

# Aberlour Sycamore Service Care Home Service

Dunfermline

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Aberlour Child Care Trust

**Service provider number:**  
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CS2010272052

## About the service

Aberlour Sycamore Service, Bellyeoman Road, is a care home registered to provide care for up to six young people between age eight and 18 years. It is provided by Aberlour Child Care Trust, a registered Scottish charity and company limited by guarantee which works with children, young people and their families. The trust has a total of 27 registered care services throughout Scotland including fostering, care homes, day care of children and support services. This care home is one of a number also known as Sycamore Services which provides community and residential support for children and young people who are unable to live at home.

The service is provided in a large traditionally built house set in grounds in a residential district in Dunfermline. It is close to local amenities and access to public transport routes. The Sycamore School is based in an outbuilding within the grounds.

Children/young people have their own single rooms and share a bathroom, shower room, communal living room, small sitting room and a separate dining area within the kitchen. There is also a separate staff sleep-in room and adjacent toilet and shower room.

The service aims to provide a quality, safe, therapeutic living environment where young people can grow and develop physically and emotionally.

## What people told us

We spoke with three young people individually during the inspection and observed the interactions between staff and young people throughout our visits. Our young inspection volunteer also met with two young people.

Comments from young people were mainly very positive, and the specific circumstances for one young person which influenced their views were discussed with the manager.

We also acknowledged that for one young person their preference to be living elsewhere had an impact on their views, however they were still very positive about the care they received.

Comments included:

"I chose the decoration and got new stuff in my room. I've chosen to move rooms now."

"I think they should take all the locks away and give us more money especially for Christmas."

"The staff are good, especially my keyworker."

"I like the food here - we choose the menu. I look forward to Sunday when we get a big cooked breakfast and a roast dinner."

"My room is all ok - I chose the colours and the things in it."

"Most of the staff are good - I miss ones that leave though."

## How well do we support children and young people's wellbeing?

**5 - Very Good**

There were very positive, warm nurturing relationships between children/young people and the adults caring for them. There was a cheery, friendly atmosphere, with jokes, banter and appropriate cuddles. Adults were kind and caring towards the children/young people, and treated them with respect. It was clear that the children and young people's wellbeing was the priority in all plans and decisions made. Adults

demonstrated concern for children/young people's privacy and dignity, and tried to maintain this at all times.

Children/young people were fully involved in plans for their care and knew the goals they were aiming for. They had a meaningful contribution to plans and developments within the service, for example in the decoration and organisation of communal areas as well as for their individual rooms. Their ideas and suggestions were sought and recorded through a range of ways, in addition to their speaking directly to the adults caring for them, the manager or external managers. It was clear that they expected their suggestions would be acted on. In order to enhance the experience of any new child/young person arriving to the service, they planned to develop a handbook to describe what to expect from Bellyeoman.

Children/young people's likes, dislikes, needs and preferences were integral to planning for their care. We saw many examples of their choices being implemented both on an individual level and for the service. Children/ young people planned the menus and improvements within the house, as well as outings, activities and holidays. They were encouraged to negotiate with each other in making plans, and we heard about numerous opportunities for having fun, and exciting holidays, which were shown in photographs. These helped to build up memories and mementos for the children/young people, which were collated for them to take with them if they moved on.

The service employed education support workers to help children/ young people gain the most from their education. They devised alternative educational activities when children/ young people did not manage school, and there were plans to continue to develop an education hub on the premises. Children/ young people were encouraged and supported to be involved in activities and develop hobbies in the local community. This helped them build up their confidence, and develop social skills and friendships.

There were procedures in place to help children/young people be safe, and staff had training on Child Protection and Child Sexual Exploitation. We saw examples of where these procedures had been followed effectively. Staff had opportunities to reflect and learn from these through discussion within the staff team and with the organisation's clinical psychologist.

The service were in the process of implementing a system of comprehensive assessment, so that individual needs relating to previous life experiences were identified and formed the basis for the children/young people's care plans. Strategies which would help individual children/young people were identified with them, and recorded so that adults had clear guidance about what would work best. They were developing a 'Safer Homes' strategy through reviewing safe holds to identify ways to prevent these in future and reduce their occurrence.

We saw that the service provided a high level of care to young people who were moving on from the service or were staying elsewhere temporarily. They had built up strong relationships with others involved with the young people, including family and other professionals. Staff showed their understanding and care towards children/young people through issues of loss, separation and bereavement, as well as support in exploration of sexuality. They were helped by the organisation's involvement of a clinical psychologist to support the team, as well as advise on care for individual children/young people. They planned to continue to build on these strategies and developmental information screening so that care was tailored accurately to meet in-depth individual need. Systems in place for medication were effective.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**5 - Very Good**

The service were in the process of devising and implementing 'Developmental Information and Screening' with their clinical psychologist. This provided the means to identify areas where additional support may be required for individual children/young people and then to identify effective strategies, based on the principles of Dyadic Development and Practice (DDP). This was an intervention for children who have experienced emotional trauma as a result of early experiences within the care giving relationship. The primary goal of DDP is to support children in developing the ability to maintain attachment-based relationships with parents and caregivers. It was anticipated that using this system would ensure that care was planned on a highly individualised basis for each child/young person.

The manager and staff team had drawn up a statement of purpose and function for the service, to clarify their aims and ensure that a common ethos was shared within the team. Systems were in place to provide a framework for quality assurance and continued improvement, and we saw that external managers oversaw the work that the team were doing. Staff had identified where they felt the service was meeting good practice criteria identified in The Health and Social Care Standards. It was evident that current research and theory informed the ethos for the service and the basis for care planning. Each child/young person had a care plan, which was reviewed continually. Care plans were dynamic so that they were adapted in response to changes in support needs or risks, taking account of consultation with the clinical psychologist and the views of placing social workers, as well as those of the child/young person. The service planned to continue to develop care planning to continue to improve outcomes for children/young people.

## 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?	5 - Very 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	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	5 - Very Good

How well is our care and support 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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