, and development of staff.

Improvements were required to ensure the development plan in the service was fully comprehensive and effective, as well as how they would drive forward The Promise (see area for improvement 2).

Requirements

1. By 1 May 2025, the provider must implement effective oversight and quality assurance systems to ensure that young people are kept safe and practice is focused on improving outcomes.

To do this, the provider must at a minimum:

- a) Regularly audit young people's daily recordings, risk assessments, personal plans, and outcomes.
- b) Regularly audit medication records and associated documentation.
- c) Carry out improvement activities when there is practice identified that does not keep young people safe or is not focused on improving outcomes.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

Areas for improvement

1. To ensure that children and young people's needs are met by the right number of staff, the provider should implement an effective system for assessing, reviewing, and recording the number of staff or staff hours, skills, and experience that are required throughout the day.

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).

2. To promote the best possible outcomes for children and young people, the service should ensure they complete a comprehensive development plan for the service which includes but is not limited to:

- a) SMART goals, which are regularly reviewed and updated.
- b) How development and improvement activities are driving forward The Promise.
- c) Assessment of staff training and overall service development.

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).

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

Requirements

Requirement 1

By 31 July 2024, the provider must ensure that young people's health and wellbeing needs are met by responsive, knowledgeable staff.

To do this the provider must, at a minimum, ensure that:

- a) Where restraint is identified as a necessary intervention it is conducted by staff with knowledge of the specific needs of the young person as identified in their care plan, and who have an established relationship with the young person.
- b) All incidents of restrictive practice are accurately and consistently recorded.
- c) A robust process of appraisal is in place to ensure appropriate learning and reflection takes place.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational code' (HCSC 3.14).

This requirement was made on 16 April 2024.

Action taken on previous requirement

The service had not recorded any restraints in several months. The wider management team were involved in the Scottish Physical Restraint Action Group and hoped to reduce restraint within all of the LOVE Group Services.

Restraints that had happened in the last year had not been appropriately notified to the Care Inspectorate.

Debriefs in relation to restraints and incidents had not always taken place. Where they had, further development was required in respect of reflective practice and analytical oversight from management.

The recording of restraints and incidents required improvement.

There continued to be potential risk to young people's outcomes in the service in respect of restraint and incidents and, as such, this requirement is assessed as not met.

Not met

Requirement 2

By 31 July 2024, the service must ensure that the medical needs of the young people are fully met.

To do this the provider, must as a minimum:

- a) Ensure that all medication is clearly and consistently recorded.
- b) Ensure that all medication needs are accurately recorded on consistent documentation specific to the service.
- c) Ensure that the administration of medication is undertaken by a staff team that knows and understands the needs of the young people.
- d) Ensure that all medication incidents are thoroughly investigated and learning identified.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 have confidence in people because they are trained, competent, and skilled' (HSCS 3.14).

This requirement was made on 16 April 2024.

Action taken on previous requirement

There continued to be inconsistency in the recording of medication administration.

There had been a recent incident where a young person was administered with the wrong medication, which resulted in a fact finding. The assessment and analysis of this incident required development to ensure that a thorough investigation took place and identified learning and development.

This requirement was assessed as not met.

Not met

Requirement 3

By 31 July 2024, the provider must ensure that children and young people receive quality care and support by the service who has undertaken a thorough matching process.

To do this the provider must, as a minimum:

- a) Implement matching guidance that follows good practice.
- b) Ensure that staffing ratios identified for individual children and young people are met at all times.
- c) Ensure that matching assessments are specific to the service provision of Mulberry House.
- d) Ensure that matching assessments are conducted by a qualified member of the Mulberry House team.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This requirement was made on 16 April 2024.

Action taken on previous requirement

The service had introduced matching documents, which were utilised should young people be sharing Mulberry House.

Further developments were required to ensure that matching assessments captured and considered all presenting risks for young people.

