

Forest View School Care Accommodation Service

Kibble Education and Care Centre
Corsefield Road
Lochwinnoch
PA12 4JD

Telephone: 01418 890 044

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About the service

Forest View Residential Houses provide residential care homes for primary school children aged between five and twelve who have experienced trauma. Comprising of two adjoining houses; Ness house can accommodate five children and four children in Tay house.

The service is situated on the edge of Lochwinnoch, which is a semi-rural village in the west of Scotland. The service provider is Kibble Education and Care Centre which is a registered Scottish Charitable organisation. Kibble also provide the staffing, who are located in the house 24hrs a day when young people are present. . The team consists of an operations manager, a service manager and the care staff team. Additional support is provided by a Duty Manager and an on-call system.

Kibble's overarching mission is to 'empower lives and fulfil potential through care, education and opportunities.'

Forest view aim to ensure 'Children are safe here; they are surrounded by warm, friendly adults who are a constant source of love and support. Our ethos is to have lots of fun, to laugh, dance and play'

At the time of inspection two children were living in Tay House, one of whom was admitted during our inspection. Three children were living in Ness House with a fourth child on extended home leave.

What people told us

We observed five children during the inspection and had a brief conversation with three. The children presented to us as being happy, they were enjoying playing outdoors with staff members who clearly knew the children well. Children we observed, interacted positively with each other, and overall presented as being healthy and well supported.

How well do we support children and young people's wellbeing?

4 - Good

Children we observed were happy, relaxed and enjoyed positive relationships with staff who knew the children well and referred to them in respectful terms. Children had developed trusting relationships with staff, with whom they could celebrate special occasions and seek comfort when sad or anxious. Staff also used a variety of methods to communicate with children in acknowledgement of cognitive challenges and disability. Some examples included picture exchange communication, visual prompts and wearing coloured bands to indicate their emotional state and signify distress. This approach was helping children to express their emotions, whilst building on their language skills.

Staff were very responsive to children's views. Information was shared effectively using digital applications and the weekly "Catch up Sunday". It was evident that the staff took views forward, for example, arranging for sibling contact and exploring local clubs to develop interests. Children at Forest View benefit from people who advocate effectively on their behalf, and children received good independent support. We received positive feedback from a guardian who had travelled a long distance and who felt the child's wishes and views were being taken seriously. We also found that children had been involved in the service development plan, for example, suggesting the purchase of specific outdoor play equipment.

Good use was made of educational resources both in class and outside to help children develop general skills and interests, which children were supported to develop. This included arts and crafts, extensive outdoor play, and games consoles. Staff understood the developmental stages of the children, and this was reflected in wide array of toys and equipment. There was very good use of stories and books to help children reflect and explore new skills. The impressive use of specially adapted books helped children gain insight into their own circumstances, such as loss and health conditions. However, at feedback, we suggested there could be more educational toys to help promote skills such as problem solving and learning cause and effect.

Despite predominantly negative previous experiences, school was an attractive option for the children. Expectations were high but realistic and this helped children reach their potential.

Child centred transitions for children were a strong feature of the service, an example of this would be going from school to home, and the use of a transitional object to promote the child's feelings of security. There was a culture of ambition and celebration when children achieved any level of success.

Staff understood the needs of the children and adapted their interactions accordingly. Strategies such as the use of social stories, games involving soothing touch and the use of positive reinforcers had been met with success. Consequently, some children were settling to sleep better, more able to recognise when anxious, and were seeking and accepting of support.

The good progress made by children was underlined in a disability assessment report which we read for one child. A placing social worker for another child told us that progress had been 'fantastic'.

Family contact was supported both outdoors and within the lodge in the grounds. When direct contact was not possible, indirect contact was actively promoted and facilitated.

We were aware that children did not have independent access to Wi-Fi due to safety considerations, and this was appropriate. However, all children, if they wished were supported to buy toys and games online and also to play games appropriately.

