

Stanmore Lifeskills Support Service

Stanmore House School
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Unannounced

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Service provided by:
Capability Scotland

Service provider number:
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About the service

The service was registered with the Care Inspectorate on 17 September 2020. This is the first inspection of the service.

Stanmore Lifeskills is owned and managed by Capability Scotland. The service was registered to provide a support service to a maximum of 15 young adults with complex physical, health and sensory needs. At the time of the inspection, nine young adults were accessing the service. The service is based in Lanark, on the Stanmore House School Campus, and offers a service to people between the ages of 18 and 25 who are transitioning from school to adult services.

People who use the service have access to the resources within the school, these include a hydrotherapy pool, rebound therapy and sensory learning. The service offers an opportunity for young adults to learn new skills, socialise with peers and develop life skills for independence. Each young person has a key worker, and an individual person-centred timetable. The service is open 52 weeks of the year, between Monday and Friday from 09:30 hours until 15:30 hours.

The provider is currently recruiting for a team manager for the service.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and, therefore, followed a revised procedure for conducting inspections in these circumstances.

What people told us

Some of the young adults currently using the service have limited verbal communication. We observed all of the young people in the service base during the inspection and, where possible, communicated with them directly.

All the young adults we observed were interacting very well with the staff who were caring for them, and we could tell that staff members fully understood their needs. We could see that the young adults were enthusiastic about attending a music event in the community. For those who could not attend, comparable alternative arrangements were made to ensure that they could also enjoy the experience.

We made telephone contact with parents during the inspection and they spoke highly of the support for their son/daughter and for their family. Parents commented that the service was very well organised and that they felt able to approach staff or managers should they wish to discuss their son or daughter's needs. Parents informed us that the service was invaluable to them and that it offered their son or daughter the opportunity to be included and involved in stimulating activity which helped them to develop.

They said that their son or daughter was very happy when attending the service and that the service was very good at communicating with them about plans for activities, or where changes were necessary. We received one comment from a parent who had some concern about the frequent changes of manager and the impact this had on their son or daughter. This will be discussed further under quality indicator 2.2.

Comments from parents included:

"I have been fully involved in helping to set outcomes for my son, and have seen the new support plans and been able to contribute to them."

"Transition to adult services was very difficult, but I was fully supported by staff at Stanmore. It is so important that young people have goals to help their development, the ones in my daughter's support plan are realistic for her."

"A very good service provided, just needs a strong willed and capable team leader to manage staff."

"To have access to the resources at the school is key, the hydro pool and physios it is amazing, people work well together to make sure that my daughter's overall health and wellbeing are taken care of."

"Overall communication is really good with the service, and it was so emotional seeing my son being involved in community activities. My husband and I were crying, with happiness."

A social worker for a young adult commented:

"My young adult has thrived at Skills, and looks forward to going and has made friends. During the pandemic she really missed not attending, and she was delighted to get back. She missed the routine and structure Skills offer. It's definitely the right place for her, her parents are so pleased that she is at Skills and getting very well looked after."

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 good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in most aspects of the care provided and these supported positive outcomes for young people. Therefore, we evaluated this key question as very good.

We observed secure and meaningful relationships taking place between the young adults and staff members. Although each young adult had an allocated key worker, this did not prevent all staff from knowing and understanding every young adult's needs, who attended the service. In the group setting, staff were proactive and used their skills to sustain the involvement of everyone, ensuring both individual and group outcomes were met.

Young adults were treated respectfully in terms of their personal care needs, and we observed dignified

approaches always being taken during these times. Staff were very attuned to the needs of the people that they cared for, and were skilled at reading body language and identifying signs of discomfort or distress. Staff were polite and patient when interacting with people, and they were clearly aware of the essential need to observe and listen carefully to facial expression, sounds and tone of voice. All interactions went at the young person's pace to help ensure that the correct message was being communicated.

Young adults attending the service were supported to maximise their abilities and interests and these were carefully planned. Opportunities for them to participate in activities of their choice were promoted. Good use was made of resources within the school, such as the hydro pool, cinema and sensory rooms. Indoor and outdoor activities took place such as bike riding and arts and crafts. The importance of promoting positive interaction and building on social skills, was an important feature of service delivery, and we observed young people having fun and enjoying time socialising with their peers.

Community activity was similarly well supported, with young adults accessing local facilities including country parks, swimming pools and other venues, offering snowboarding and canoeing. These opportunities promoted the growth and development of young people, who learned new skills, such as cooking and gardening whilst enhancing their ability to become more independent.

