

Harmeny School

School Care Accommodation Service

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Telephone: 01314 493 938

Type of inspection:
Unannounced

Completed on:
18 July 2023

Service provided by:
Harmeny Education Trust Ltd

Service provider number:
SP2003002598

Service no:
CS2003011066

About the service

Harmeny School provides school care accommodation for 32 children and young people who have experienced early years trauma and significant family disruption.

Harmeny School is an independent, grant aided school which is owned and managed by Harmeny Education Trust Ltd., a not for profit organisation with charitable status.

The school is situated in extensive grounds in a rural setting on the edge of Edinburgh with good access to local amenities and bus routes. The accommodation is provided in four purpose built cottages within the grounds and in one wing of the original nineteenth century house. The school also provides a day education service, supported by a dedicated cottage.

Harmeny School is a national resource with children in residence from throughout Scotland. It operates throughout the year.

About the inspection

This was an unannounced inspection which took place on 19 June 2023 between 10:30 and 18:30, 20 June 2023 between 9:30 and 19:00 and 21 June 2023 between 9:30 and 16:00. We also offered staff opportunities to speak with an Inspector in the two days after the onsite inspection. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service, we:

- spoke with 13 young people
- spoke with 23 staff and managers
- spoke with a member of the Board of Trustees
- spoke with four external professionals
- observed practice, the environment and daily life
- reviewed documents.

Key messages

- Harmeny continued to look for ways to improve the lives of children and young people by introducing new and innovative services.
- Children and young people were cared for in a nurturing and therapeutic environment.
- Staff were skilled in their sensitive approach to the care of the children and young people.
- Managers were highly knowledgeable about aspects of the service which required improvement.
- Children and young people were well supported to connect with family and friends and be involved in the local community.
- The service needs to continue their plan to reduce physical interventions.
- Managers need to establish robust quality assurance and auditing systems.

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 rights and wellbeing?	4 - Good
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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 rights and wellbeing?

4 - Good

In relation to Key Question 7.1 we found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated Key Question 7.1 as very good. In relation to Key Question 7.2 we found several strengths which impacted positively on outcomes for young people and these outweighed areas for improvement, we evaluated this question as good. The overall evaluation for Key Question 7 is good.

Children and young people received a high level of therapeutic care and support. They were relaxed and comfortable with staff, who responded to them with warmth and nurture. Staff sensitively managed the complex dynamics between the young people, helping them feel safe and secure.

Rigorous assessment and matching ensured that children and young person's needs were fully known on an individual basis.

There were very well established links with other agencies, including independent advocacy and generally there was good communication between services. However, this could be further improved by identifying designated contacts to communicate with placing social workers.

Child protection procedures were confidently implemented and proportionate action taken when child protection concerns emerge, including robust assessment of risk and prompt communication with involved agencies. We suggested this could be further improved by developing quality assurance systems to ensure early evaluation of incidents after reporting.

In keeping with The Promise, Scotland is aspiring to be a nation that does not restrain young people, unless it is a matter of urgent safety and an absolute last resort. While the majority of incidents of restraint complied with this, we identified a number of incidents of restraint which did not merit that level of intervention. In some situations, approaches suggested for de-escalation within risk assessments were not being used effectively to reduce the likelihood of restraint. The service had robust systems in place for recording physical interventions, although we noted some language being used within reports which was not always trauma-informed. However, we were pleased to hear that the service has developed and is delivering training for staff around the use of language.

Wide analysis of restraint in terms of themes and situations provided substantial statistical information on restrictive practices. The service should continue to use their monthly Safe and Positive Practice Group meetings to learn from their physical incidents in evaluative and qualitative ways, in order to support their plan to continue reducing physical interventions. **See Area for Improvement 1.**

Harmeny promoted an emphasis on the sense of 'community' and celebration of the successes of the children and young people. The therapeutic approach was reflected in the exceptional grounds, activities available and in the cottages which were homely, well decorated and furnished. The facilities were well used and provided a wide breadth of experiences, having fun, freedom to explore, to learn and take proportionate risks.

Young people were regularly consulted about their day-to-day care, and child-friendly materials help to engage young people in their care and support. However, the service could look for more opportunities to engage young people in key team meetings and continue looking for ways to engage them in care planning.

The service had established a service called Here4U. The service was exemplary in providing children and young people with opportunities to maintain key contacts and carried out important work with children and young people to enable positive transitions.

Children and young people had access to health services to promote their physical health. There was clear evidence of effective collaboration with CAMHS to promote the wellbeing of children and young people. While the practice of administering medication was found to be good, we felt that the service could make some improvements to its oversight and auditing of medication. **See Area for Improvement 2.**

Family connections were nurtured from early stages, where initial assessments involved spending significant amounts of time with family and extended family, to invest in these relationships and build a positive pathway for promoting ongoing relationships.

