

# Beech Avenue Childrens Home Care Home Service

1-3 Beech Avenue  
Hunterhill  
Paisley  
PA2 6XN

Telephone: 01418 897 375

**Type of inspection:**  
Unannounced

**Completed on:**  
14 October 2021

**Service provided by:**  
Renfrewshire Council

**Service provider number:**  
SP2003003388

**Service no:**  
CS2003001245

## About the service

Beech Avenue children's care home is registered to care for a maximum of six young people, up to and including age 20 years. The service is managed by Renfrewshire Council and provides care and accommodation on a short or long term basis for young people from the Renfrewshire area.

The house is within a residential area, close to local amenities and has a full time manager, two senior practitioners and a team of residential childcare workers.

The aims and objectives of the service include:

- Promoting an environment where young people feel safe and cared for
- To support children and young people to maintain contact with family
- To encourage young people to achieve educational potential through working in partnership with other agencies
- To support young people for independent living

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

At the time of our inspection, there were three young people residing at Beech Avenue. We spoke to one young person, and another on an informal basis. We also had contact with one parent and a variety of external professionals who regularly worked alongside the service.

These are some of the comments regarding the service:

Staff genuinely care for the young people and their priority is always the safety and wellbeing of the young people

You get a real sense that this is a home and not just a placement

The support and help staff give is superb, couldn't fault it, absolutely fantastic.

Staff provide a high level of emotional and practical support. Good awareness of trauma, mental health and child development.

**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?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care planned?	3 - Adequate

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**

Young people were engaging with Beech Avenue to varying degrees, so not all had developed meaningful relationships with staff, but staff and managers persevered in their commitment to build strong connections with young people. We witnessed staff having a compassionate approach to care when one young person became upset and at other times, we heard young people seeking staff members for support and assistance. The service tried to ensure continuity of staffing, but at times this had been extremely difficult due to absences, affecting the consistency of approach towards young people.

The young people received respect from the staff and manager, and staff also discussed the young people in their care in a respectful manner. Each young person had their own private bedroom which they had been given the opportunity to individualise. Young people also had the chance to mix with others in the house or use the spacious communal areas to relax. Beech Avenue was undergoing home improvements which will further enhance the quality of the environment for the young people.

Although external advocacy was available to the young people, in the main, they had chosen not to take up this service on a regular basis. We spoke to Who Cares? Scotland who noted that staff regularly refer to advocacy and strongly encourage involvement. External professionals spoke of being impressed by the willingness of the staff to advocate on behalf of the young people.

Staff provided young people with continuing care placements and had put supports in place to ensure outcomes were met and that appropriate transitions were considered.

There were examples of staff having 1:1 time with young people to discuss matters important to them, with young people's views being sought prior to multiagency meetings and the opportunity for them to be present at most meetings. The service had engaged young people in improving the house and responding to their request for a 'chill' room and additions to the garden. The service could benefit from establishing more varied methods to ensure that young people are given opportunities to voice opinions.

The young people at Beech Avenue could advise how they wished to spend their time, however again this was mixed, with some young people making decisions independently of staff and spending significant periods of time outwith the house. This impacted on their routine, sense of belonging to the service and engagement in their care and support was not consistently being achieved. In contrast, staff had a strong understanding of other young people in terms of their strengths and preferences and had a significant awareness of how outcomes could be improved through access to specialist services and support.

Young people were not actively involved in activities within the local community, however this related to their own wishes rather than staff not being encouraging. They did have access to the local authority leisure centre and had recently had the opportunity to plan and go on holiday with staff.

Attempts were made by staff to encourage independence and life skills. Some young people were doing their own laundry, maintaining their rooms and could prepare food for themselves. As part of continuing care, this was promoted, however greater emphasis could be given to enhancing and encouraging these skills.

The young people took significant risks at times and were at risk of harm. We found the service was working with the young people and other agencies to promote safety and positive decision making. Staff had good awareness of the risks for each young person, and were committed to protecting them emotionally and physically, and responded appropriately to indicators of concern. This was also highlighted by external professionals who stressed the commitment and determination of staff.

We found the manager and staff had a good understanding of trauma, and this was emphasised by the external professionals we spoke to. Although not all young people were actively engaging with the service, they were provided with nurturing and therapeutic care and support as required.

Staff had successfully managed to deescalate distressed behaviour, and physical intervention by staff was not commonplace. There were risk management strategies in place for the young people, identifying triggers and early warning signals.

