

Kibble Education and Care Centre School Care Accommodation Service

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Kibble Education and Care Centre is administered by a voluntary board of trustees on behalf of the Miss Elizabeth Kibble Trust. The service is a residential school which provides care, support, and education for up to 63 young people between the age of 11 and 18 years, who are experiencing emotional, behavioural, and educational difficulties.

Since 2010, Kibble Education and Care Centre has been registered to accommodate both boys and girls. The service is inspected by us at least once per year on an unannounced basis. As well as being inspected by the Care Inspectorate, the centre is also subject to joint inspections by Her Majesty's Inspectorate of Education (HMIE), known as Education Scotland, at four-year intervals and is registered with the Registrar of Independent schools.

The service is situated within extensive grounds on the north side of Paisley. The service is a campus style with community-based houses and provides a range of specialised and intensive provision. The Skills Academy, which is a social enterprise initiative, is off-site and provides young people with support and assistance into employment. In addition, Kibble Education and Care Centre provides an intensive fostering service which is registered separately with the Care Inspectorate.

The campus is divided into ten separate houses, with all having en-suite facilities. All houses have sufficient space for young people in terms of sitting rooms, games rooms, and dining areas. Young people have access to recreational facilities, including a swimming pool, gym, and football pitches. The educational centre on campus is a modern facility providing young people with high standard equipment and an environment conducive to learning.

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day life of the houses.

We saw numerous examples where young people were being assisted to maintain contact with family and friends which was enhancing their overall wellbeing. Relationships were encouraged and supported despite geographical difficulties for some. We heard from one parent who told us "I have been to visit on two occasions. The house was nice, and the staff very welcoming".

Young people were benefiting from people who advocated on their behalf to have their views heard through the support from campus based 'Who Cares' staff. We felt confident that young people knew their views would be taken seriously.

Whilst we saw that there was advocacy support available to young people, there was evidence that this required to be strengthened for those young people who s

new electronic medication system in the near future.

Kibble Education and Care Centre have a Specialist Intervention Service (SIS) team which provide high quality therapeutic support to young people through holistic and specialist interventions. We heard some positive feedback from parents about the progress their children had made and of young people engaging with the team when they would not engage with previous services.

Throughout individual houses we noted a real inconsistency in understanding in relation to staff understanding trauma related approaches. A Trauma informed training program roll out was delayed due to Covid-19. This training will be critical to staff being skilled and confident in their practice and we will review the impact of this during our next inspection.

Staff are trained in Safe Crisis Management with a commitment to a reduction in restraint. There has been positive work in some houses to reduce restraint and manage crisis in a trauma informed manner. However, in other houses there was inconsistent practice which led to young people not being supported with trauma informed practice. Some young people told us that restrictive physical intervention was being used as a method of removal to their bedrooms. We have asked the service to consider further the use of restraint, and to ensure that practice reflects that this is used as a last resort and not for compliance. This will form an area for improvement (1).

We received mixed comments from young people about the food and many of these comments were less positive. Whilst we acknowledge that the service is making efforts to improve young people's participation in food choices, we have asked that they consider expanding this consultation to include consideration for meals to be cooked in the individual houses as

processes. Whilst the service did have a policy in place, we found examples of delays in the service referring child protection matters to the police, some between two and ten days, and a lack of clarity regarding the role of the campus police officer in progressing or investigating such incidents. Police Scotland raised this concern with us during their feedback to us. We were provided with evidence of delays in following national guidance and Public Protection arrangements were not being consistently followed. We were concerned about the potential impact on outcomes for young people, either in the delay in gathering evidence or for young people feeling they have not been listened to or believed. In addition to this, the service requires to have a robust system of risk assessment and decision making in place where an allegation has been made against a member of staff. The service was aware of and making progress on this issue, however, we remain concerned about the inconsistencies and the potential negative impact on young people. This will form a requirement (1).

