

#### AGENDA ITEM NO: 4

Report To:	Social Work & Social Care Scrutiny Panel	Date:	27 April 2023
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	SWSCSP/17/2023/JH
Contact Officer:	Jonathan Hinds Head of Children & Families Inverclyde HSCP	Contact No:	01475 715282
Subject:	Inspection of Children's Residential Care Homes - Crosshill		

#### 1.0 PURPOSE AND SUMMARY

- 1.2 The purpose of this report is to advise the Social Work and Social Care Scrutiny Panel of the outcome of the inspection completed by the Care Inspectorate in respect of Crosshill Children's Residential Care Home Services on 19<sup>th</sup> December 2022.
- 1.3 The Care Inspectorate regulates all care services in Scotland. The Care Inspectorate completed an unannounced inspection of Crosshill on 19<sup>th</sup> December 2022.
- 1.4 The inspection was conducted in line with Health and Social Care Standards and the quality of service provided was evaluated under: -
  - How well do we support children and young people's wellbeing
  - Children and young people are loved and get the most out of life
- 1.5 The report is now published.
- 1.6 The summary of the grades awarded were as follows: -
  - 1. How well do we support children and young people's rights and wellbeing: 4 good
  - 2. How well is our care and support planned: 4 good

#### 2.0 RECOMMENDATIONS

2.1 It is recommended that the Social Work and Social Care Scrutiny Panel note the outcome of the inspection.

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

#### 3.0 BACKGROUND AND CONTEXT

- 3.1 All of Inverclyde's residential children's care home services are registered with the Care Inspectorate and are inspected on a regular basis. An unannounced inspection of Crosshill was completed on 19<sup>th</sup> December 2022.
- 3.2 The inspection evaluated the quality of two specific standards:
  - How well do we support children and young people's wellbeing
  - Children and young people are loved and get the most out of life
- 3.3 During the inspection the Care Inspectorate spoke with staff, young people, parents and other professionals and reviewed relevant written information including care plans. The inspection graded the service as good 4 in the two quality standards evaluated.
- 3.4 The inspection noted that young people currently living in Crosshill were kept safe and secure. This was supported by individual risk assessments and positive working relationships between the service and other agencies.
- 3.5 It was noted within the inspection that young people had a good awareness of their rights and who they could go to in times of need or if they needed someone to act on their behalf. The role of advocacy services was embedded into the supports offered to the young people and the young people benefited from access to external advocacy and support from the provider's Children's Rights Officer.
- 3.6 The inspection highlighted that young people enjoyed warm, nurturing, and trusting relationships with staff. There was love and affection and a sense of this being a family home. Some young people have been settled in the house for many years throughout transitions and different stages of development. This was seen as testament to the relationships between staff and young people.
- 3.7 Records for all the young people were viewed and reported overall to be of good quality and reflective of the needs and supports of the young people. Plans and records were noted to be child centred and written in a respectful manner. There was evidence of positive outcomes and progress for the young people currently in the service.
- 3.8 The inspection found that staff were proactive in helping young people access new opportunities and experiences.
- 3.9 The inspection found young people were engaged in the care and support they received. They had an awareness of their care plans and were able to contribute to these. They were noted to be comprehensive and child-centred.
- 3.10 The inspection identified the service had a good understanding of the young people's health and care needs and what they required for optimum physical and mental health. There was evidence of positive health outcomes within the report.
- 3.11 Young people's connections to family and friends were reported to be well supported. Examples were noted where staff were described as having gone "above and beyond" to maintain these relationships. Staff were described as mediators between family members at times of difficulty.
- 3.12 A particular strength that was identified related to individual young people's ambitions, interests and life skill being supported and developed by staff. Staff were noted to work hard to achieve a balance between promoting young people's independence while also providing appropriate levels of guidance and support.

