

Good Shepherd Centre Bishopton Secure Accommodation Service

Good Shepherd Centre Secure Unit
Greenock Road
Bishopton
PA7 5PW

Telephone: 01505 864 500

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Service provided by:
The Good Shepherd Centre Bishopton

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About the service

Good Shepherd Centre Bishopton is a secure accommodation service for up to 19 young people aged between 12 and 18 (including one emergency place; for a period of up to 72 hours). Young people can be admitted to the service through the Children's Hearing system on welfare grounds, or are remanded or sentenced by the courts.

The premises consist of three adjoining residential houses, each accommodating up to six young people. These houses make up part of the central building which also houses the education facilities, games hall and the service administrative offices.

These are also adjoined to The Good Shepherd Close Support service, a school care accommodation service. Both services share management, staffing, the majority of policies and procedures, and several facilities.

Within each house, all young people each have an en suite bedroom and make use of a communal lounge, dining room and smaller sitting rooms. Additional facilities include schooling through the service's education facilities, a gym hall and fitness suite, and an outdoor sports pitch.

The service is located in a rural setting near Bishopton, Renfrewshire.

The service provider is The Good Shepherd Centre Bishopton, a private company limited by guarantee and a registered charity managed by a board of directors.

The Care Inspectorate is a member of <https://www.nationalpreventivemechanism.org.uk> - a group of organisations designated to monitor the treatment and conditions of those people who have been deprived of their liberty. This includes children and young people in secure care.

Due to the current Covid-19 pandemic restrictions, we conducted the inspection remotely through video call for interviews and by the transfer of documents over IT systems.

What people told us

At the time of our inspection, there were 17 young people experiencing care within the service. Overall, the comments from young people were positive; particularly with regard to their views of the service staff and of the education facilities.

The service made every effort to help us engage with young people and we acknowledge this collaborative approach to empowering young people.

We spoke with six young people and received eight completed questionnaires. The data from this was very positive, with many of the young people telling us the service had helped make changes to their lives. In all the questionnaires, the young people said that they really appreciated the support they received from staff. We found that this compassionate approach to care went wider than just those young people and was experienced across the service. In all our conversations, the young people were enthusiastic about the care and education they received over the last year and welcomed the approach of the service to maintain normality during a very complex and challenging time.

Some of the comments we received from our interactions with young people are listed below:

"It's very welcoming and homely, which is good given why I am here."

"All the staff are supportive and they care about me. They have helped me with my behaviour and my room looks better as well. They are good fun."

"Not such a bad thing to be looked after by people I know and [this helps me] feel safe. When I'm not feeling so good, staff help me and I also get help from FCAMHS who come in and speak to me."

"Staff try their hardest to give us as much support as possible."

"I think I am healthier, and the nurse is good. I think the wellbeing team have helped me."

"I know my plan, it is to move to XX and when I'm there we will work out my next move for the next stage. Yes, I am involved in discussing this. This is called my transition plan."

"Lots to do before Covid. I couldn't get to the gym but still able to get to sports field and courtyard. Really happy that the gym has re-opened, the new machines and weights look really good."

"School is good because it gives you something to do. I like HE and cooking activities. Sometimes we get to cook in-house, which we like."

All the parents we spoke with remarked on the quality of communication between them and staff. They felt kept up to date and involved in their young person's care. Whilst restrictions on seeing their young people as a result of the restrictions enforced by Covid-19 had been frustrating, they acknowledged that the service had done everything they could to find other ways to support communication and emotional connection.

We spoke with a range of external professionals from health, social work, education and children's rights. This included 10 focused interviews with placing social workers. We received very positive feedback about the care and support being offered to young people. External professionals remarked upon the way staff responded to young people's mental health and additional support needs, which led to well formulated planning. The professionals we spoke with appreciated the vision of the service, the warm approach of staff and that young people from the centre were actively involved in changes to policy and practice. We heard that staff and managers were proactive in offering advocacy and understood the importance of making young people feel safe and cared for.

