

# Buchanan House Care Home Service

Dunfermline

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
3 March 2021

**Service provided by:**  
Moore House School Ltd

**Service provider number:**  
SP2003002628

**Service no:**  
CS2014325381

## About the service

It should be noted that this inspection took place during the COVID-19 pandemic restrictions and therefore followed the revised methodology for conducting inspections in these circumstances. On this occasion, due to certain circumstances, the service was not visited in person by an inspector and other methods were used to gather information and speak with young people and staff.

Buchanan House is registered to provide a care home service to a maximum of four young people between the ages of six and 18 years.

Buchanan House states "Our primary function is to provide therapeutic care for children and young people whose needs cannot be met within a family setting. The emphasis of our work is upon providing a safe, nurturing, and therapeutic environment for young people with more complex and challenging behaviours who, following a period of assessment, may require sustained and intensive interventions over a longer period of time".

Buchanan House is a modern five bedroom bungalow situated in a rural location near the village of Saline and the town of Dunfermline. This offers a balance between an experience of a rural lifestyle, whilst still accessing the facilities available in an urban area. The house has five bedrooms, a bathroom, two lounges, one of which has a dining room table, an office (which doubles as a sleepover room and has an en suite shower room), a kitchen, and utility room. There is also a small education unit adjacent to the house which can allow for young people to be educated on-site where they experience difficulty in mixing with larger groups of young people. This can also be used for a break-out space for children or to extend children and young people's skills and hobbies. The educational unit can also be used for staff meetings and reviews.

Buchanan House is set within spacious grounds and adjacent fields. It is part of the Moore House Care and Education Service. Moore House Care and Education is an independent organisation that provides childcare and education services for children and young people who have additional support needs because of the social, emotional and behavioural challenges they face. They provide care in a number of settings, as well as education on a campus at Bathgate.

This service registered with the Care Inspectorate on 23 December 2014.

## What people told us

We spoke with one young person during the inspection, via 'Teams'. They were unhappy about some aspects of their care, which they were happy for us to share with the manager. Action had since been taken to remedy these issues. Their views are reflected in the body of this report in our inspection findings.

## 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 wellbeing?	2 - Weak
How good is our leadership?	3 - Adequate

How good is our staff team?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care planned?	3 - Adequate

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 wellbeing?

2 - Weak

Some staff had built up strong, positive relationships with the young people. They used these to influence young people's decision making and behaviour. We saw recent examples of where this had been effective. However, there had been many changes within the staff team, including the frequent presence of agency staff in the months prior to the inspection. We were aware of the negative impact from this for the young people, and the staff team. All confirmed it had been harder to build up relationships as a result. **(See area for improvement 1 later in this report under section: 'How good is our staffing?' and area for improvement 1 below.)**

We saw that diversity was valued, and young people's differences and abilities were respected. However, one young person told us that they did not feel many of the staff team treated them with respect. They said they felt that staff 'did not like' them. There were indications from records that clearly suggested that relationships developed between young people and some staff were not as consistent or as nurturing as they could be. Young people gave examples of staff not treating them with respect and we found evidence of this in incident reports.

Inaccurate information was recorded in one young person's notes and actually referred to another young person no longer living at Buchanan House. When we looked at a range of records made by staff it was evident that this lack of respect was reflected in the way some staff wrote about the young people. From speaking with staff it was clear that this culture was not widespread, however, the management team now need to lead by example and ensure that best practice is embedded into the culture within the service. **(See area for improvement 2.)**

Recently young people's meetings had been reintroduced, and individual key time sessions encouraged. These provided ways for young people to pass on their views directly, in addition to through their day-to-day contact with the adults caring for them. It was apparent that these systems had not been used effectively previously and we would advise that the provider makes sure that young people continue to have these opportunities to voice their opinions. One young person had active support from an independent advocate through 'Who Cares' which helped to ensure their views were integral to plans for their care. We suggested that the service extend these links with advocacy services to make sure all the young people benefitted from this support.

Young people were supported in maintaining friendships and contact with family members where appropriate, and during restrictions resulting from COVID-19 facilities were made available so that young people could use virtual media to maintain contact if necessary.