When supporting young adults to achieve their aspirations and goals, staff use their knowledge of the impact of their health conditions or diagnoses when considering risk. We found carefully considered risk assessments for individual and community activities, which exemplified this. We were pleased to see that every risk assessment we sampled, had been quality assured by a senior manager to ensure that all relevant information had been considered. It was positive that the risk assessments we examined were used to support people to participate in meaningful activities, and not simply as a way of placing barriers and, therefore, limiting opportunities to try new things.

A recent initiative by the service has been the introduction of their 'keeping you safe' symbolised document for young adults. This is designed to help them understand their rights and keep them safe from abuse. We were provided with evidence that this initiative will be rolled out to the service in a 'roadshow' format with all key individuals participating. We welcomed this well considered approach to keeping people safe, and we will look at the impact this had during the next service inspection.

During the inspection, we observed staff and young adults over the lunchtime period. It was clear that people who used the service enjoyed their food in a relaxed and unhurried atmosphere. People also benefited from a wide range of aids and adapted utensils and had the required support to enjoy their meals. Individual meal planning was overseen by the dietician, and this helped to ensure that young people had a well balanced and nutritious diet. However, it was noticeable that when staff were taking their meals in the same location, they were not always able to do this uninterrupted. We discussed this with managers at feedback, who agreed that alternative arrangements would support staff welfare.

It was clear from speaking with staff and examining training records that child and adult protection training had been made available to them using online technology. While we appreciate that face-to-face training had been difficult to organise since the pandemic, we would like to see essential training, such as this, take place in a teaching space. We were advised by managers at feedback that this will be addressed as a matter of priority and is currently on their improvement agenda.

How good is our leadership?**4 - Good**

We found a number of important strengths which are having a significant impact on people's experiences; however, some improvements are still required to maximise wellbeing and ensure that people have positive outcomes. Therefore, we evaluated this key question as good.

As previously highlighted, the service was registered with the Care Inspectorate in September 2020. Since then, there had been a lack of continuity in management. This, combined with all the constraints resulting from the pandemic had, at times, made it difficult for staff to feel supported and valued. There had been recent changes in management arrangements, and staff appreciated the considerable on-site support of a senior manager since February 2022. Managers advised us that the reason for doing this was two-fold, to assess the quality of care being provided, and to support staff who had been feeling overwhelmed at times. We endorsed this approach, as the evidence showed, that some outcomes had indeed improved.

Several positive changes had recently been introduced, such as the use of auditing tools, team meetings being held, and surveys were being developed to engage more meaningfully with young adults and their families. While progress was being made, some of these helpful developments were still at an early stage and we were unable to comment on all of these outcomes during this inspection.

Staff team meetings had been reinstated and were now were being held bi-monthly. They were chaired efficiently by a senior manager. A clear record was maintained of the discussion and appropriate action points allocated which were being followed up. Issues covered, mainly related to staff training, equipment, and planning activities. At the initial meeting, staff complained about a lack of support and referred to low morale. It was very encouraging to see in the record of the following meeting, that staff were beginning to recognise increased support. The most recent record reflected growing evidence of coordinated teamwork and closer management oversight. Staff spoke about the way they felt listened to, and when they requested items for young people or specific training that they thought would help improve outcomes for young people, this was acted upon.

The service had recently produced a development plan. This was a comprehensive and detailed document, available in narrative and graphic formats, making it accessible to parents and young people, as well as professionals. It is a useful working tool which provides a coherent picture of the service's priorities. The targets set were sufficiently 'smart' and the plan provides evidence of where progress had been made, and where more work needs to be done, and how this will be achieved. Tasks had not been allocated specifically to 'action leaders', something which would assist more rapid progress.

We would like to see more involvement from the young adults and their families in evaluating the quality of the service. Managers informed us that methods were currently being developed to improve participation, and to support young adults to understand the standards that they should expect from the service.

Staff that we spoke with, advised that they would be confident raising any concerns about poor staff practice or any other issues that compromised the safety and welfare of young people. All of the staff members we spoke with, said that they valued the current leadership and that they were overall much happier at their work than they had been previously. A clear theme that came from discussions was that staff knew that leaders would act quickly and responsibly when necessary, and that they now felt supported and more confident in their work.

We looked at a complaint that had been investigated by the service. In this case we had some concern that due process had not been followed, and there was limited learning from the complaint to improve the quality of care being provided by the service (see area for improvement 1).

Areas for improvement

1. The provider should ensure that all complaints are thoroughly investigated, follow best practice guidance and the provider's own policies. The provider should always use the learning from concerns or complaints as an opportunity to improve standards for the organisation.

