

Portland Street Care Home Service

41 Portland Street
Edinburgh
EH6 4BB

Telephone: 01315 543 784

Type of inspection:
Unannounced

Completed on:
8 June 2023

Service provided by:
Dean and Cauvin Young People's Trust

Service provider number:
SP2003002647

Service no:
CS2003011204

About the service

Portland Street is a mid-terraced town house with an enclosed rear garden, situated in North Edinburgh. The service is close to all amenities and public transport. The service first registered in 2002, to provide care for up to five young people, up to the age of 21 years. At the time of inspection there were five young people residing within the service.

About the inspection

This was an unannounced inspection which took place on 4 May 2023, 10:00-18:00 and 5 May 2023, 10:00-16:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed the information about this service. This included earlier inspection findings, registration and complaints information and intelligence gathered throughout the inspection year. To inform our evaluation we:

- We spoke to two of the young people using the service.
- We spoke to four staff members and the manager.
- We saw staff practice and everyday life.
- We reviewed documents.

Key messages

- Young people were safe.
- Young people experienced nurturing care from experienced staff.
- Young people's individual interests and life skills were promoted.
- Young people saw the people that were important to them.
- Some young people's personal plans and risk assessments needed greater continuity.

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

7.1 Children and young people are safe, feel loved and get the most out of life.

We made an evaluation of good for this key question. We could see important strengths, with some areas of improvement. The strengths shown had a significant impact on young people's experiences and outcome.

We found the young people to be safe, experiencing consistent care from a nurturing team. The young people we spoke too said they were safe and happy. Staff were knowledgeable in individual risk assessments and trauma informed practice. We found staff to be knowledgeable in child protection and trauma informed practice. The staff team all spoke very positively about the service and the atmosphere within the house.

Young people received help from the service advocating on their behalf in all aspects of their lives. This included employment, education and time with people who were important to them. The initiative-taking promotion of young people's rights positively changed upon a range of outcomes. We saw close links with Advocacy services and a care experienced mentor.

We saw positive and respectful relationships between young people and the staff, and this was an area of strength. We saw warmth, affection, humour and laughter. Some young people told us relationships with staff were a positive experience in supporting them to feel safe and respected.

The service promoted a culture of achievement, proactively supporting young people in education, employment, and community projects. Good relationships with partner agencies ensured any barriers to positive outcomes for young people were addressed. This supported young people to develop a sense of achievement. A social worker said, 'Staff go above and beyond to support care and nurture young people and get them to a positive destination.' Not all young people were engaged in positive structured activities this will be a priority for the team moving forward.

Young people's physical and mental health was a priority, with access to psychological supports and a Throughcare nurse showing positive outcomes for the young people. One Social Worker said of a young person 'I have seen significant progress made.'

The staff were trained in Dynamis crisis intervention. Staff said they do not physically intervene and only receive the de-escalation training, focusing on the use of relationships and trauma informed support. Some staff lacked confidence in their theoretical knowledge of Dynamis. All staff receive annual refresher training to address any gap in their knowledge.

Young people's meetings, 'catch ups' and shared activities promoted inclusion of young people in their care planning and support.

Connections to family and friends was promoted, showing a commitment to Scotland's 'The Promise.' Staff ensured that all opportunities to meet with significant people were maximised, ensuring young people develop a positive sense of identity. Staff kept working relationships with family members which supported positive interactions and young people's experiences.

The service is in a central location and young people had easy access to amenities and public transport, promoting independence. However, the quality of the interior of the house was below expectations for a modern living environment. The organisation recognise this, and a new purpose-built house is currently under construction. In the interim the current house must be maintained to the highest possible standard. (See Area for Improvement 2).

7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights.

A recent change within leadership meant a new manager had been in post for nine weeks at the time of inspection. Staff and young people told us that this transition had been a smooth one. Staff and external professionals told us management played a key role in supporting and motivating staff and driving improvement.

The house is staffed by a team with a suitable mix of skills and experience. Staff showed in depth knowledge of trauma informed practice. A motivated team delivered high quality support and felt confident and well-supported by management. The staff team was consistent and stable providing continuity and allowing young people to develop and enjoy positive meaningful relationships.

Individual assessments were guided by national wellbeing outcomes and planned for young people to develop, achieve and thrive. The young people's views informed the plans, and they were encouraged to be involved in decision making.