When we spoke with staff, and with one young person, we found that there was a lack of clarity about the purpose of the young people's placement and future plans. (We will discuss this further in the section: 'How well is our care and support planned?') We looked at the service's admissions procedure and documentation provided about the young people. We found that significant and potentially very useful information about the young people had not been obtained from the referring authorities before the young people were placed at Buchanan House. This meant that any assessment of whether the service could meet the young person's needs could not be carried out effectively before they were placed at Buchanan House. Some 'impact assessments' had been carried out and some did include the views of the current young people. However, it was evident that the impact of two recent placements on the young people living at Buchanan House had been very negative for all concerned and it was clear that all relevant factors had not been considered. This included no assessment of the skills, experience and staff numbers necessary to meet the needs of the young people safely so that living at Buchanan House was a positive experience for all the young people. **(See requirement 1.)**

Neither of the young people currently living at Buchanan House were in school or full-time education. In discussion, it was evident that one of the young people chose not to attend school and did not engage in educational activities and resources available. This was limiting life options for the young person and we advised that the service were more proactive in establishing whether this situation could be rectified, as well as providing alternative learning for the young person. The circumstances for the other young person were changing, however we considered that the service could look at ways to help them develop the skills they needed in a more structured way, tailored to their level of understanding. There was individually tailored support in place for one young person through staff successfully enabling them in volunteering with a local animal charity.

When we looked at records of incidents we were concerned that there was a lack of application of trauma informed approaches into practice. They did not show evidence of staff using skills in de-escalation and taking proactive steps to help the young people with responses to triggers. This indicated that staff may not be aware of the triggers for the young people's responses, or may not understand what they needed to do to support the young person. **(See area for improvement 3.)** We acknowledged that the staffing situation had contributed to these issues and this is discussed further in the section: 'How good is our staff team'.

We could see that there was some reflection on restraint used and following some incidents. However, these reflective discussions were not always carried out and not effectively communicated to other staff or into care plans or behaviour management plans. Issues raised in debriefing were not always followed up by managers and senior managers. Debriefs could be more effective if there was more evaluation on whether the incident could have been avoided. Further training for staff in relation to de-escalation and trauma informed care was needed to improve staff skill in responding to young people's distress. Emotional dysregulation managed by restraints does not equip young people to effectively manage distress as they grow. We have made a requirement in relation to this matter. **(See requirement 2.)**

Young people were registered with the local health services and referred to specialist healthcare services where necessary. We noted that issues had arisen as a result of young people smoking, and suggested the manager access information available regarding smoking cessation on the Care Inspectorate hub. We were advised that the service were proactive in seeking smoking cessation help for the young people and had contact with NHS Lothian and West Lothian Drug and Alcohol Service (WELDAS) to implement support strategies. We saw from medication records that regular audits were now carried out. From these audits some areas for improvement had been highlighted, which staff were following up. We will monitor progress on this at our next inspection.

## Requirements

1. In order to ensure that the service can meet children and young people's identified needs and enable them to thrive, the provider must implement admissions procedures which consider all relevant information, before new children and young people arrive. From doing this, a thorough assessment of each young person's needs and abilities must be carried out to ensure that the service provides sufficient staff on each shift to meet the needs of each child/young person.

They must keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care. They should also record the assessment of the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the assessment of needs of the young people; the physical layout of the building; staff training and staff supervision needs. These systems must be in place by 31 March 2021.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am in the right place to experience the care and support I need and want.' (HSCS 1.20);

'My needs are met by the right number of people.' (HSCS 3.15); and

In order to comply with Regulation 4(1)(a) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - a regulation that a provider must make proper provision for the health, welfare and safety of service users.

2. The service provider should ensure that staff receive further training in de-escalation techniques and trauma informed care. The process for the review of restraint incidents should also focus on the de-escalation techniques employed by staff to ensure any restraint is a situation of last resort. By 31 March 2021 the provider must ensure that there is quality assurance of incidents of restraint, and these should focus on staff's understanding and application of de-escalation techniques. Issues identified must be followed up through a structured process and training provided where necessary.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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); and

In order to comply with Regulation 4(1)(a) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - a regulation that a provider must make proper provision for the health, welfare and safety of service users.