As part of our constructive conversations with professionals, we heard from two social workers that care planning could improve through greater collaboration with key staff members. We found an embedded commitment to partnership working and planned changes to build upon current examples of good multi-agency practice. For example, the organisation had undertaken digital stakeholder sessions to improve external links and to hear directly from external professionals, such as chief social work officers.

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 wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care planned?	4 - Good

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 wellbeing?

4 - Good

We found that young people living in Good Shepherd Centre developed meaningful and secure relationships with the staff caring for them. Staff understood the importance of key relationships and the importance of compassionate and relational care as a foundation to help young people make progress and recover.

Many of the young people had a particular staff member whom they felt they had developed a trusting relationship with. This meant that when they were struggling, they could turn to this person. It also meant that they had someone to celebrate with when things went well.

We absolutely found that young people experienced a high level of respect from everyone at Good Shepherd Centre. The principle of respect is a core asset of the service culture and frameworks of practice. Young people's privacy is safeguarded and there is a genuine regard for their dignity. A further core principle is participation. We found this embedded in the service's ethos and practice. The young people had a variety of ways to voice their opinions and were encouraged to engage in activities focused on improving their care experiences.

We heard that the young people had been actively involved in changes to how they were welcomed and arrived at Good Shepherd Centre. We heard about best practice transitions directly from some young people that led to very good joined up working with local authorities. This planned approach meant that young people arrived fully aware of the environment and how they were going to be cared for. Further changes to the admissions process were up and coming as a result of working directly with the young people and engagement with partners such as Tech Army, to create new visual tools for young people prior to admission.

We heard that staff actively spoke up for young people and supported them to understand their legal and human rights. We found an inclusive environment where staff would recognise and challenge any form of discrimination. This was based upon the staff members being knowledgeable about the individual needs and diversity of each young person and responding appropriately.

Young people with additional support needs were supported by staff with knowledge and with access to communication tools to support them. Where staff lacked detailed knowledge about a young person, they had quick access to guidance and advice from the professionals aligned with the service.

In the last year, the service had communicated regularly with the Care Inspectorate about a number of staffing changes. We found they had worked hard to adapt to this situation. Through our interactions with young people, we heard that this had impacted upon them, something the service acknowledged. The young people did not like familiar staff leaving their house to go and support other houses. This appeared to impact on the consistency of relationships and routines. At times, more experienced staff were required across the service to maintain a balance of skill, which we found helped to ensure a quality of care planning and good risk management.

Over the course of the last year, Good Shepherd Centre had found lots of creative ways to encourage participation and fun. We concluded that despite the challenges faced, there had been a great deal of focus on having fun and finding different ways to connect. Examples of this included online celebrations at festive periods, whole centre quiz nights, a pantomime starring staff and young people, and achievement celebrations aimed at promoting positive outcomes.

There was a good understanding about the functioning level of young people and how to personalise their care. We received a tour of some of the houses and we were pleased with the decoration and look of the environments.

As a result of undertaking a virtual inspection, we were unable to physically observe the interactions staff had with young people. Through our virtual meetings, we did see them enjoy spending time together, laughing and enjoying jokes. We saw a wide range of activities available to young people. The courtyards had been completely refurbished and new items like bikes and scooters had been purchased. Furthermore, the gym had been refurbished with the input of young people and was opened during our inspection.

Education is a key strength of the service. The young people we spoke with were very positive about education and we were really impressed that it continued, through the pandemic. Impressively, the educational attainment of young people had increased despite the significant challenges. We found that this reflected a huge effort from everyone involved in supporting young people's education.

The young people had access to employability schemes such as online construction during lockdown, which was linked to their home local authority. We found this supported transition planning. Young people spoke to us about being involved in music, DJ and MC groups, which helped them express themselves. They were also involved in activities focused on building empathy and their awareness of diversity and equality.

We found many good examples of young people being supported to reflect upon and explore their historical behaviour. We heard from several young people that they had been supported to develop coping strategies and their behaviour had improved considerably during their time in the service.

The service had clear adult and child protection policies in place. The child protection guidance was followed closely and ensured that young people were kept safe. Where incidents of child protection occurred, the service was proactive in working in partnership with other agencies to conclude issues of safety. Where young people raised allegations against staff practice, this was responded to seriously.