We saw staff collaborated with partner agencies to inform risk assessments. However, some risk assessments were inconsistent and at times there was a lack of clarity in recordings potentially undermining risk management, these plans would benefit from being more specific about how agreed goals would be achieved. We saw that management had already taken steps to address this and would continue to do so moving forward. (See Area for Improvement 1).

We saw young people had developed a connection with the service which continued after moving on, providing them with a sense of security.

Matching considerations were made by the management team, including external management. We saw admissions with plans to enable positive, respectful, and safe transition experiences for young people who recently moved into the service. However, some of the planning lacked consistency. We did not see an impact assessment for admissions and staff told us 'It can feel rushed.' As a result, some staff felt they did not feel fully informed about the new young people.

Although progress has been made since the last inspection the organisation needs to continue to further develop its admissions and matching process ensuring that admissions are appropriately timed and impact assessments are clearly recorded.

The management and external management team have worked hard to provide robust quality assurances to support and monitor young people's planning, assessment of need and risk and outcomes. This activity had contributed to raising performance and making a positive difference to young people.

Areas for improvement

1. To ensure effective planning for young people's care plans should contain and use all relevant information about how specific needs and risks are assessed. This should include involving the young person, recording their wishes and recognising progress, strengths, ability and areas to be supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states 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).

2. To ensure that young people are valued, respected and feel secure, the provider should consult with and encourage participation of young people to implement improvements to the environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishing and equipment.' (HSCS 5.24)

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

Requirements

Requirement 1

By 30 June 2022 the provider must improve their care planning and risk assessment processes, to ensure the placement meets the young people's needs and keep them safe.

To do this, the provider must, at a minimum, but not exclusive to:

- a) Ensure young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) Ensure that goals are SMART, that these are actively tracked and subject to regular review.
- c) Ensure that all risks for young people are identified before, and during their time in the service. This must include consideration of the known risks of proposed young people moving into the service, and how they will be supported. In addition this should include the review of the proposed impact this will have on existing young people, and supports and resources to minimise this
- d) Ensure that risk assessments are subject to regular review, that they explain clearly the roles and supports required by staff to minimise risk, and support young people. These must be reflective of the current risks of young people.

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 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 requirement was made on 4 March 2022.

Action taken on previous requirement

Evidence that young people are actively involved in their plans. The majority of plans are smart and are reviewed. Risk assessments are up-to-date and reviewed but lacked consistency. Clear progress evident, however some work still required and evidence that this was ongoing and being reviewed. This requirement has been changed to an area for improvement within this report.

Met - outwith timescales

Requirement 2

By 30 June 2022 the provider must ensure they develop robust and transparent quality assurance processes, to ensure the placement meets the young people's needs and keep them safe. To do this, the provider must, at a minimum, but not exclusive to:

- a) Ensure they have formal quality assurance processes in place. This should include the roles of both the internal, and external managers in reviewing processes, planning and practice within the service. There should be record of the audits undertaken.
- b) Ensure that all accidents, safeguarding concerns and incidents are reviewed fully, and critically, by both the internal and external manager/safeguarder. Ensure that any review highlights future learning and that these are visible to staff and reflected as changes within care plans/risk assessments.
- c) Ensure that the service develops a formal process of self assessment and should create development plans to highlight the action they will take to improve.

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)

This requirement was made on 4 March 2022.

Action taken on previous requirement

Evidence of Quality Assurance and Audits being undertaken. Evidence of all incidents being reviewed by internal and external managers. Clear evidence of service development plans.

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

To support the young people's wellbeing, outcomes and choice the provider should ensure young people have access to the right levels of staff support to meet their needs and personal outcomes at a time most suitable to young people. This should include, but is not limited to an assessment of staffing needs, that is based on the collective and individual needs of the young people using the service at all times.

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

'My needs are met by the right number of people' (HCS 3.15).

'People have time to support and care for me and speak to me' (HCS 3.16).

This area for improvement was made on 4 March 2022.

Action taken since then

Staffing levels are appropriate to meet the needs of the young people. The area for improvement has been met.

Previous area for improvement 2

To support children's wellbeing and safety the provider should ensure that they inform the Care Inspectorate of all notifiable instances, as per 'Records that all registered children and young people's services must keep and guidance on notification reporting.'

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 1.23).

This area for improvement was made on 4 March 2022.

Action taken since then

Notifications are clearly recorded and submitted to the Care Inspectorate in line with guidance. 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
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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