Children were energetic and appeared to be in good health. Individual health needs were clearly documented within the child's care plan. Children were registered with local health services including medical practitioners, dentists, and opticians. Children underwent an assessment with the Kibble nurse who undertook a medical assessment of their needs and offered advice and consultation to staff. We found the support given to a child being admitted for a planned hospital stay for corrective surgery to be impressive. In this case, the hugely positive consequence could be considered life altering.

Children were encouraged to eat nutritious food and there were limits placed on high sugar foods, although treats were allowed when appropriate. Mealtimes were a sociable event with staff and children eating together.

Therapeutic meetings were held to reflect on the progress of the child and identify strategies to help them overcome trauma. Children were clearly benefiting from strategies used in promoting their resilience, self-esteem, emotional development and wellbeing. Some children were receiving direct support from the specialist intervention service therapist, and this was further strengthening their wellbeing. The staff wrote daily messages to the children acknowledging positive aspects of their day, and they used child friendly language to enhance understanding.

We found such use of positive affirmations was further enhancing wellbeing.

The service restraint reduction plan set out objectives that should remain at the forefront of safe practice. When children were restrained, it appears that this was done as a last resort, when all other de-escalation techniques had been attempted. Most children had been supported to develop more appropriate coping mechanisms, as such, the frequency and duration of restraint had reduced. We discussed with managers at feedback how they could strengthen recording within this area to further evidence that they had used the last resort principle.

The post-incident life space interview (LSI) conducted following a restraint is an important element of the restraint process and helps to clarify events from the child's perspective. We were not clear about the timing of these interviews and some of the guidance appeared to be contradictory. We discussed this with managers at feedback who agreed that this area requires attention. We will look at this area during the next service inspection.

We sampled the arrangements for dispensing medication held within the service and found this to be stored appropriately. A child who required glasses was not wearing them during our time in the service, and the reasons for this were not clearly stated. This issues will be subject to an area for improvement. (refer to area for improvement 1).

Whilst some children had a medication review, this had not been possible for all children due to being unable to access child and adolescent mental health services (CAMHS). Despite efforts made to rectify this situation, we were concerned about future implications for children (refer to area for improvement 2).

Areas for improvement

1. The management should ensure that identified health needs are met. This includes wearing spectacles and medication being administered as prescribed. Records should clearly state if this is not being adhered to and the reasons for this.

This is to ensure that quality of care and support is consistent with the Health and Social Care Standards which state: "My needs, as agreed in my personal plan, are fully met, and my wishes taken into account." (HSCS 1.23).

2. The provider should ensure that prior to any child being admitted to Forest View, they should establish that at the very least, an equivalent level of service continues to be available to meet all previously identified need.

This is to ensure that quality of care and support is consistent with the Health and Social Care Standards which state: "I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me" (HSCS 3.4)

How good is our leadership?

4 - Good

Staff spoke positively about the support and guidance from management. The team appreciated the considerable on-site support from Kibble's senior management following a serious event. Senior management told us their presence was two fold, to assess the quality of care being provided in recognition of the seriousness of the incident, and to support the relatively newly established team who had been impacted by the incident. It was also acknowledged that the service was situated away from the main Kibble campus and although on call support was available it may take longer to attend and support. We considered this was a very robust response taken by the leadership at Kibble to assure quality of care.

Alongside direct practice observation and guidance, a wider range of quality audits were undertaken. The principle Safe Crisis Management officer conducted audits of children's safety plans and of incident reports to ensure that staff were using the best approaches with children to de-escalate crisis episodes and suggest alternative interventions to be used. The service kept a monthly analysis of physical restraints. This was used to monitor the successes of current strategies and interventions and agree on differing approaches. The service had used this successfully with one example being changing existing staffing teams.

Children's files were audited, however this was limited to checking for documentation, whilst this was important we considered this was a missed opportunity to record progress, highlight areas of concern and comment on good practice. Accidents and incidents were recorded with reporting to senior management and we could see that appropriate action was taken when required.

There was an overview of staff training recorded in a centrally held spreadsheet. This highlighted any gaps and also delays in refresher training. Management were aware of individual training needs and we could see this was planned for and discussed in formal supervision. We noted that the Safe Crisis Management training log was held separately, and we asked that this be reviewed given this is also core mandatory training.

