

## ACAD Lochview Care Home Service

Lochview  
Kinlocheil  
Fort William  
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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
ACAD Lochview

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## About the service

ACAD (Applied Care and Development) Lochview is a small residential children's service, which provides care and accommodation for children and young people aged 11 - 18 years.

Owned by Care Tech Holdings PLC, the service is a single storey house set within its own grounds and is located in Kinlocheil, on the outskirts of Fort William. The property offers spacious accommodation, with single bedroom occupancy and ensuite bathrooms. There is a large lounge and a dining kitchen, with additional space in which young people can relax.

The service aims and objectives state, 'The service provided by ACAD Lochview will focus on meeting the individual needs of young people within a nurturing environment which is designed to encourage and support young people to reach their full potential'.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances.

Further, the provider had taken the decision to voluntarily close the service and therefore any evaluation of progress from areas for improvement detailed in this report, will be carried out as and when the service re-opens.

## What people told us

We spoke with young people who said they were happy and were enjoying the environment at Lochview. We also spoke with relatives of young people who said their family member, 'had waited a long time for care staff to see them', and 'this care team is the best so far'. Family members also commented that their relative seemed 'happier and more confident in the care of staff'.

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

**3 - Adequate**

During this inspecting year, we found that the service had operated below capacity. This in part, was due to the challenges facing young people throughout the time they lived at Lochview. We sampled records and reviewed the care of two of those young people.

The service provided much needed stability for young people who had experienced multiple previous placements and for those who had been at significant risk in their home community. As a means of developing respectful supportive relationships with young people, we found that prior to coming to live at Lochview, staff had begun to work with some young people in their previous setting and this had allowed for those relationships to flourish and in turn, encourage young people to respond well to those providing daily care and support.

The young person whom we met during the inspection, was happy to tell us about their experience of living at Lochview and about the quality of their care. They told us that over time, they had built good relationships with staff and that they felt well cared for and that staff were 'caring and kind', and that they listened to them. The young person also described staff as 'having the right morals' and we took this to mean, that staff were professional and attentive to meeting their needs. Other indications of supportive

practice, included ensuring this young person was able to spend time with their family. They told us that this was very important to them and we heard that routine visits, some distance from the service, were arranged to allow this to happen. We spoke with family members who told us that the young person 'had a very good sense of staff being fair but firm toward them'. Family members also commented that 'each member of staff has an individual relationship with XX and this brings out the best in them'. They also told us they felt staff were respectful and considerate in the support they gave to their relative.

This young person's future needs were also being met by the provider. They told us that they had been supported to meet up with another young person who lives in the service, identified as being suitable for them to move to, over the coming weeks. By involving and supporting both young people to get to know one another, the service demonstrated a positive approach to transition planning. The young person said that they enjoyed meeting their peer and felt positive about moving to their new home, even though they liked being at Lochview.

We noted that extensive efforts were made by the service to promote young people's rights in key areas of their lives. Those currently living at Lochview were attending school regularly, even though this was at a distance from the service. A strong commitment by staff to support good time keeping, meant that young people maintained positive involvement in their learning and development. They also confirmed their view that staff supported them to participate in activities, from which it was considered, there were notable health benefits. An improved sense of self worth was also evident through active involvement in their care.

Evaluations of written evidence for young people who had recently moved on from the service, demonstrated that their time at Lochview had been a challenging experience. Some had been less accepting of being so far from their home area and this resulted in an increasingly oppositional and, at times, hostile presentation toward staff. In one instance, this also resulted in a serious incident, where a young person was 'missing' from the service, for an extended period of time. Although significant, it was clear that this type of behaviour had reduced considerably, since those young people came to live at the service.

Further review of evidence showed that there had been an unwillingness by some young people to develop any meaningful relationships, beyond those which they perceived allowed their immediate needs to be met. It was clear that the extent to which those young people were disengaged from supports, meant that broader based outcomes were largely not progressed. For example, educational opportunities were not attended, boundaries of acceptable behaviour were not routinely followed. The resulting experience of past trauma and a determined need to control the environment, including those around them, demonstrated a progressive move toward containment, as a key purpose of their placement. Although praised by staff for the smallest achievement, those young people were unable to demonstrate the skills and consistent emotional responses, required to flourish within the service.

Where positive, but isolated experiences were evident, we found that young people were supported to visit their home area to see friends and family, with safety, as a primary concern, being closely monitored and supported. Additionally self care skills, such as, dealing with personal laundry and shopping for ingredients to prepare their own meals, showed the ability of young people, to develop key independent living skills. We also noted an improved diet due to their commitment to cook their own foods. However, success in progressing overall health and wellbeing, was significantly limited due to young people's unwillingness to attend health appointments, meaning that primary health needs were not reviewed by medical professionals. So despite meeting a key objective of their placement, that of, reducing risk within their home community, the broad outcomes for some young people, remained less positive overall.

Our evaluation of this quality indicator considers that strengths just outweigh weaknesses in terms of young people's care and support. Should the provider decide to re-open the service at a later date, then it should continue to build on strengths, while addressing elements that have not contributed to positive experiences and outcomes for young people.

## Areas for improvement

1. In order to support the best possible decisions for young people, the provider should ensure that it has a clear and realistic view of the capacity to provide the necessary care to individual young people in ways that support positive outcomes.

This is to ensure that care and support is consistent with Health and Social Care Standards, that state 'I am in the right place to experience the care and support I need and want' (1.20) and 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (3.4).

## How good is our leadership?

4 - Good

We found that some systems used to monitor the care, safety and wellbeing of young people, required to be improved. Further to a serious incident during this inspecting year, the service had been subject to internal and external review.