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 codes' (HSCS 3.14).

How good is our staff team?

4 - Good

We found a number of important strengths which are having a significant impact on people's experiences; however, some improvements are still required to maximise wellbeing and ensure that people have positive outcomes. Therefore, we evaluated this key question as good.

Training schedules we examined during the inspection, showed that a substantial amount of training had been carried out during the pandemic, normally using online technology. Most staff had completed over a dozen modules, and important 'alert' dates had been identified for refresher training. Staff had recently received specific training on using communication aids such as talking maps, Makaton and eye gaze, and they told us that this had been beneficial to their work practice. Staff were comfortable acknowledging their learning needs and were confident that these would be addressed. A member of staff commented, "*The training here is second to none, I enjoy learning about anything that will help support our customers, I recently attended enteral feeding training, that really helped me with theory to practice.*"

Some records that we checked showed that not all new staff had completed an induction programme. This weakness was identified and remedied some months before the Inspection commenced, although this did mean that for some staff there was a delay in them completing their induction. An induction programme is vital to help practitioners understand and recognise their roles and responsibilities. Formal staff supervision had been reinstated following a sustained period when there had been very limited management oversight. We were advised that dates for staff supervision had now been planned up until 2023, and this should allow staff competence to be regularly assessed to ensure that learning and development supports better outcomes for people. Although we were unable to fully measure outcomes at this time, good progress had been made within a short period of time. We will look at this area during the next service inspection.

We were particularly impressed with the close working relationships between the service, the young adults and speech and language staff, to develop and enhance communication tools. This type of close collaboration between key individuals should improve overall communication, and as a consequence, is likely to help young adults to achieve their hopes and aspirations. We observed person-centred care being consistently delivered to people who used the service. This meant that young people were treated as unique individuals and their wishes and preferences were at the centre of decision making.

Newer members of staff really appreciated the support from more experienced workers who offered appropriate and relevant guidance. During the course of the inspection, staff informed us that they were now feeling more confident in their work and were constantly looking for ways to improve outcomes for young people. Staff flexibility and peer support was described as a particular strength of the team, and the retention of staff was testimony to this.

Well motivated staff and good team working meant that carers could spend as much time as possible with people that they looked after. Staff were confident in building positive interactions and relationships, and we observed this during the inspection. The parents of young adults spoke highly of the staff and current management arrangements, and it was clear that they had faith and trust in the overall staff team. A parent commented, *"I have a brilliant relationship with head of health and care, we will discuss any concerns I have, and she will sort it out. I have confidence in her."*

In terms of staffing levels, given the high level of need of the young adults who attended, staffing ratios were one to one. Overall, this was managed well and staff were flexible in supporting each other in the best interests of the young people. This included taking account of all the complexities of people's needs, circumstances and outcomes. Staff informed us that they believed staffing levels were suitable for the young adults that they currently looked after. However, it was also pointed out, that had the service been at full capacity, it would have been very difficult to maintain the same high standards and levels of safety. Managers assured us that they were not intending to increase capacity until the recruitment of staff improved.

Placement agreements or working contracts were not in place for the people who attended the service. These documents clearly define the service to be provided between the local authority and the provider. We discussed this with managers at the start of the inspection and they agreed that the information that they currently held within the referral form was inadequate and did not contain enough detail. We will not make this an area for development as the service had started to take advice on this matter prior to the inspection ending. We will look at this area during the next service inspection.

We were pleased to hear that the parents of a young adult who attends the service will be part of the panel when interviews are being held to recruit new staff to the service. In addition, plans are also underway to ensure that young adults who attend the service are also involved in the recruitment process in future. This will be beneficial in terms of young adults and their families having some input about what is required from their unique perspective.

We looked at recruitment files during the inspection, and concluded that for one file, the process was not well organised or documented, and this meant that core elements of the procedures were not clear. In addition, references received contained very limited information and we would have expected more robust follow up measures to be taken (see area for improvement 1).

Areas for improvement

1. The provider should ensure that the recruitment of staff always follows safer recruitment practices. Files should be kept in good working order and all key elements of the process clearly documented. When obtaining references, one must be from a manager/senior manager in the worker's current or most recent employment. When necessary, references should be followed up to obtain more detail on the information provided.

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

'I am confident that people who support and care for me have been appropriately recruited' (HSCS 4.24).

How good is our setting?

5 - Very Good

We found significant strengths in most aspects of the care provided and these supported positive outcomes for young people. Therefore, we evaluated this key question as very good.

