

Spark of Genius Brandy Burn Cottage Care Home Service

Brandy Burn Cottage
Glenpatrick Road
Elderslie
Johnstone
PA5 9UL

Telephone: 0141 587 2710

Type of inspection: Unannounced
Inspection completed on: 25 September 2017

Service provided by:
Spark of Genius Limited

Service provider number:
SP2016012791

Care service number:
CS2016350723

About the service

The service consists of a large detached house with five bedrooms a large open plan kitchen and dining room, 2 lounges and a games room which provides space for young people to relax or play.

The service provider website states that 'Our homes provide a therapeutic environment to support children and young people who have a variety of needs. Every child is entitled to a positive living and learning environment. We aim to instill a strong sense of identity, individuality and self worth in our children and young people. Through our therapeutic and consistent approach we are able to ensure all children and young people receive the most effective care possible.'

What people told us

We spoke with four young people in the service.

The young people were positive about the support and care they receive and about the relationships they have with the staff. One young person stated, 'I'd obviously rather be back home; but until then I would want to be here'. The young person did say they thought the service could be more 'homely' and gave examples of how they thought this could be achieved; e.g. more access to television programmes.

All young people indicated that overall they were happy or very happy with the quality of care in the service.

One young person had indicated in the Care Inspectorate questionnaire that they were unhappy in the service however during face to face discussion they had changed this view and presented as being settled in the service and happy with the level of care.

We communicated with all social workers to the young people experiencing care in the service. The social workers provided positive statements relating to the four themes of this inspection and some of these are included within the sections of the report. They told us of the improvements in the young people's circumstances and of good progress in their care plans.

Good outcomes were being achieved in relation to health, education and emotional well-being.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection for this inspection year.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We found that the service was providing a good level of care and support.

Person centred care plans were developed by the young people and their key team of staff. Where appropriate to young people's needs, external professionals and agencies were consulted, such as mental health services, and action plans devised to address identified risk or need. Young people were experiencing good outcomes such as decrease in incidence of self harm and in improved confidence and self-esteem. In addition to this Spark of Genius had access its own psychologist; who was consulted regarding support planning and practice.

The staff group were developing relationships with young people that allowed for nurturing practices; and the young people were subsequently being supported to achieve in important areas of their development. One young person who had not attended school for one year was now attending the education provision on a daily basis. We further heard of the support given, where appropriate, to young people by staff in maintaining contact with family, friends and people important to them. This maintained the young people's personal relationships and assisted in the nurturing of their emotional well being.

The service had made good links to ensure that advocacy services were continually available to the young people and that they knew how to contact Who Cares? Scotland. Young people were in this way enabled to have independent support to raise issues if they felt this necessary.

Each young person was supported by a key team of staff. Support plans and risk assessments were updated regularly through this support and young people and staff used 'key time' to record progress toward achievable targets.

We found that some of the young people's records contained inconsistencies in information. Some risk assessments for young people recorded levels of risk that did not reflect the progress or lack of progress within care planning records and action plans. We found occasions where the risks identified did not coincide with the action plans. Some risk assessment entries also contained narrative of incidents or occurrences rather than strategies to reduce the levels of risk. We further found that risk assessments overall were lengthy and could be more concise. We have made a recommendation in relation to this matter (see recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Risk assessments for young people should be regularly reviewed and inform reviewed care and action plans. The service manager should look to develop risk assessments that are concise and accurate.

National Care Standards, care homes for children and young people, Standard 4 Support arrangements and Standard 7, Management and staffing

Grade: 4 - good

Quality of environment

Findings from the inspection

The environment was maintained to a good standard and the staff conducted regular safety checks on the equipment to maintain young people and staff's safety. The service building was very well kept with large clean and tidy shared living spaces.

The service contained a very well equipped kitchen area. Young people and the cook planned meals and the menus. The young people, if they chose, were involved in the grocery shopping and cooking. The cook worked hard to provide a healthy diet, balanced with young people's likes and dislikes. Young people told us they were very happy with the quality and variety of meals. We observed very warm interaction and positive rapport between the cook and the young people.

The service environment presented a settled and nurturing environment and our observations of staff interaction with young people confirmed this.