There were occasions where issues of protection with individual young people had put significant strain on the staff and managers. The service communicated openly with us during these times.

The therapeutic environment created by staff was a strength of the service. Most members of staff we spoke to, with only newer staff being the exception, talked to us about the importance of helping young people recover from difficult life experiences. We were pleased to hear that they understood the importance of building trust with young people before undertaking targeted work aimed at addressing the impact of abuse and trauma. We found good foundations to support the service to further develop the staff skills in this area.

Comprehensive health assessments were undertaken for every young person. We found good processes were in place to ensure young people were registered with the necessary primary health care services including the GP, dentist and optician. There were good examples of young people's specialist health needs being met. This was based on strong working relationships with health teams and proactive medical treatment within the service.

Young people were encouraged to make positive informed choices to support their physical and mental wellbeing. Staff understood the importance of prosocial modelling to promote participation in physical activity. Routines and structures were a strong focus to nurture good sleep patterns and provide a level of predictability to the day. We concluded that this promoted a sense of safety and security for young people.

We recognised that mental health and wellbeing is a priority for the service and underpins the philosophy of care. In the last year, the service was continuing to embed the SQA accredited Mental Health and Wellbeing award which was being co-delivered by young people. The involvement of young people in this course was powerful to observe. The access to specialist professionals to undertake comprehensive clinical and psychological assessments is a longstanding strength of the service and continued to support robust formulation of young people's needs and specialist individual work, when required.

Systems were in place to ensure young people had access to the medication they required. The nurse provided training for care staff on the administration of medication and care staff only administered medication when they had completed this training. As an addition to this statement, we did identify issues in the auditing of medication, which the service accepted. Please refer to area for improvement 1.

We heard about the Eat Well initiative which had stalled due to the pandemic. There was a number of forums where young people had the opportunity to discuss food. The service had proactively attempted to improve the quality of experience for young people. This included purchasing a new food delivery system. Food had also been a source of positive initiatives during lockdown, where baking for the community had helped young people to be active contributors. The service acknowledged the ongoing challenge of supporting young people to eat well and enjoy meal times, and we are confident this will continue to progress.

Our findings reflected changes that they were already developing in a number of areas. This included regular and transparent communications with the Care Inspectorate throughout the previous year.

We matched an analysis of incidents against the plans for young people and paid particular attention to their individual crisis management plans (ICMP's). For some young people, we concluded that a more focused analysis of safe restraint would further strengthen the work already being completed, particularly where they had physical health conditions. In our review of incidents, we found that ICMP's identified potential triggers for young people but the consistency of implementing this could be improved to de-escalate incidents more quickly and before they reached the need for physical restraint. Please refer to area for improvement 2.

Safety and protection was a key concern for the managers across the centre and we spoke with them about occasions where the personal infrared transmitter (PIT) system had not activated as required during incidents, leaving young people and staff vulnerable for short periods of time. We are confident the service will review these occasions as part of their wider analysis of serious incident management and take action accordingly.

Good Shepherd Centre is part of Scottish Physical Restraint Action Group and has recently set up its own internal group to look at this area. This development reflects the organisation's self awareness in this area and should support improvements in relation to the areas of improvement we have identified.

Areas for improvement

1. We identified an area for improvement related to the administration of medication. There should be a clear and accurate record of all medications and their administration. This should be supported by a robust monitoring and auditing system to ensure any error or inaccuracies are identified and corrected.

This is in order 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, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

2. In our inspection of physical interventions and crisis management plans, we identified gaps in the use of analysis to inform practical interventions. Whilst the service understands improvement is needed in this area, we would recommend the service makes wider use of their incident analysis to improve how staff identify and respond to young people in crisis. This should include how staff use restraint and what restraints are considered safe, matched against young people's health needs. Furthermore, staff would benefit from being involved in the incident audit and analysis process and will require protected space in their daily work to achieve this.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

How good is our leadership?