The young people were registered with local health services and there were referrals and involvement from substance misuse services as required. Other specialist services included mental health agencies, with Beech Avenue staff demonstrating that they were proactive in identifying unmet health needs and advocating on behalf of young people for appropriate and timely assessment and care. The staff team demonstrated their ability to support young people with significant mental health difficulties and have confidently and appropriately taken advice from specialist services.

The inspection considered the medication policy and process. For one of the young people, it was unclear how much medication should be given and daily recordings needed to be more explicit (see Area for Improvement 1).

A previous inspection suggested that the service should develop a policy in relation to the management of young people under the influence of substances whilst at Beech Avenue. There was a clear need for this to be established, which would incorporate room and bag searches, along with appropriate disposal of any drugs found on the premises. (see Area for Improvement 2)

Beech Avenue benefitted from a housekeeper and there was a variety of healthy food options available with the opportunity to socialise with staff and other young people at meal times. At the time of inspection, we heard that young people were not involved in menu planning, although staff were aware of the likes and dislikes of the young people and menu planned accordingly. Young people were encouraged to assist with the food shopping and cooking.

In conclusion, we considered that the service demonstrated a number of important strengths in supporting young people's wellbeing. This has informed the grading of this key question as good.

### Areas for improvement

1. The service is to review the approach to the recording of medication to ensure daily clarity, and ensure it is clear to all staff how much medication should be issued.

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

I use a service and organisation that are well led and managed (HSCS 4.23)

2. Develop a policy and procedure for staff relating to the management of young people under the influence of substances whilst at Beech Avenue, incorporating procedures for searches and disposal of drugs on the premises.

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

I use a service and organisation that are well led and managed (HSCS 4.23)

I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20)

### How good is our leadership?

**3 - Adequate**

There was a complaints procedure in place at Beech Avenue and this has been embedded in the admission process. We found that the service had responded positively to young people's requests regarding the improvement of the service and for additional resources.

We did not identify a clear effective system of evaluation and quality assurance. Seniors have responsibility for oversight of care plans which are reviewed as part of the staff supervision process, however the service did acknowledge that the quality assurance process and external scrutiny required attention. There were plans for this process to be standardised across the local authority to ensure young people can receive the best possible care and support. (see Area for Improvement 1)

There was a development plan in place, which could be strengthened by being more specific, with greater detail in terms of identifying desired outcomes, how these will be achieved, by when and how the service will measure progress and achievement. This should also ensure the views of young people, families and stakeholders are considered to further develop Beech Avenue. (see Area for Improvement 2)

In terms of management, the absence of the service manager for periods of time has undoubtedly affected the service, however staff stressed that other managers were always accessible, and the external manager was hands on, approachable and advocating for the young people. Professionals commented on the strong leadership and guidance provided by the service manager.

The service had recently changed to a new rota and planned to have a new peripatetic team in place. This was to provide standardisation across the local authority houses and ensure that there was increased staffing capacity to provide continuity of care. This followed recognition by management that staffing levels was an area for improvement. Some staff were understandably apprehensive regarding this change and considered that the communication regarding the new rota and the peripatetic team had not been sufficient.

Beech Avenue's statement of purpose stated that careful matching will be prioritised, with the preferred option being to facilitate a planned admission, and during the last inspection, it was identified that the service was reviewing the assessment and matching of admissions. We found that since the last inspection there had been several new admissions, generally at short notice, with the service itself having minimal input into this process. This contributed to, at times, negative experiences and outcomes for some young people. It was positive to hear during inspection that there were no plans to introduce other young people to Beech Avenue to help promote stability after a period of change. However, we are aware that this has not happened and there was a new admission despite concerns about the impact on the young people. Subsequent discussions with the service provided information which highlighted that staff within Beech Avenue had become involved in the recent admission process, and the service has also expressed their commitment to ensuring that all options are explored for young people, including placements not provided by the local authority when this would be beneficial. This is welcomed and should continue moving forward. (see Area for Improvement 3).

We were able to identify some strengths for this quality indicator but these just outweigh weaknesses. The absence of quality assurance, and the concerns about the admissions process has implications for the service in terms of sustainable quality care to young people. These factors place good outcomes at risk, with the potential for young people's experiences to be negatively affected. The service has expressed their commitment to develop these areas and this key question has been graded as adequate with three areas for improvement.

## Areas for improvement

1. Quality assurance and monitoring systems are to be developed to evaluate children and young people's outcomes and experiences to ensure they receive the best possible care and support.