Young people's bedrooms were generally comfortably furnished and some young people had decorated their rooms with pictures and personal items.

Some young people's bedrooms were less well furnished due to heightened behaviours. Whilst understanding of the personal needs of the young person, we recommend that each young person's bed rooms are decorated and furnished following a person centred plan formed in discussion with the young person.

As noted above the young people were involved in the décor of some of the environment and this should be extended to all living spaces.

We found that the kitchen table was too small to be inclusive of all young people in the service. During the feedback discussion the manager and external manager acknowledged this and informed us that a bigger table was being sourced.

We noted some fire signs that we were told did not accurately indicate fire escape routes. The manager acknowledged that the signage should be removed.

There were some records that appeared to have gone past their review date and we were assured, and accept, that these aspects of the environment have been checked and their safety assured. However the manager should ensure that all records are updated to accurately reflect the current situation in the young people's environment.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

Staff described a difficult period following the opening of the service due to the challenging behaviours of some of the young people and the impact this had on staff morale.

The staff group evidenced a high level of commitment in attempting to maintain consistency in young people's care through these challenges. Staff, subsequently over time, built good relationships with the young people, however some young people moved to other care services due to their individual needs.

Brandy Burn was described as now being settled with a consistent approach achieved by the manager and staff. Staff morale had subsequently improved significantly.

We were impressed that staff evidenced a good knowledge of all the young people's care plans; and not only exclusively their key child.

We observed a team development meeting. We observed the interaction of staff and young people and noted that staff showed good understanding of the young people's backgrounds, needs and experiences and were considerate and sensitive when offering advice and guidance.

Some staff we spoke with were continuing to develop their knowledge of the National Care Standards and the manager should also consider discussion of these at team meetings or explore other methods to develop greater knowledge of these. Developing knowledge in these subjects will enhance staff's understanding of skills and values in aiming to provide excellent levels of care for young people to achieve positive outcomes.

We found that the supervision of staff had not been occurring as regular as the service policy states. The manager recognised this and suggested that the initially challenging period contributed to this. Given that the service consists of a relatively new staff team the service provider should ensure that staff are provided with regular supervision and appraisal as per the organisations policy. We have made a recommendation in relation to this matter.

A range of training and development opportunities - including child sexual exploitation (CSE), self harm, CEOP (child exploitation and online protection) and a model of behaviour management - meant that staff would be prepared to meet the needs of young people. All staff attended mandatory child protection training on an annual basis. We noted that some staff were outwith their annual refresher training dates as recorded in the service training tracker. The manager, however, stated that these staff have completed this training. The service manager should ensure that training tracker is accurately maintained to allow for the efficient identification of training needs.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service provider should ensure that staff supervision occurs within the time frames specified within the service policy.

National Care Standards, care homes for children and young people, Standard 7, Management and staffing

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Staff commented on how approachable the manager was and the stability introduced by their consistent approach and knowledge.

We observed staff development sessions conducted by the manager to raise staffs understanding and knowledge of the young people's care plans.

Staff had also been delegated specific areas of responsibility to 'champion'. One member of staff described how this responsibility had developed their confidence in their role.

The services quality improvement processes included an external independent audit of the service. We were shown where this audit noted very good observations of areas for development and improvement. Actions had been identified for the manager and staff to complete and we will review this at the next inspection..

At the time of the inspection the service had recently issued evaluation questionnaires and the information gathered from staff, young people, parents and social workers will be analysed to form a service development plan. We are satisfied that this work continues to be progressed through the efforts of the manager and staff and will further review this matter at the next inspection.

During the inspection year there had been occasions where notifications of incidents to the Care inspectorate had not been submitted within the required time frame. To ensure timely notification of incidents the service manager and staff should ensure they are familiar with the guidance on notifications and apply these in practice. We have made a recommendation in relation to this matter. See recommendation 1 of this quality theme.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service manager should ensure that notifications to the Care Inspectorate are submitted within the required timescales as per the guidance Records that all registered care services (except childminding) must keep and guidance on notification reporting.

National Care Standards, care homes for children and young people, Standard 7, Management and staffing

Grade: 4 - good

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

This service does not have any prior inspection history or grades.

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