4 - Good

Good Shepherd Centre is a reflective organisation that is open to learning and improvements. Despite the challenges faced over the last year, we found that a considerable amount of energy had gone into ensuring that the service development plans had moved forward. In reviewing the service improvement plan for the organisation, we found an ambitious plan, rooted in the The Secure Care Pathway and Standards and The Promise.

The vision was ambitious and challenging for the service, and they understood the steps required to move forward. We were pleased that managers at all levels ensured the needs and wishes of children and people were the primary drivers for change. We found them to be focused on young people's outcomes and their best interests. There was good evaluation of children and young people's outcomes and experiences, with the intention that they received the best possible care and support.

In the previous year, the organisation had progressed its service improvement plan and embedded many of the identified changes. Examples of this included improvements to the way young people moved into the service and young people being actively involved in shaping policy and practice.

At a strategic level, the managers had worked incredibly hard to keep practice improving despite facing a number of challenges. We found that staff believed the vision of the service was the correct one and, as a result of working tirelessly through the pandemic, they struggled for time and energy to engage in this process. We considered that the service needed to ensure all staff were clear about their role in the direction of the service and had time and space to get involved in the inputs relevant to their work. The service had already started to explore our findings during the inspection in order to better understand staff motivation to engage in the improvement process and to help find ways to involve them more effectively.

We were pleased that children and young people's views were central to the process of evaluation and they were well informed about any changes. Young people were also involved in a number of strategic quality assurance inputs alongside staff which were focused on improving their care.

In our review of quality assurance and audit around care planning we found that senior managers had regular meetings to review themes and trends to pre-empt changes to the care plans for young people. There were quality assurance processes in place to review incidents and to support learning within the houses. This process will be further strengthened by an analytical approach from all staff, which should be guided and nurtured by managers.

There were clear aims and objectives underpinning the care and support offered to young people. These had a well-considered model of care which incorporated trauma, attachment and wellbeing informed practice. Whilst staff were at differing levels in their trauma informed practice journey, we found that as a collective, the approach of the centre was informed by trauma and we were confident this learning and progression would continue with the current leadership team.

Children and young people were well informed about the standards they should expect from the service. They were empowered to give feedback and raise concerns. We heard that they believed these would be acted upon promptly without negative consequence. There was a low level of complaints from young people and the centre responded appropriately.

The centre had consulted with young people over the last six months to understand how they had been impacted by the pandemic. The young people had raised their priorities and this was acted upon. For example, the salon was opened at the earliest convenience to allow young people to get haircuts.

Staff in the houses told us that they were supported by managers and believed there was an open door policy. During particularly challenging times, we found that people looked out for each other and shared a sense of compassion not just towards young people but to one another.

In our conversations with the chair of the board, we found that they had a very good oversight of the needs of the service and were fully involved in supporting people at all levels. Whilst the pandemic had interrupted opportunities to get everyone together, the board had continued to function, supporting the service improvement plan and offering strategic counsel.

How good is our staff team?**4 - Good**

We learned from discussions with young people about the significant commitment staff made to building trusting and positive relationships and ensuring young people benefited from a warm atmosphere. We also noted this in staff's willingness to be creative and provide opportunities for young people to experience fun activities.

The service had developed a staff matrix in the last year and this appeared to us to be a very good tool to ascertain staff skill level and mix. We could also see how it will be beneficial in tracking training and identifying where gaps in training may be occurring. We consider it will also provide the framework upon which to build the staff PDA and training needs. It is in early stages and yet to show its full potential.

We found supervision in two of the houses occurring regularly and, from discussions with staff, it covered all elements we would expect. In one house, formal supervision was occurring but the consistency of this needed some improvement. Staff told us they valued this time and found it a beneficial tool to reflect on the care provided to young people and their own wellbeing. Informal supervision occurred across the service and was easily accessed in all houses. Senior managers made themselves available to staff to offer further support and this was widely appreciated, particularly over the last year.

Team meetings were valued by staff as an opportunity to talk through issues. Some minutes of meetings demonstrated acknowledgement by the house manager of staff doing well and working hard, but also validation of staff feeling anxious regarding the current staffing situation.