- 3.13 A key strength of the service was in the educational outcomes and achievements of the young people. All were in full time education or employment and all of those aged over 16 in education also had part time employment. Aspirational plans for the future were also noted.
- 3.14 Areas identified for improvement related to a short period of time in summer 2022 when young people did not feel safe, where they, along with staff, experienced high levels of aggression and or violence. The inspection concluded this resulted in some poorer outcomes where some young people exhibited physical symptoms of stress.
- 3.15 As part of working with children and young people who often have experienced significant trauma, staff in our children's houses care for some of our most vulnerable and complex young people.
- 3.16 Extensive efforts were made to provide support to the young people, staff, and identify an alternative resource to bring stability to the house. There were regular reviews and risk management meetings taking place until another resource was identified. The report recognised that concerns were responded to appropriately by staff.
- 3.17 The inspection identified concerns about the admission process for young people and the subsequent planning which did not always reflect needs or risks. Due to emergency admissions and placement availability, this can be challenging. Since the inspection tool place, an improved matching process has been developed, where a matching profile of the child is completed to inform the decision and which house is most suitable, taking into account the needs of all the young people there.
- 3.18 The inspection identified one area for improvement, for the service to consider its wider response to increasing demands on service capacity. This should include efforts to consider service provision for older young people who have particularly complex and challenging needs. The service actively seeks placements for older young people from external providers in the independent and third sector as well as housing providers as appropriate.
- 3.19 Since the inspection, additional posts have been created in the Throughcare team to provide enhanced support to young people seven days per week. The impact of this will inform service developments for the wider service design for children, young people and families. Furthermore, discussion with the Care Inspectorate has subsequently taken place about language in recent reports, including an earlier reference to 'restraint'. Officers highlighted that established local practice includes the use of more appropriate, evidence-based 'safe hold' practices by trained staff, in line with 'Promoting Positive Behaviour' models of good practice.
- 3.20 The overall inspection rating was 'good', highlighting many areas of good practice and positive outcomes for the young people. As indicated above, the service has responded immediately to recommendations from the inspection.

#### 4.0 PROPOSALS

- 4.1 The service is committed to continuous improvement and development and managers have taken forward improvements around older young people with challenging and complex needs. Older young people who are eligible for continued care are now allocated a continued care support worker to support skills for independent living.
- 4.2 In addition, a Child's Planning and Improvement Officer has been allocated to each of the 3 children's houses in Inverclyde to support regular reviews to take place to progress young people's future plans towards greater independence.

#### 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		$\checkmark$	
Legal/Risk		✓	
Human Resources		✓	
Strategic (LOIP/Corporate Plan)		$\checkmark$	
Equalities & Fairer Scotland Duty			✓
Children & Young People's Rights & Wellbeing			✓
Environmental & Sustainability			$\checkmark$
Data Protection			$\checkmark$

#### 5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (lf Applicable)	Other Comments
N/A					

#### 5.3 Legal/Risk

No Implications

#### 5.4 Human Resources

No Implications

#### 5.5 Strategic

No Implications

#### 6.0 CONSULTATION

6.1 N/A

#### 7.0 BACKGROUND PAPERS

7.1 None

Appendix 1



Crosshill Home Care Home Service

1 Crosshill Place Port Glasgow PA1 4UF

Telephone: 01475 715634

**Type of inspection:** Unannounced

**Completed on:** 19 December 2022

Service provided by: Inverclyde Council

**Service no:** CS2003001104 Service provider number: SP2003000212



## About the service

Crosshill is a residential children's house located in a residential area of Port Glasgow. It is registered to provide care and accommodation for up to seven children and young people. During our inspection, seven young people were living in the service.

The house itself is newly built and is a modern design that offers space and comfort. The layout has been well considered and consists of an open plan living/dining room, a separate lounge, a games room and a large kitchen. There are seven bedrooms and six of these have ensuite facilities.

# About the inspection

This was an unannounced inspection which took place on 12 and 13 December 2022. 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 four people using the service and two of their family members • spoke with five staff and management • spoke to one external professional - observed practice and daily life • reviewed documents - reviewed eight questionnaire responses from staff - reviewed four questionnaire responses from young people.

## Key messages

- Young people had warm and positive relationships with staff.
- Staff were proactive in helping young people access new opportunities and experiences.
- Staff promoted and supported the young people to have positive physical and mental health.

- The young people in the house were supported in their education and had positive educational outcomes.

- Continuing care roles and procedures were not well established. Young people would benefit from more consistent relationships during this period.

- The service and provider should improve procedures for admissions and matching of new young people to the service. This should include timeously reviewing and responding to changing needs or circumstances.

## 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 4 - Good people's rights and wellbeing?

The overall evaluation of this key question is good, meaning that there were important strengths with some areas for improvement.

Young people currently in the service were kept safe and felt secure. This was supported by individual risk assessments and positive working relationships between the service and other agencies. Staff were confident in best practice for child protection.

However, in the time since the last inspection there were periods when young people did not feel safe. There have been regular incidents when staff and young people experienced high levels of aggression and/or violence. There were examples of some young people exhibiting physical symptoms of stress, their sleep suffering and opting to remain in their bedrooms to stay safe. Some young people have experienced trauma in their earlier years and these care experiences have the potential to compound existing trauma.

These concerns were responded to appropriately by staff and efforts were made by the provider to support and seek a solution. However, there was a lack of timeous, effective action taken. In one example, this contributed to extremely poor outcomes.