## Areas for improvement

1. In order to ensure that children/young people have continuity of care, and clarity about who will be looking after them, the manager and provider should establish a consistent staff team providing opportunities to enhance positive relationships between young people and the adults caring for them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.' (HSCS 3.11); and

'My care and support is consistent and stable because people work well together.' (HSCS 3.19).

2. The management team should ensure that all staff treat all young people with respect, providing support in a way which shows understanding, empathy and a professional, trauma informed approach.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

3. We advised that each child/young person should be cared for in a way which offered skills and strategies to assist them in better understanding; coping with; and processing emotions and memories tied to experiences from early childhood. In doing this they should be enabled to create a healthier and more adaptive meaning of the experiences which took place.

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma and neglect.' (HSCS 1.29).

## How good is our leadership?

## 3 - Adequate

Effective systems to monitor the quality of the service provided, both in house and externally, had not been in place in the months prior to the inspection. We were aware of some of the circumstances which had led to this situation, which had been exacerbated by the COVID-19 pandemic restrictions. However, it was evident that a more prompt response from the provider could have alleviated some of the difficulties at an earlier stage.

Since December a new manager and assistant manager had taken up posts and the allocated external management responsibility had changed. The new management team had put in place systems of audit, and the external manager had established a close overview. We could see that these had highlighted some areas where improvements were needed, and steps had been taken to address these. Staff had been given support and guidance in some of the areas identified, such as in compiling reports to young people's social workers and communication with families. We acknowledged that the service was in a period of transition, which had made an impact on staff morale. While we could see that these systems of audit were beginning to have a positive effect, it was too early to see sustained improvement across the service and we will continue to monitor progress on this.

It was evident that the service's programme of staff supervision and appraisal had not been maintained and staff meetings had been very infrequent, prior to the new management team taking up their posts. This meant that staff had not been given the opportunity to reflect on their practice; discuss issues raised by

their work with young people; identify areas of concern or where they would benefit from support and guidance; or identify training needs. It also meant that there had been little opportunity for managers to monitor the quality of the care provided. We saw that formal one to one supervision had now taken place for each member of staff, and those we spoke with confirmed this had been helpful for them. In addition, staff meetings had now been held. These provided opportunities for the team to discuss issues raised and provide mutual support, as well as agreeing consistent approaches. We welcomed these improvements. We advised that it is essential for the managers to maintain these in order to embed the agreed ethos and culture. This would result in ensuring staff develop the good practice which they aim to provide. **(See area for improvement 1.)** The manager and assistant manager were committed to providing a role model of practice for the staff team and had an increased presence in the service, including direct contact with the young people. There were early indications that this had been of positive benefit, however it was too soon for evidence of impact to be seen.

When we looked at records of incidents, it was evident that debriefing had been ineffective. Staff were not given the opportunity to reflect on their roles in incidents and look at learning from them. Opportunities to discuss strategies which might help prevent recurrence of incidents had been missed. Young people were not always afforded the chance to indicate if there were particular concerns which could be addressed. Issues raised through debriefing had not been followed up by managers, and no overview and analysis of incidents had been carried out. **(See requirement 1.)**

## Requirements

1. In order to ensure that care is provided safely and best practice is followed, the provider must, by 31 March 2021, ensure that an effective system of debrief is implemented following all incidents. In doing this, a system of overview and analysis must be in place so that any trends or staff training needs can be identified and staff have opportunities to reflect on their practice. The analysis and overview must link to the service improvement plan so that any issues identified are followed up.

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

In order to comply with Regulation 4(1)(a) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - a regulation that a provider must make proper provision for the health, welfare and safety of service users.

## Areas for improvement

1. In order to ensure that the staff team are supported, trained, competent and skilled, reflecting on their practice and following their professional codes the provider must continue to provide a programme of formal, recorded, one to one staff supervision and appraisal.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes.' (HSCS 3.14).



