

Aberlour Sycamore Service Care Home Service

Glenrothes

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Aberlour Child Care Trust

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About the service

Aberlour Sycamore Service, Veronica Crescent, is a care home registered to provide care for up to six young people between age 8 and 18. 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 provide community and residential support for children and young people unable to live at home. The service aims to provide a quality, safe, therapeutic living environment where young people can grow and develop physically and emotionally. The service is provided in premises formed from two former council houses in a residential area of Kirkcaldy, close to local amenities and public transport routes.

The premises has a safe enclosed outside space, which includes a 'summer house' for children/young people's use. Each young person has their own bedroom and shared bathrooms, shower room, living room, dining room and kitchen.

We check services are meeting the principles of Getting it right for every child (known as GIRFEC). Set up by Scottish Government, GIRFEC is a national approach to working in a consistent way with all children and young people. It is underpinned by the principles of prevention and early intervention. The approach helps services focus on what makes a positive difference for children and young people - and what they can do to improve. Getting it right for every child is being woven into all policy, practice, strategy and legislation that affect children, young people and their families. There are eight wellbeing indicators at the heart of Getting it right for every child. They are: safe; healthy; achieving; nurtured; active; respected; responsible; and included. They are often referred to as the SHANARRI indicators. We use these indicators at inspection, to assess how services are making a positive difference for children.

At the time of the inspection there were five young people living in the house. One was just moving on and settling into their new home. They were aged 18, 16, 16, 12 and 11 years.

What people told us

During the inspection we spoke individually with one young person and joined the group informally for their evening meal. We chatted informally and observed the interactions between young people and the adults caring for them throughout the inspection. We saw that young people were relaxed and confident towards the adults, laughing, joking and seeking comfort and reassurance appropriately from them. Comments were very positive and included:

"I would give them 10 out of 10 for the care I get here."

"Everything is ok - nothing could be better."

"I feel safe and happy here."

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

5 - Very Good

Adults working in the service were warm and welcoming towards the children/young people. They created a

friendly, homely atmosphere, and we saw that children/young people went to them for reassurance, comfort and appropriate cuddles. Children/young people were keen to check in with the adults on their return from school, to tell them about their day and share jokes and banter.

We saw that children/young people were treated with respect, and their privacy and dignity was maintained. It was evident that their wellbeing was the priority in all decisions and plans made.

We saw that children/young people were consulted for their ideas, both about their own care and for developments in the house. They were confident in voicing their opinions directly to managers and staff at all levels, as well as through more formal systems such as house meetings and keyworker sessions. Their views were clearly sought and included in plans for their support.

Adults caring for the children/young people knew them well, which helped predict their behaviour and take proactive steps to aid support. The children/young people's likes, dislikes, needs and preferences were incorporated into their support plans. The ways that children/young people understood and processed information was clearly recorded, so that any advice or instructions were given to them in a way which best suited their needs. We saw that adults advocated on children/young people's behalf, and also helped them to negotiate with each other to make decisions about plans for the house and activities or holidays. Children/young people had been involved in a wide range of outings, activities, holidays and events in the house or with the organisation (Aberlour). Photographs displayed on the walls were reminders of the fun they had been having, and were collated for the young people as mementos to take with them if they moved on.

The organisation employed education support workers to support individual children/young people in gaining the most they could from their education. For those who were not managing school, alternative education activities were devised. Some children/young people also attended Aberlour's education hub, based in one of the organisation's other premises.

The service had procedures in place to help keep children/young people safe, and adults caring for them were trained in Child Protection and Child Sexual Exploitation (CSE). We saw that where necessary these procedures had been followed effectively. Through discussions within the staff team, and with the organisation's clinical psychologist, staff had opportunities to reflect and learn from these.

The clinical psychologist also worked with the staff team in carrying out comprehensive assessments, so that individual needs relating to previous life experiences were identified. These formed the basis for planning children/young people's support on a highly individual basis. 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 for each child/young person.

The organisation were developing a 'Safer Homes' strategy through reviewing safe holds to identify ways to prevent these in future and reduce their occurrence. This included making the house a safer place to work or visit, so that the philosophy applied to all. We will monitor progress on this at our next inspection.

Young people who were moving on from the service were given a high level of support, including working closely with other organisations who would be involved with the young person, and providing practical assistance if required. We suggested that the service could outline their commitment to supporting young people in moving on in a written statement to make sure that everyone shared the same understanding. They agreed that this could be included in one of their policies and will look into where best to include this information.

Staff demonstrated a good understanding of the issues of separation, loss and bereavement faced by the children/young people and were sensitive towards the impact these issues had on them. The clinical psychologist worked with the staff team in developing their understanding, as well as in drawing up individual strategies for children/young people. They supported children/young people in exploring their sexuality and provided appropriate information and access to resources to help them in this.

We saw that systems were in place to make sure that young people's health needs were met. They were registered with local health, dental and optician services, and referred appropriately to specialist health services when necessary. Children/young people were registered with the local pharmacy, and we saw that systems 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 had implemented a system 'Developmental Information and Screening' with their clinical psychologist. This provided the means to identify areas where additional support may be needed for individual children/young people, as a result of their previous life experiences. Strategies were then developed, following the principles of Dyadic Development and Practice (DDP). This was an intervention for children/young people 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 care givers. A continued programme of DDP training was in place so that more recently employed staff members could take up level one training, while others had progressed to level two.

We saw that through using this system care was planned on a highly individualised basis for each child/young person. The support plans were recorded in a way which described individual needs in the first person - for example "Sometimes just cuddling me helps me calm down although I may say I don't want one but this is because I struggle with my feelings at times. You should always ask me first." They contained sufficient detail to make sure that adults caring for the child/young person had clear guidance about what was needed from them to provide a high level of care, in a format which was concise enough to make the information readily accessible. This helped to provide a real shared understanding for both the child/young person and the adult caring for them.

A regular assessment of progress was carried out for each child/young person, against GIRFEC indicators. Through doing this it was possible to see where strategies might not have achieved outcomes and may need to be reviewed, as well as where they had been successful and progress could be shown. This also helped the children/young people reflect on their achievements and build their self-confidence and self-esteem. In addition, formal reviews of care plans were held regularly with the relevant professionals involved. Children/young people were clearly integral in making the plans for their care, and in directing the way it was provided. Support plans were adapted following any changes in needs or circumstances, in consultation with the young people and placing social workers.

Systems were in place to provide a framework for quality assurance and continued improvement. External managers visited regularly, and through the use of the information technology (IT) management system they had an overview of all the records held. This provided them with the means to analyse data, identifying where improvements may be needed, as well as quality assurance on record keeping. Managers and assistant managers within the organisation now benefited from regular supervision with the clinical psychologist. This helped them reflect on their role and the care and support provided within the service, so that they continually looked to make improvements. Through senior staff and managers regularly working alongside the staff team, they were in a position to lead by example as well as providing support and guidance to newer members of staff.

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?	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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