Risks, vulnerabilities, and needs captured in matching assessments should be consistent with young people's individual risk assessments and personal plans to ensure that a clear analysis is present. These should then be clearly reflected in a reviewed staffing needs assessments to ensure that staffing ratios and risk management is clearly recorded.

This requirement was assessed as not met.

Not met

Requirement 4

By 31 July 2024, the service must ensure that there is an established consistent staff team.

To do this the prover must, as a minimum:

- a) Establish a staff team who have consistent time with the young people and have in depth understanding of their needs and interests.
- b) Establish a staff team whose skills knowledge and values reflect the needs of the young people being supported by the service.
- c) Establish a staff team that form enduring trusting and genuine relationships with young people being supported by the service.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 stability in my care and support from people who know my needs, choices, and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This requirement was made on 16 April 2024.

Action taken on previous requirement

The service had worked hard to recruit and ensure a more stable staff team for young people using Mulberry House.

The majority of the staff team had not completed their SVQ3 (Scottish Vocational Qualification) and some were very new to care. There was no details in the development or improvement plan about the service planned to support these staff to develop their wider knowledge and skills, which is a gap.

This requirement was assessed as met, with recognition that stability in the staff team was very recent. The service are encouraged to ensure that there is a more detailed and effective staffing needs assessment moving forward.

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

The service should ensure the young people's care is provided by a consistent staff team who know the young people and are attuned to their individual needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

This area for improvement was made on 16 April 2024.

Action taken since then

The service had worked hard to recruit and ensure a more stable staff team for young people using Mulberry House.

The team did require support in developing their knowledge, skills, and experience due to many staff being new to care. The service required to have better oversight of how they were supporting this. However, the team had worked hard to get to know young people and support them towards their goals and outcomes.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that young people are supported to express their views and choices and that these are clearly recorded in their care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

This area for improvement was made on 16 April 2024.

Action taken since then

The details present in care plans were written by staff who knew young people well. Outcome portfolios ensured that young people's achievements were recognised. However, young people's voices were still not fully present in plans or outcome portfolios.

Some young people who were cared for by the service had communication and processing difficulties, which meant they were not able to engage in care planning in the traditional sense and the service should consider alternatives to capturing young people's voices. Furthermore, young people had not been included in debriefs to incidents or their views captured and this should be another area that is considered moving forward.

All young people had access to advocacy, which was positive. However, further work is required in respect of this area for improvement and it will be revisited at the next inspection.

This area for improvement has not been met.

Previous area for improvement 3

The service should ensure that there is consistent and effective communication with young people, their families, and relevant professionals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 16 April 2025.

Action taken since then

Lead professionals reported good and effective communication when young people they worked with were in respite. The service also provided detailed reports and attended multi-agency meetings.

One parent felt that communication with the service was good and one parent felt this could be better, especially when there had been incidents.

The service needed to provide a direct phone number so parents and professionals could always get in touch easily with those caring for young people.

Overall, communication had improved.

This area for improvement has been met.

Previous area for improvement 4

The service should ensure that staff supervision is provided by the manager with direct responsibility for the service to ensure continuity of staff performance and development needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 16 April 2024.

Action taken since then

Supervision had taken place for the majority of staff within the three month period frequency agreed in the service. It was disappointing that staff who had been involved in incidents that required fact findings, and newer members of staff, did not have more frequent supervision as part of development and monitoring and this should be strongly considered by the service.

Supervision was offered by a manager directly responsible for the service and all staff found this process beneficial.

This area for improvement has been met.

Previous area for improvement 5

The service should ensure that care plans are accurate, analytical, and SMART.

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).

This area for improvement was made on 16 April 2024.

Action taken since then

Personal planning was accurate and provided all the information required to support young people when they were in distress or crisis. The traffic light document also provided helpful, easy to understand cues and triggers for young people, along with the strategies that may work for them at each stage of escalation. Staff felt that personal planning was accurate and detailed enough for them to know how to respond to young people.

While outcome portfolios were present for all young people, neither these nor care plans were approached in a SMART way. This area for improvement was not met and will be reviewed at the next inspection.

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?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate
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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