Morale had been affected through the year. We recognised that this was due to several factors, including the significant impact of Covid-19. From our review of staff interviews and questionnaires, we found staff working long hours to support other houses and being moved to other houses at short notice. In highlighting this to managers, there was a recognition that some very experienced staff had moved on to other employment or were off work.

We heard that the current staffing issues were already being addressed with a live recruitment campaign during our inspection. We wish to reiterate the importance of having enough well skilled staff to support the quality of care and support, and to boost staff morale. Going forward, the service told us that it intends to have an ongoing approach to recruitment to avoid a skill drop off and to ensure succession planning at all levels. Staff and managers worked hard to provide consistent care and support and to ensure the needs of young people were the foremost priority.

A multi-disciplinary approach was embedded in practice. Professionals who were not involved in direct care, were empowered to contribute to their support and build positive relationships with young people.

How well is our care and support planned?

4 - Good

We recognised multi-agency and multi-disciplinary work as a key strength of the service. Assessment, both initial and ongoing, held the young people at the heart of the process. Most assessments were robust and clearly identified young people's needs, potential strategies and interventions.

We saw how risk assessments were informed by a young person's previous experiences and input from a range of professionals. Individual crisis management plan's (ICMP) focussed on the individual young person and were reviewed regularly following any episodes of physical intervention. We would have liked to have seen more emphasis on the interactive process of risk assessment. This would have better demonstrated the young person's voice and the process of co-production of risk assessments and ICMP.

Additional guidance for risk assessments has been developed and contained extremely useful information for staff to support their efforts to maximise safety. Staff aspired to Hope for young people, which was evident through our discussions and was reflected in some planning paperwork. A culture of rights-based practice was evident through formal assessments and plans as well as through our discussions with staff, young people and others.

Formulation meetings for the assessment and planning processes were an embedded aspect of care and support planning.

We could identify progress towards goals/outcomes within formal planning paperwork, which was regularly reviewed in line with the service's ten-week reviewing cycle. This cycle was flexible and could be adjusted depending on the needs of the young person. Other review frameworks were also used to inform progress and future plans, including the looked after children (LAC) and secure placement reviews. Throughout the planning and review process, the views of all professionals were considered.

Staff used a range of recording tools to document their interactions and interventions with young people. They told us of this being an onerous and repetitive task which was a barrier to maximising quality time with them. Going forward, we would ask the service to look at ways in which recording tools are utilised in the most efficient way to enable staff to maximise contact with children and young people.

We were impressed by the Hope database and recognised it as a tool for recording and sharing information to promote consistency of care and inform reports and reviews of progress. The database has been in place for some time and we found that its use by staff was inconsistent. We also found that the information recorded within it was, in the main, also recorded in written records elsewhere. The service acknowledged the need to streamline its recording systems to develop more effective care and support planning.

There was a strong focus on the transitions to and from Good Shepherd Centre. Staff told us that they found the inconsistent response from local authorities led to a number of challenges in promoting best practice. We saw some examples of very good admission planning for young people and would encourage the service to build upon these practice examples.

Good Shepherd Centre had developed a staying connected plan to maintain a relationship with young people when they had moved on. A social media group was available and had connected with over 100 young people who had a historical connection with the centre. This had proven very supportive and supported many young people to stay in touch with staff they had formed strong relationships with. We were

heartened that not only did young people receive emotional support via this forum, at times staff reached out with physical support when it was appropriate.

Care staff and psychologists reflected with us on the planning for transitions and highlighted the paradox in the secure system of moving young people on as soon as their behaviours and presentation appeared to be settled. We recognised the centre's attempts to advocate for transitions that were in young people's best interest and the lack of control they had in some of these decisions. The organisation was committed to developing partnerships with local authorities to improve planning for young people in line with the secure care pathway and standards and we look forward to seeing the progress of this at next year's inspection.

Staff were able to tell us of a range of methods used to engage young people in their own planning. This ranged from participation in formal meetings to one-to-one time and the use of impromptu opportunities to ascertain views. They were also able to tell us of their involvement in their plans and how they could influence them. Young people also told us they had trust in staff to represent their opinions and desires when they felt uncomfortable in doing so.

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	4 - 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?	4 - Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - 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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