## How good is our staff team?

## 2 - Weak

Members of the staff team we spoke with were motivated towards providing high quality care for the children/young people. However, due to the period of transition and uncertainty, with high staff turnover, staff morale was low. No staff returned the questionnaire for feedback which we sent for this inspection. We saw from incident records that comments made by staff in debriefing indicated that they felt unsupported by the provider, and did not feel that enough staff were on shift. There was no evidence that these issues had been addressed by the provider at the time.

The service were now rebuilding the staff team, with newly recruited staff and staff seconded from other services within the organisation. The manager now needed to build a strong staff team working to the same ethos together. As we discussed earlier in this report, in order to meet the assessed needs of all of the young people, the provider and manager needed to make sure enough staff with the necessary skills were on each shift, and deployed effectively. For example, due to staff members being required to cook meals, staff required to be trained in food hygiene and have basic cooking skills. Due to COVID-19 restrictions, in order for young people to have planned visits with family members, staff needed to provide transport which meant that there needed to be sufficient staff available for these journeys to be facilitated.

The provider organisation used safer recruitment practices for the employment of new staff. They had systems in place to confirm PVG (Protection of Vulnerable Groups) checks and recheck these routinely. Staff were also appropriately registered with the SSSC (Scottish Social Services Council), and there was a system in place to make sure registrations were renewed as necessary. As there had been such high staff turnover, and issues regarding staff misconduct which appeared to show a lack of understanding of professional boundaries, the provider and managers should review their recruitment criteria. This should ensure that they appoint staff with appropriate skills and understanding of their roles, and then ensure that inexperienced staff are fully supported to develop their practice within a competent staff team. **(See area for improvement 1.)**

The provider and manager needed to implement a programme of staff training, linked to their programme of staff supervision and appraisal so that training needs could be identified and appropriate training provided as a result. We advised that in order to help staff support children/young people in line with current best practice, training on the impact of adverse childhood experiences on children/young people's development and trauma, informed care would be beneficial. The organisation aimed for all staff to have training in Dynamic Development and Practice (or Psychotherapy) (DDP). This is a psychotherapeutic treatment method for families which have children with symptoms of emotional disorders, including complex trauma and disorders of attachment. However, due to the high turnover within the staff team, most staff had completed and introduction to DDP but the team had yet to progress to further levels. The organisation should prioritise ensuring that staff can access this training as soon as possible to ensure they can meet their aims. In developing a professional workforce to provide a high standard of care, the management team should consider the use of language, both in records made and in day-to-day interactions with young people using positive reframing, with staff setting an example.

Staff meetings had not been held in the months prior to the new management team being in place. In order to support the staff team through the period of transition, the management team should ensure that staff meetings continued to be held and were further developed to allow for reflection on practice and embedding their agreed aims and ethos. The manager confirmed that this had formed part of their recent staff team development day and would continue to be a priority.

In addition, we advised that the organisation needed to prioritise the programme of staff supervision and appraisal which had been implemented and ensure that this was maintained. From doing this they could



create opportunities to address some of the issues which had been identified by the manager and from this inspection.

### Areas for improvement

1. In order to ensure that young people are cared for by adults with the skills, knowledge and understanding necessary to undertake their roles, the provider should ensure that staff selection methods accurately reflect the more complex needs of young people the service is caring for. In addition, they should ensure that young people have continuity of relationships and consistent, stable care and support through addressing issues of staff retention.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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.' (HSCS 3.14); and

'As a child or young person I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.' (HSCS 3.5).

### How good is our setting?

### 3 - Adequate

This key question was assessed in the context of the global pandemic of COVID-19 and the associated regional restrictions. The service was not visited during this inspection in accordance with appropriate guidance in responses to COVID-19 risks. This key question was therefore assessed through consideration of the experiences of the young people and the views of social workers, staff and external agencies. Reference to records such as care plans, risk assessments and health and safety check records provided further evidence toward this key question.

The organisation had drawn up suitable guidance for staff regarding COVID-19, and supplied appropriate personal protective equipment (PPE). Staff were confident that they followed procedures in place.