The culture of the service was welcoming to visitors and everyone who used the service. Parents spoke about how the staff were ambitious for young people and always tried their best to promote independence. In particular, young people were supported to cook meals and grow plants and vegetables in the sensory garden. A young person we spoke with, was very keen to show us what had been produced and clearly had a sense of pride in this achievement.

During the pandemic, staff and young people were limited in their ability to participate in outings and activities. However, as the pandemic restrictions lifted, groups were being re-established in the community such as the music group, and this allowed young people to come together again and enjoy social interaction with peers. The service worked extremely hard to ensure that young people were active participants within their communities. This was most notable for those young people who may otherwise be isolated due to their disability. Through bespoke programmes of support, young people were encouraged to improve their communication and social skills. Staff achieved this by providing support sensitively to help young people to access local provision.

We were told that young people from the service were welcomed into the local community and that strong connections had been made. Staff were creative in the way that they planned activities. A good example of this was where young adults were given the opportunity to be part of, and included in, the local community gala. It was clear that the young people thrived from this type of experience.

The setting was well equipped and enabled young people to enjoy the resources within the school campus. Examples of this included a beauty room, trampolining facilities, a cinema, and sensory learning rooms, all of which promoted health and wellbeing. Bikes were specifically designed for each young person; these were popular and were used on a regular basis to encourage young people to exercise and improve their health. The base environment, where the young people ate and socialised, offered opportunities for young people to play games and have fun, as well as socialising with their peers. We were told by parents that the young people often had established long-term, healthy friendships amongst themselves.

The support service environment was clean and tidy and well looked after. People benefited from a facility with plenty of natural light and people could choose to use quiet or communal areas, and have opportunities for privacy when they wanted. However, when all young people were in the base, there was not always sufficient space to meet their needs. Several parents and staff members also highlighted this as an area that requires attention, and we would agree with their view.

We were told by management, that prior to the pandemic, discussions had been held regarding new premises and that more accessible models of care were being explored. These plans had been interrupted due to the pandemic; however, discussions have been reinstated with the development manager to take plans forward. We were pleased to hear that a proposal had also been put forward to improve the outdoor setting. Funding had been requested for specific items such as a waterplay area and large sand pit, all of

which could enhance the quality of experience for young adults. We look forward to assessing the outcomes of these new developments at the next service inspection.

How well is our care and support planned?

4 - Good

We found a number of important strengths which are having a significant impact on people's experiences; however, some improvements are still required to maximise wellbeing and ensure that people have positive outcomes. Therefore, we evaluated this key question as good.

We reviewed the quality of records and found that these were comprehensive with clearly documented personal information, and they helped guide staff about young people's needs and practices. A new and improved support plan format had recently been introduced. The narrative within the document was sensitively written, and provided a clear pen picture of how the young person should be looked after, and how they would achieve their outcomes. Support plans made very good use of information gathered from parents, carers and others. During the inspection, parents who were able to speak with us, told us about their high level of satisfaction with the care and support plans in place for their son or daughter. We welcomed this inclusive approach to planning.

A parent commented:

"I have been fully involved in helping to set outcomes for my son and have seen the new support plans and been able to contribute to them."

Not all plans had been fully completed, and we would like to see this area prioritised to enable outcomes to be identified for all young people using the service. In one file, the dates for reviewing outcomes had not been met, and we suggested to the service that they should give this area some more thought to ensure outcomes are always met within realistic timescales.

The support plan will be further complemented by the individual communication passports that are being developed and rolled out for each young person in the service. These are detailed and clearly link with outcomes within the personal plan.

The review of young people's support plans had been reinstated, and it is intended that they take place on a six-monthly basis. All key individuals were being invited; however, the local authority placing social workers did not attend. It was disappointing to hear that this was commonplace. A comprehensive minute of the meeting demonstrated that a good quality discussion had been held, with a strong focus on progress and targets, and how to increase independence. We noted that very good feedback was provided to the service from a parent who spoke about the 'kindness' and 'love' that was being shown towards her son.

The service had made good progress in terms of implementing support plans and reviewing outcomes, and is well placed to continue with this. Further relevant training had been planned such as report writing and key worker training for staff, and this will also help to strengthen support planning.

We sampled three young adults' files during the inspection, and noted that these contained no decisions from the last statutory review or updated care plan from the authority. These documents should be obtained and held in the working file, to ensure that all key people are up to date with important decisions or when changes being made. We discussed this with management at feedback and they intend to explore ways to have more positive collaboration with local authorities.

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 people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.2 The setting promotes people's independence	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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