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

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19)

2. Review the service development plan to ensure this has specific outcomes, how these will be achieved and how progress will be measured. This should take into account the views of young people, families and stakeholders.

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

I use a service and organisation that are well led and managed (HSCS 4.23)

I am actively encouraged to be involved in improving the service I use, in the spirit of genuine partnership (HSCS 4.7)

3. It is essential that the service has a robust and rigorous assessment and matching process for admissions to ensure the best interests of all children and young people, taking into account the CI guidance - Matching Looked After Children and Young People: Admissions Guidance for Residential Services. This should include staff from the service taking an active role in this process.

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

I use a service and organisation that are well led and managed (HSCS 4.23)

I am in the right place to experience the care and support I need and want (HSCS 1.19)

## How good is our staff team?

**4 - Good**

The staff team had formed a strong bond, they were flexible and communicated well to get the best outcomes for the young people. This had taken time given changes to the team and staff absence issues. The service acknowledged this was work in progress and will evolve as the new peripatetic team comes on board.

Feedback from other professionals noted that staff were genuinely committed to the young people and positive relationships were formed and sustained. Staff showed skill in resolving conflict situations and had good awareness of policies and procedures. To meet learning needs and to provide quality care and support to young people, we saw an emphasis on training and staff development.

Staff spoke of regular formal supervision taking place which included discussions regarding the young people and personal development. They also noted the opportunity to have informal discussions with managers and colleagues as a way of improving practice and reflecting. The service had recognised the demanding nature of the work recently and provided staff with a relevant external support.

The service did not have a robust assessment of staffing needs to determine the experience, qualifications and skill mix of staff for the young people in the service. This would consider the complexity of individual needs and risks of the young people. (Area for Improvement 1)

The service demonstrated a number of important strengths regarding staff competence, with a focus on learning and development to support young people's wellbeing. This has informed the grading of this key question as good, with one area for improvement.

### Areas for improvement

1. The service should ensure that there is a process to determine the number, experience, qualifications and skill mix of staff for each shift. This will take into account the specific needs of individual young people. This process will also benefit from the manager having a system in place that identifies individual training needs and achievements. Consideration should be given to the document: Guidance for providers on the assessment of staffing levels.

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

My care and support meets my needs and is right for me (HSCS 1.19)

My care and support is provided in a planned way, including if there is an emergency or unexpected event (HSCS 4.14)

### How well is our care and support planned?

**3 - Adequate**

The service had varying success in terms of trying to encourage young people to take an active part in their care plans. The care plans were reviewed by the key team but attempts to motivate the young people in participating in their plan was not always effective and young people lacked structure to their day at times.

The service had started a process of reviewing the care plans and associated paperwork to make this consistent across the local authority. New risk assessments and behaviour management plans had been developed which were clear, reflected the complexities of the young people and included strategies to support the young people across a variety of scenarios.

The service had good evidence of multi agency working and social workers and other professionals spoke of the strong working relationship and high level of communication with staff from Beech Avenue. We saw clear examples of the service taking the lead on planning, arranging meetings, reviews and seeking specialist support.

The young people had care plans which were consistent with the SHANARRI principles, however these were not Specific, Measurable, Achievable, Realistic and Time Based (SMART) or outcome focussed. This made it difficult to identify specific goals, how these would be achieved or measured or how progress was being recorded. Additionally, there was no clear way of gathering the young people's views, so their voices were not represented in the care plans and risk assessments. (see Area for Improvement 1)

We looked at the incident report forms as part of the inspection. These forms were lengthy and not specifically designed for a residential care home. The service should consider streamlining this process as part of the current paperwork review so that managerial comments are routinely shared with staff and to ensure that formal debriefing is consistently undertaken with staff and young people.

We look forward to seeing the progress regarding the standardisation of paperwork in all areas as this is an area the service had identified as requiring improvement.

Assessment and planning by the service demonstrated some strengths, but key areas of care planning and gathering young people's views require further development to promote positive experiences and outcomes for young people. As a result, we have graded this key question as adequate with one area for improvement.

## Areas for improvement

1. Care plans to be reviewed to ensure they comply with SMART principles. The service should take effective steps to engage young people in their care plan, and record actions to be taken to achieve positive outcomes, how they will be measured, how achievable they are and within what timeframe.

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

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12)

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)

I am fully involved in developing and reviewing my personal plan, which is always available to me (HSCS 2.17)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	4 - 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?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right values, skills and knowledge to care for children and young people	4 - Good
How well is our care planned?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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