Consequently, we had concerns about the admission process of young people to the service and the subsequent planning that did not reflect needs or risks. This highlighted difficulties regarding how the capacity of the service is managed alongside the demands placed on the service (see area for improvement 1).

Young people had a good awareness of their rights and who they could go to in times of need or if they needed someone to act on their behalf. The role of advocacy services were embedded into the supports offered and the young people benefited from access to external advocacy and support from the provider's children's rights officer.

Young people enjoyed warm, nurturing, and trusting relationships with staff. There was love and affection and a sense of this being a family home. Some young people have been settled in the house for many years throughout transitions and different stages of development. This was testament to the relationships between staff and young people.

We viewed the records for all the young people and, overall, these were considered to be of good quality and reflective of the needs and supports of the young people. Plans and records were written in a child centred and respectful manner. There was evidence of positive outcomes and progress for the young people currently in the service.

The review process for older young people was found to be less robust. Indeed, there was some uncertainty about the role of professionals and continuing care procedures for these young people. We considered that this could be improved to allow for greater continuity of relationships, in line with key messages from the Promise.

Young people were engaged in the care and support they received. They had awareness of their 'careplans' and were able to contribute to these. They spoke of regular meetings with their keyworker and other, more informal ways, that their views were obtained and reflected in their plans.

The service had a good understanding of young people's health needs and what they required for optimum physical and mental health. Staff advocated and supported young people to access relevant health services. There was evidence of positive health outcomes for young people as a result of close monitoring of their needs and support being tailored around the individual.

Young people's connection to family and friends were supported well. There were examples of staff supporting family ties and 'going above and beyond' to maintain and support these relationships. This included practical and emotional support. Staff also fulfilled a role in mediating between family members, at times of difficulty, to help repair relationships.

Young people's individual ambitions, interests and life skills were supported and developed well. All of the young people benefited from a divergent range of interests and activities. Staff worked hard to achieve a balance between promoting young people's independence while providing appropriate levels of guidance and support.

A key strength of the service was in the educational or employment achievements of the young people. All of the young people were in full time education or employment and all those over the age of 16, and still in education, had part time employment. There were various examples of positive educational outcomes and aspirational plans for the future.

#### Areas for improvement

1. The provider should consider its wider response to increasing demands on service capacity. This should include efforts to consider service provision for older young people who have particularly complex and challenging needs.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

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

Children and young people consistently experience nurturing, therapeutic care and support that reflects their experiences, developmental stage and needs. Staff understand the impact of trauma and employ a range of credible, high-quality interventions.

This is to ensure that the quality of 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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

#### This area for improvement was made on 21 December 2021.

#### Action taken since then

Since the last inspection, staff have undertaken a two-day training course in trauma informed practice. The staff induction plan is currently being redesigned with a greater focus on this area of practice and a specific input on trauma.

This area for improvement has been met.

#### Previous area for improvement 2

Led by managers, staff should be spending allocated time thinking about the needs of young people based on their current and historical experiences. Creating time for this input will support young person-centred planning and a shared understanding of a trauma and attachment informed model of care, leading to improved outcomes for young people.

This is to ensure that the quality of 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 codes' (HSCS 3.14).

#### This area for improvement was made on 21 December 2021.

#### Action taken since then

There was evidence that the needs of the young people were understood and well considered by staff. Young people and staff described having the space and opportunity to discuss these and this, in turn, informed planning.

This area for improvement has been met.

#### Previous area for improvement 3

Young people will be supported by consistent models of care because all the staff work in the same way, utilise consistent systems and strategies to support are clearly described in the documents created to support them. The young people recognise their own voice in the paperwork.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

#### This area for improvement was made on 21 December 2021.

#### Action taken since then

Young people all had up-to-date, individual care plans and risk assessments. These were generally of good quality with relevant information and specific strategies used to support each young person. Young people's contributions to these were not always recorded however, young people spoke about feeling able to make any changes to their plan and engage with this process.

This area for improvement has been met.

#### Previous area for improvement 4

The planning, assessment and interventions in Crosshill Home will be reviewed by regular self-evaluation and external audit. This will include an evaluation of the wider looked after children's services to ensure that best practice is being implemented and everything possible is being done to drive towards the commitments set in Inverclyde's promise plan.

This is to ensure that the quality of 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 area for improvement was made on 21 December 2021.

#### Action taken since then

Since the last inspection, the wider external management structure has changed. The new manager has led recent reviews on how the service undertakes self-evaluation and auditing. A new service improvement plan is in progress and considers best practice and commitment to 'The Promise'.

This area for improvement has 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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good

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