We found some areas for improvement in the standards of quality assurance within the service, these included:

- The medication audits which are balance checked weekly by the night staff and monthly by the Operations manager, had not highlighted a child was not receiving topical medications as prescribed. Pre and post admission documents - for one meeting the names of key people had been omitted from the minute. (Refer to area for improvement 1)
- The service had not notified the Care Inspectorate in respect of cross border placements and an allegation made by a child. The allegation had been investigated and the manager retrospectively submitting cross border placement notifications. However, we considered the oversight of submitting these notifications should have been identified by quality assurance processes in the wider organisation. (Refer to area for improvement 2)

Areas for improvement

1. The management should improve their quality assurance processes to ensure practice is influenced by audit findings and records are completed to a satisfactory standard.

This is to ensure that quality of care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

2. The organisational quality assurance processes should improve to ensure that the Care Inspectorate and other relevant bodies are notified of matters pertaining to a child as appropriate.

This is to ensure that quality of care and support is consistent with the Health and Social Care Standards which state: '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. (NCS 4.18)

How good is our staff team?

5 - Very Good

There had been a well-considered approach taken to building and recruiting the staffing for Forest view, which had resulted in a team comprising of a diverse range of skills, experience and interests. This included staff who had previous experience in working with younger children and those who had worked with young people and adults who had suffered trauma and disadvantage in both the community and residential care settings.

New staff to the service told us that they had been well supported through their induction. They felt the management of the service were accessible and knowledgeable, and that the initial training (although mostly online due to the pandemic) had helped them to understand their role.

It had not been possible to have a team development day since the opening of the service in November 2020 due to the Pandemic, however, staff had met in 'bubble' arrangements in order that begin the process of team building. We were told that a team development day was a priority and was to take place as soon as the Covid 19 restrictions allowed.

The team impressed with their enthusiasm, motivation, and child centred approaches. We were told by all staff we spoke with that they enjoyed working in Forest view and felt valued and respected by peers and management. Morale was described as being good and we could see staff were upbeat within service. The individual strengths of staff members was acknowledged.

This helped to create a positive working environment in which people could share their skills and knowledge with each other enabling a range of quality experiences for children.

Staffing levels were sufficient for the children currently in placement and there had been a flexible response to meet changing needs and house dynamics. We consider the current staffing levels would not be sufficient when both Tay and Ness houses are full. However, we are aware that a recruitment drive had taken place with this in mind.

Mandatory training included Child protection, Fire safety, Food hygiene and medication and Safer Crisis Management. Additional training had been sourced which was specific to the needs of children living in Forest view, such as, the regulation toolkit which gave tips on helping children manage anxiety and excess energy and Foetal alcohol Syndrome. We saw an example of how a member of staff had integrated training into practice, helping a young person reduce high levels of anxiety. We were aware some staff were in need of food hygiene and self-harm training and were advised this was being taken forward.

The team meet regularly to discuss how they were performing as a team, update on children's progress and plan ahead. This included night workers who could join remotely. We found good quality formal supervision and appraisal where staff were able to be open and the focus was on building skills, self-awareness and knowledge.

Staff had the opportunity to take part in group or individual reflective sessions with the psychologist. We were told by staff that management promote good self-care and supported good mental health. Staff were registered with the Scottish Social Services Council and were aware of the associated code of practice. Staff were aware of how to report child protection matters and we found this had been taken forward following a more recent disclosure made by a child.

How good is our setting?

5 - Very Good

Forest view is situated within a rural setting set amongst trees and extensive grounds. The most has been made of the grounds with an outdoor play area and extensive use made for children to enjoy games in the forest. The front and side gardens are laid with a putting green, trampoline, climbing frame and multiuse area which children used for ball games and scooters.

The children and staff used the gardens and grounds extensively during our inspection. There were remaining surroundings which were underdeveloped, and this requires attention. However, we were told this work is imminent with a bike track planned.

Within eyesight of the service, there were derelict buildings and although kept safe and the children had no access, we were pleased that permission has now been granted for demolition.