The restrictions imposed due to COVID-19 had meant fewer visitors to the home and less opportunities for young people to participate in activities outwith the home or in the local community. However, as far as possible, young people continued to live an active life, going for some walks and drives in the house car. This had been more difficult through the recent snowstorms, and we were told that the state of the driveway made approaching the house hazardous. The manager confirmed that they were actively seeking to upgrade the driveway, which we welcomed and advised there must be access for emergency vehicles.

We saw evidence of fire safety checks being carried out, and electrical appliance tests (known as PAT tests) for electrical equipment, games consoles and appliances. A system of audits had been implemented recently, and individual staff members took responsibility for specific areas such as medicine storage and administration and car safety. From these checks we saw that minor issues had been identified and addressed.

The manager confirmed that redecoration of communal areas was in progress, and that young people's bedrooms were maintained to a good standard. Young people were encouraged to take care of their bedroom and possessions, and take some responsibility for keeping them clean and tidy. They were supported to manage their laundry.

The organisation had systems in place for routine repairs and maintenance, and we were told that damage was attended to as soon as practicable. We saw that the service had systems in place to record incidents and accidents. However, actions necessary to maintain safety as a result of these were not recorded and followed up appropriately. **(See area for improvement 1.)**

The service was situated in open countryside and had a large garden, which meant that young people had opportunities to take part in energetic activities outside. It appeared that the current resident young people had not fully taken up the potential that the facilities provided and we discussed ways to help them benefit more from their surroundings. The service had two cockerels remaining from previous hen-keeping. We discussed the need to follow current legislation regarding keeping poultry in an avian flu outbreak and suggested the service seek immediate guidance or rehome the birds.

## Areas for improvement

1. We noted from incident records that immediate action was not taken following an incident where glass was broken in a young person's room. This led to an incident later in the evening which could have had serious consequences. While we acknowledged that this had occurred during an unsettled period when many agency staff were being deployed, we advised that following any such incident and immediate review is carried out to assess whether action is needed to prevent the risk of injury. The provider should ensure that systems are in place to ensure the safety and wellbeing of the young people, and that staff are trained and competent in maintaining safety.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20); and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21).

## How well is our care and support planned?

### 3 - Adequate

A comprehensive screening and assessment programme was available for young people and overseen by the Psychological Services and Interventions (PSI) Team, which was responsible for the coordination of assessment, planning, review and intervention. However, as we discussed earlier in this report, important background information had not been provided to the service which meant that potentially these assessments may not fully reflect the young person's needs. As early childhood experiences can have significant impact on young people's brain development and ability to regulate their emotions, having this information should inform any planning for young people's care so that adults who are providing support are aware of what is needed from them in order to provide safe care for each individual.

Assessments of need and care plans were in place for each young person. These identified strengths and areas where additional support may be needed under each of the GIRFEC (Getting it right for every child) indicators SHANARRI (safe, healthy, achieving, nurtured, active, respected, responsible and included). Regular care planning development meetings provided an opportunity to show where progress was being made by the young person in each area. However, we noted that the progress identified was repeated in several indicators and suggested that more specific targets could allow for a wider range of progress to be

identified. By implementing SMART (specific, measurable, achievable, realistic and timebound) targets progress could be recorded more accurately and young people could find encouragement from their achievements. We noted that plans would have been improved by the inclusion of recognised strategies for meeting the needs of children and young people who had experienced early childhood trauma, with plans written in easy to understand formats for young people.

When we spoke with staff they confirmed that the current format for care plans did not provide an effective means for newer or temporary staff to find out the essential information quickly. We discussed ways that the service could develop systems to record care plans more effectively and during feedback we were advised that the senior management team were currently developing care plans in recognition that they were in need of improvement. **(See area for improvement 1.)**

As we discussed earlier in the report the service could also further enhance care plans through improved assessments, and multi-agency involvement, particularly in education. Through establishing a stable staff team and allowing for more structured days, staff could have more opportunities for planning and key time with the children/young people. While we saw that staff advocated on children/young people's behalf, they could further develop this particularly in rights to continuing care. We discussed resources which would be useful for the service to access, such as resources on the Care Inspectorate hub and through organisations such as Clan Child Law.