Recommendations

1. The provider must ensure that robust practices are in place to evidence the effectiveness of the service in keeping young people safe. The following should be a priority in terms of improvement:

- Ensure that Child Protection procedures are clear and adhered to at all times. The service must ensure that Public Protection arrangements and national guidance are followed at all times. In addition, the service must ensure clear risk assessments and considerations take place for critical incident reviews of any child protection concerns.
- Ensure that there is a robust process of risk assessment in place for any allegations of abuse or misconduct relating to a member of staff. Decision making regarding a member of staff being redeployed or suspended must be clear and consistent. Consideration of referral to SSSC must also feature in these risk assessments.

This is to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Regulations for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: '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' (3.14); 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (3.20) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11).

Additional findings

1. In order to ensure that young people receive consistent care which improves their sense of belonging and safety, the service should have in place detailed information to inform the strategies being used for individual young people and they should ensure that restrictive physical intervention is being used as a last resort. More proactive and consistent measures should be implemented across all houses to support improved outcomes for young people.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: 'If my independence control and choice is restricted, this complies with relevant legislations and any restrictions are justified, kept to a minimum and carried out sensitively' (1.3); 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11) and 'My care and

support is provided in a planned and safe way, including if there is an emergency or unexpected event' (4.14).

2. Young people should be supported to be safe at all times and in order to do so and their safety and wellbeing when out of the service should be strengthened. The service should develop a missing person policy to reflect the current "not at home" process. This should be rolled out to all staff. The service should also ensure that all young people have an up-to-date missing person profile as a matter of urgency.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11); 'If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me' (3.23).

3. Young people should receive quality care and support by the service who has undertaken a thorough matching process. The service should fully implement the new "Moving In, Within and Moving Out of Kibble"

The service has recently developed operational managers meetings which we believe will begin to promote consistency and will support the management team to be clear about their roles and responsibilities and act as champions for young people. Evidence showed us that there were high levels of inconsistency

care. Following this, the service should ensure that relevant support is provided by senior managers.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

How did staff team?

4 - Good

Overall, we made an evaluation of good for this key question. We found a number of important strengths which, taken together, clearly outweigh areas for improvement. Those improvements identified are required to maximise wellbeing and ensure that young people consistently have experiences and outcomes which are as positive as possible.

When considering our evaluations for this indicator we gave a lot of thought to the impact of the pandemic. Amid the pandemic, it is admirable that staff have continued to provide a high quality service.

have asked the service to ensure that such supports are routinely in place and that staff are empowered and equipped to deliver the best quality practical and emotional care and support.

We were not provided with sufficient evidence which enabled us to see that staff were given adequate time for effective, structured supervision, or support through regular ongoing planned team meetings.

From the evidence we were provided of supports such as team meetings and supervision, there did not appear to be a strong culture of reflection. It was, however, admirable that teams were working together despite a lack of formal structures and that the service had recently introduced group supervision.

We were provided with a training needs analysis for one house and as a formal area for improvement (1) we would suggest that this is undertaken for each of the houses.

Following discussions during the inspection we are confident that the service has acknowledged the need for improvements during

ensure that sufficient levels of staff and skill mix take into account the young people's complex physical, emotional and social needs.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: 'My needs are met by the right number of people' (3).

inconsistencies, which we have discussed with the service, a range of documents showed positive care planning, good evidence of young people's input and multi-agency input and were of a very good standard. Initial good assessments by the SIS team supported the development of individualised care plans and risk assessments.

Support plans were Specific, Measurable, Achievable, Realistic and Time bound (SMART) and evidenced good information about both identified need and strategies of support. They were highly individual and provided good guidance to staff about a range of strategies of support.

The range of plans ensured that all aspects of support were identified to improve the delivery of safe and individualised support, however we discussed with the service our view that there would be a benefit to streamlining some documents. We were confident that the service was aware of and already considering how best to do this.

There was clear evidence of multi-agency involvement in reviewing young people's care. We r

Detailed evaluation

How well do we support children and young people's wellbeing?	3 - Adequate
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	3 - Adequate
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
3.2 Staff have the right values, skills and knowledge to care for children and young people	4 - Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - 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?	5 - Very Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	5 - Very Good

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