Care plans identified children and young people's individual ambitions and interests and staff spoke clearly about the interests of the young people. This key priority helped young people to feel they were valued. Children and young people were continually engaged and active, they wanted to be with staff and be involved in what was going on.

Children and young people were attending school and plans had been tailored to creatively meet their individual needs. Most of them attended the Harmeny School. However, some attended their local mainstream school, with there being evidence of good collaboration between staff and schools, in order to maintain education placements.

The Harmeny leadership team consistently identified and progressed innovative projects such as Here4u, the Harmeny Way, Harmeny Outdoors and development of a bespoke service for older young people, expanding on the broad range of therapeutic opportunities for children and young people.

Some of the managers provided very good role modelling for staff and there were supportive opportunities from induction, supervision and training. However, views on support from managers varied across the cottages and whilst some staff felt very supported, others felt that there was a disconnect between managers and staff, particularly in relation to some decisions. This was something that the senior management team was aware of and committed to proactively addressing.

Recent changes to the Board of Trustees has maintained the skill mix of the Board, which is fully involved in strategic decisions about care and education. Whilst board members visited the school for events, some staff said that they had not met board members and would welcome visits from the board to further showcase the work they do with the children and young people. We suggested it may be helpful for individual board members attach to the cottages and be more visible to staff and children in their governance role.

Harmeny had responded appropriately to an incident in the last year and had initiated lessons learned. However, there were a number of areas where quality assurance practises could be improved to help with consistency and overall management oversight. We also stressed the importance of supporting staff to be confident in the use of the whistleblowing policy and procedure. **See Area for Improvement 2.**

We heard that like other services in the sector, Harmeny had been impacted by difficulties in the recruitment and retention of staff. However, Harmeny had reviewed conditions for staff, providing opportunities to support staff wellbeing such as massage therapy and free gym membership alongside effective learning and development, which had led to some successes in recruiting and retaining experienced staff.

Harmeny benefited from a high proportion of very knowledgeable staff who had worked in the sector for a long time or came experienced from other care sectors. This had; however, not offset the impact of high staff turnover on young people, who we heard had at times struggled with the loss of key relationships. Given the young age of many of the children at Harmeny, this could be unsettling for them. Most staff we spoke to mentioned the impact of staff turnover on them and this was also mentioned by external social workers. It is clear that the cottage teams were in the early forming stages and we stressed the importance of staff retention and building a team ethos to provide continuity for children and young people.

A particular frustration for staff was the rota, with them feeling that it did not provide the work/life balance they needed to support them in working with young people who had experienced significant trauma. We understood that the service had been working to progress a new rota. However, the pace of change had been too slow for many and this had potential to impact on staff retention. The senior management team assured inspectors that they were aware of this and a new proposed rota would be shared with staff in the near future.

An appropriate process was in place to recruit staff and ensure their fitness to work with children and young people. All staff who required to be registered with the Scottish Social Services Council (SSSC), were registered or had applied for registration.

Children's plans were completed to a high standard; they were comprehensive and had many specific actions identified to support young people therapeutically. However, in some cases we saw that key team meetings were not taking place as often as they should. Care plans could be further improved by applying more SMART (specific, measurable, achievable, realistic and timebound) targets.

All plans we sampled had risk assessments in place. Many were of a high quality and again were very specific and comprehensive, helping staff to identify and respond to risk appropriately. The language used in risk assessments was sensitive and trauma informed. We did; however, note a lack of consistency with some risk assessments not being detailed enough to ensure that risk would always be appropriately managed. This lack of consistency led us to believe the service should improve its quality assurance processes around key team meetings and assessments. **See Area for Improvement 2.**

Areas for improvement

1. In order that children and young people continue to be cared for in a trauma-informed way and are subject to physical interventions only in situations of urgent safety and absolute last resort, the provider should continue with their plan to reduce physical interventions, through further evaluative and qualitative analysis.

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

2.

In order to continue promoting safety and reassurance, the provider should further develop its audit and quality assurance processes, particularly though not exclusively focusing on:

- reporting of incidents
- medication audits
- overview of care plans and risk assessments.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19) 7. 7.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure that administration of medication meets current best practice guidelines. This is to ensure care and support is consistent with the Health and Social Care Standards which state that; 'Any treatment or intervention I receive is safe and effective'. (HSCS 1.24).

This area for improvement was made on 26 July 2018.

Action taken since then

Administration of medication was appropriate; however, the service needed to improve audits of medication. We have made an area for improvement about this. **See Area for Improvement 2.**

Previous area for improvement 2

The provider should develop a system to ensure that incidents are notified to the Care Inspectorate in line with reporting guidelines. This is to ensure care and support is consistent with the Health and Social Care Standards which state that; 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

This area for improvement was made on 26 July 2018.

Action taken since then

All incidents have been notified to the Care Inspectorate

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	4 - Good
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7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

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