### Areas for improvement

1. The provider should ensure that the system for assessment, planning and review is fully implemented for all children and young people in order to meet their needs and provide positive outcomes. This should include:

(i) ensuring essential information is provided by the referring agency to develop an outcome-focused initial personal plan prior to the completion of the assessment by PSI

(ii) ensuring that plans accurately reflect all identified needs and assessment outcomes

(iii) comprehensively reviewing (and recording) progress against agreed outcomes and actions (using SMART targets) at all CPDMs or equivalent, including the effectiveness of interventions.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15); and

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

## 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

To support the emotional wellbeing of young people with mixed experiences of endings, the service should ensure that they do all they can to recognise the impact of staff leaving on young people and put supports and systems in place.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7) and 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.' (HSCS 1.29).

**This area for improvement was made on 23 August 2019.**

#### Action taken since then

Since the last inspection there had been numerous changes in the staff team as well as a change of manager and assistant manager. This meant that progress had not been made yet on meeting this area for improvement and we will look again at our next inspection to monitor progress. We made another area for improvement at this inspection.

#### Previous area for improvement 2

To ensure that decisions made about who comes to live in Buchanan House are made in the best interests of children and young people, the provider should review its referral and placement process in consultation with staff and others with an interest.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that 'My care and support meets my needs and is right for me.' (HSCS 1.19) and 'If I experience care and support in a group, the overall size and composition of that group is right for me.' (HSCS 1.8).

**This area for improvement was made on 23 August 2019.**

#### Action taken since then

We saw that young people had been consulted prior to another young person being placed in the service. However, the impact of another young person's placement and the management of this had led to very negative outcomes for the young people. The provider must review their actions and decisions made to learn from these events so that more effective planning takes place before any future admissions. **(See requirement 1 under 'How well do we support children and young people's wellbeing?')**

#### Previous area for improvement 3

To ensure that young people continue to benefit from a relational approach, the service should ensure that any dated institutional approaches are reviewed. The service should consider their purposefulness and whether they are congruent with the organisational ethos and the approach of staff.

This is to ensure that 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 23 August 2019.**

#### Action taken since then

Since the last inspection it was evident that this had not taken place. Staff team meetings and staff supervision had not taken place, and from reliance on agency staff for many shifts, the possibility to introduce a more positive culture and best practice had been missed. Since the new manager, assistant manager and area manager had taken up their roles these systems had been introduced, however it was too early to see the outcome from these important systems of support and guidance. We will need to see that these improvements can be sustained. We will continue to monitor at our next inspection.

#### Previous area for improvement 4

To ensure that young people have their views and wishes reflected in all plans and other documents informing their care, the service should ensure that systems are in place to maximise their involvement. This includes making sure that staff are clear about their role and the best ways to meet the different communication needs of individual young people.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'I am recognised as an expert in my own experiences, needs and wishes.' (HSCS 1.9), 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11) and 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8).

**This area for improvement was made on 23 August 2019.**

#### Action taken since then

We saw some evidence of young people's views being taken into account, and of some staff advocating on their behalf. There were recent examples of staff supporting a young person's choices. Staff we spoke with were aware of young people's specific needs and abilities. However, these were not always strongly reflected in their care plans, or in the opinion of young people. The service could further enhance opportunities for young people through reviewing the system for care plans and in maintaining a consistent staff team so that positive, trusting relationships were established between young people and the adults caring for them. From doing this young people could be encouraged to share their views more readily, and have their views reflected better in their care plans. We will continue to monitor progress on this at our next inspection. **(See areas for improvement 1 under 'How well is our care and support planned?')**

## 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?	2 - Weak
1.1 Children and young people experience compassion, dignity and respect	2 - Weak
1.2 Children and young people get the most out of life	2 - Weak
1.3 Children and young people's health benefits from their care and support they experience	2 - Weak

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	2 - Weak
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	2 - Weak

How good is our setting?	3 - Adequate
4.3 Children and young people can be connected with and involved in the wider community	3 - Adequate

How well is our care planned?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

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