

Aberlour Options - Borders Care Home Service

Melrose

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Aberlour Child Care Trust

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About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This residential care home service has been registered since 2010 and is run by Aberlour Child Care Trust. It is registered to provide a care service to a maximum of 4 children or young people up to the age of 18 years with learning and/or physical disabilities at any one time. Some of the children and young people have very complex needs. The service provides short breaks and respite care and is based in a single storey residential property in St Boswells in the Scottish Borders. It is used by different numbers of young people during a normal week and at the time of our visit here were three young people living in the house during the days we were present.

The service aims to:

"To provide a flexible and responsive support service to children and families affected by their child's learning disabilities in the Scottish Borders, and to maintain a safe, happy and homely environment within the respite setting".

The service's conditions of registration are as follows:

1. To provide respite care to a maximum of 4 children or young people up to their 21st birthday who have learning and/or physical disabilities at any one time.
2. The part of the service known as "Options - Adventures" can provide overnight short break/holiday accommodation to a maximum of 10 children or young people up to their 21st birthday, who have learning and/or physical disabilities, at any one time.

What people told us

Most of the young people we met during our visit did not have verbal communication. We saw that they were able to express their preferences to staff who knew them well and understood their methods of communication. The young people were very happy and settled in the house and enjoyed the company of staff they liked and trusted.

We received limited feedback from parents of young people who used the service. Those that responded were very positive in their comments about the quality of care and attention given to their children and felt they were very well looked after during their time in the house.

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

5 - Very Good

We saw very good evidence of warm nurturing care. The overall ethos of the house and overall service was welcoming and caring.

Staff clearly understood the needs of the young people who were staying at the house and had developed positive relationships with them. We saw light-hearted interaction which allowed the children to feel

relaxed and comfortable in the house. A pleasant atmosphere was in place which allowed children to choose which activities they did and to develop their own habits and routines. A key-working system was being developed and adapted to enable staff to be allocated a central role in coordinating care planning for individual children. This would include care planning and communicating with parents and others involved in the overall care of the young person.

Children were able to access a range of activities and use a range of resources in the house. The recent development of the sensory area allowed children to use the space in a relaxed way and enabled them to be on their own or with others depending on their preference. Staff were able to oversee their activities or interact directly depending on what the individual child wished to do. Staff took children out on trips as a group or individually and accessed play facilities in the local and wider community as well as visiting specific events and resources such as animal parks and bowling.

The health needs of children were fully taken into account when planning care and all aspects of the health needs of individuals were known to staff. We saw that all aspects of health care were factored into planning for the time the child was resident at the house. Records of medication into and out of the house were kept and staff had a clear understanding of any specific health support process that individuals required. Checks were carried out when children arrived to ensure that all medication and equipment was in place. Contact was made with parents, GPs, NHS24 or other relevant agencies if this was required to ensure that all required resources were in place.

There was a need to reorganise the use of medication record forms which parents were required to complete and submit for every stay. Parents often didn't send these in and this required staff to check current arrangements with medical agencies. Often this was when there was no change to medication and there had not been any for some time.

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?

4 - Good

There was a large amount of information gathered about the needs of individual children and how these needs could best be met. Staff could access this information and use it to inform care planning and develop routines and activity plans for the resident group. Staff had regular contacts with parents and carers and used this to gather up to date information to inform care plans and risk assessments.

The information which was stored gave staff a clear insight into the lives of the young people who used the service. It included personal routines and daily lifestyle patterns as well as specific care needs. It also provided information on personal preferences for spending time in the house as well as favourite foods and snacks and eating patterns. Personal hygiene preferences and favourite social activities were also included.

A computer system called 'Dynamics' was used to gather and store information electronically. It was quite new and still being developed to enable information about care planning to be managed as effectively as possible. Staff were getting used to it and felt it was contributing to effective care planning to fully meet identified needs. It was expected that the system would be working to full effect and have all necessary information on it within 3 - 4 months.

There were a lot of forms to be completed when a child arrived at the house. These included listing clothing and other items as well as recording medication in and out.

A variety of paper forms were in use and folders of paper documents were carried around by staff as they gave details of different aspects of care as well as risk assessments and personal emergency evacuation plans (PEEPs). It would make sense if the paper was replaced by electronic devices which could effectively be used to gather, share and store information about individual children and their care. This would also allow searches of stored content to be carried out and enable staff to access information quickly and easily. The use of electronic devices would also allow staff more time for direct care and contact with children as it would reduce time-consuming admin tasks and repetitive distribution of information. **(Area for improvement 1.)**

All documents related to care planning should have clear dates on the front of them to allow staff to easily see how up to date they were. It would also enable checks to be done to ensure that documents such as PEEPS had been updated as often as was needed.
(Area for improvement 2.)

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?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good

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