The interior of the houses were very clean and tidy and the lounges and sensory rooms well equipped. The kitchens were equipped and situated as in a family home giving a more 'normalised' feel to the environment. It also meant children could see meals being prepared and experiment with learning skills in cooking and baking.

We did consider the extensive use of hard flooring, as opposed to carpets could be improved by introduction of large rugs given that younger children often play on the floor. We also asked that bedrooms have desks and a chair for using for homework or again for a surface to play on.

Also, that children be able to access their bedrooms independently and have access to a small lockable space. The bathrooms were clinical looking with limited fittings and equipment. We were pleased to see that prior to the inspection finishing improvements had already been introduced to the bathrooms and plans had been made so that children could access their bedrooms independently. We also asked that staff be mindful of the signage used within the house and asked that the covid reporting room sign be removed.

The grounds and family space available to facilitate family contact has been an asset to the young people in Forest View. Family members have been able to enjoy recreational contact visits as well as relaxing in a private area in the separate lodge. Staff communicate well with parents and regularly update them about the progress of their child over the phone and with weekly written updates. Where there had been issues with communication, efforts had been put in place to overcome this.

Whilst the COVID-19 pandemic had restricted the potential for integration into the local community we found, when possible, children were accessing local resources. Outings included visits to local beaches and visiting the local nature reserve. Regular walks, 'dinosaur hunts' meant children were becoming familiarised with their local surroundings. More recently children had started to visit the local play park and were getting to know local children. Now that restrictions were easing staff were exploring local clubs suited to the children's interests such as, football, boy scouts and visits to swimming pools had already taken place.

Children had taken part in the intergeneration meet up over Micro Soft Teams with older people living in care homes. They shared craft making and conversations and was enjoyed and worthwhile for all. The service has received an award from CELCIS for innovative use of technology during the pandemic.

How well is our care and support planned?

4 - Good

Children's files contained individual placement agreements and legal orders. Where the legal order was from a cross border Local Authority steps had been taken to ensure that legal processes were being addressed when placing a child in Scottish care. The Local Authority care plan was held for children and post admission and subsequent reviews were taking place within statutory timescales.

We considered the early years assessment for each child to be concise, free from jargon and contained a helpful chronology. The Kibble care planning documentation whilst containing a wealth of good information was lengthy and was duplicated in parts. The 'all about me' and 'what I am working on' documents did not accurately reflect the views a child. It was clear that they were written by adults on behalf of children, and more thought needs to be given to the language used, when for example describing physical characteristics. We were advised that plans were already in place to streamline these documents and to ensure that they were child centred. This would maximise the involvement of children, and we look forward to seeing progress made in this area at the next service inspection.

For most children there was a matching assessment undertaken prior to moving to Forest View, which included key information necessary to establish if this would be a suitable placement. The impact of COVID 19 pandemic placed limitations on pre-admission visits, however some good quality transition work was undertaken using remote means. In most cases this familiarisation supported children to have some understanding of where they were coming to live, and who would be looking after them.

However, in one case we found that the arrangements put in place to ensure suitable matching did not work as intended. This resulted in the dynamics within the house being disrupted for younger children, and a change of placement was required for this particular child. Refer to Area for development (1)

The transition for the young person referred to above, also lacked clarity regarding timescales. Communication between Forest View and the placing authority should have been clearer and more robust. We have asked the manager to review their communication and contact with the local authority regarding this case. We were confident that the manager of the service had taken this seriously and would address the matter.

Areas For Improvement

Areas for improvement

1. To ensure that decisions made about who is admitted to Forest View are in the best interests of all children and young people, persons involved in receiving admissions should ensure that a robust matching process is followed. In addition, the Care Inspectorate's admissions guidance for residential service, 'matching looked after children and young people' should be referred to.

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

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 wellbeing?	4 - Good
1.1 Children and young people experience compassion, dignity and respect	5 - Very Good
1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	5 - Very Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	5 - Very Good
How good is our setting?	5 - Very Good
4.3 Children and young people can be connected with and involved in the wider community	5 - Very Good
How well is our care planned?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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