Following this incident, the provider took swift action to address the safety and security of young people. In relation to poor practice, displayed by some staff, which led to this incident, we found that the provider had acted quickly and decisively to reduce further risk and respond fully to concerns. Through formal investigation, the provider notified relevant regulatory agencies.

The provider immediately arranged a multi-agency meeting to discuss and agree measures to protect young people living at the service. The meeting clearly identified a conflicting view between them and the placing authority. While it was evident that the provider felt unable to meet the needs of specific young people, the authority held the view that young people were safer living at Lochview, than in their home community. Ultimately, the decision was taken to continue their care at Lochview, whilst addressing their longer term needs, for an alternative resource.

By subsequently adopting a phased approach to improving upon existing practices within Lochview, some of which influenced thinking across the wider organisation, the provider initiated an action plan, to address the concerns arising from the serious incident. A range of organisational systems and structures were deployed to assist in the overall review of practices at the service. Increased senior management presence encouraged the development of a plan of action, which took account of daily practices. This involvement offered closer oversight and direct guidance for the manager and staff team. Senior managers provided increased frequency supervision to the manager, who created a similar plan for supervising staff. We found that more routine communications between managers and staff, including more regular team meetings and increased involvement of staff in identifying improvement work, had been highlighted as an area requiring renewed focus. Where we were less satisfied, we found that the quality of senior management oversight was inconsistent, for example, some inputs lacked detailed evaluation and the quality of supervision for the manager was varied. However, the overall outcomes from a detailed and evolving plan was that managers

and staff were clear about their roles and responsibilities toward each other and for the young people in their care.

A number of key policy developments had been taken forward and we acknowledged this extensive strategic work. We noted that careful consideration had been given to the process of screening referrals. The importance of obtaining current and accurate information from potential placing authorities about the needs and wishes of young people was made clear. This included issues of consent and legal frameworks, from those placing young people from all parts of the UK.

Improvement planning more generally, took account of a broad range of improvement work. For example, enhanced security measures were installed to help protect young people's safety and staff recruitment remained a priority, with improvement to existing protocols. As already stated, there was an renewed focus on involving staff more in the process of improvement planning and we felt this was also the case with regard to young people and other key partners. Whilst we noted references to training needs of staff, particularly in light of some of the physical challenges presented by some young people, we would have expected the plan to reference agreed delays to CALM training within the context of:

- ensuring staffing needs assessment and rotas in respect of caring safely for young people
- that alternatives to on-site training had been considered, i.e virtual training/use of retrain instruction manuals etc.
- clear statements of priorities where re-accreditation had lapsed.

In evaluating the evidence relating to this quality indicator, we have attempted to balance our knowledge of the positive leadership provided by the manager, alongside the pace of change reflected in the action plan. Although there continues to be a need to maintain effective oversight of care practices, we feel confident that learning from this incident has been well received and recognised as being critical to ensuring good practice impacts positively on the lives of those using and working at the service in the future.

## Areas for improvement

1. Should the service re-open, it should continue to embed, review and evaluate the wide range of routine practices identified within its aims and objectives and improvement planning processes.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow professional and organisational codes' (3.14).

### 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?

## 3 - Adequate

In relation to care planning, we found that regular multi-agency meetings were held to explore potential and actual outcomes of young people's care and to consider appropriate resources to support wellbeing, both currently and for future resources, beyond young people's lives at the service.

For young people whose evaluations formed part of this inspection, we found that the service offered much needed stability to their care and through consistent staffing support, some had responded very positively to aspects of their care plans. In particular, as agreed through multi-agency planning and with the involvement of young people, time spent with family members, was integral to young people's care and was fully supported by the service. Initial personal planning identified a range of outcomes which were intended to support young people to become familiar with their surroundings and expectations for daily routines. We felt that these could have been more aspirational for young people, providing more of a focus on their development and potential. For example, by aligning outcomes with young people's choice of diet, the service could more clearly support their health and wellbeing.

Review of young people's care plans showed, in some instances, that placing authorities expressed a strong desire for young people to remain at Lochview, despite clear concerns about limited general progress. Their highly complimentary comments about the service, conveyed their view that some young people were better placed away from their home area, as a means of minimising high risk behaviours, a key outcome of the placement. In order to safely accommodate some young people, extensive care planning had taken place to provide for an enhanced level of security, within acceptable boundaries. The provider's willingness to implement, continually review, adapt and evaluate the effectiveness of aspects of young people's safety, was commendable. However, young people's determination to resist staff efforts to develop meaningful relationships, meant that their safety was consistently compromised. This resistance, shown by some, meant that over time it became increasingly difficult to positively influence their behaviours.

At the time of inspection, young people's personal plans were appropriately detailed and represented the stage of their placements. We noted however that peer audits conducted during preceding months, identified that some additional risk assessments and updates to plans were necessary. This ongoing review formed part of the action plan mentioned under Quality Indicator 2.2 of this report.

When it was time for young people to move on from the service, we found evidence of involvement for some, alongside discussions to ensure appropriate supports were in place. In one instance, meetings between managers of both services helped to identify how young people's care should be provided and this process allowed for adaptations to be made. However, we noted that for some young people, key decisions were taken in their absence, as it was felt that to involve them in transition planning, would increase levels of risk. Whilst finding the difficult balance between rights and risk, the lack of direct involvement of young people negated their views and wishes being considered.

### Areas for improvement

1. The provider should ensure that all personal plans and risk assessments are maintained fully throughout young people's time at the service. Additionally, when young people are moving in and out of the service, the provider should ensure multi-agency agreement regarding the nature of young people's involvement in transition plans.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, ' My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (1.23) and 'If I

need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change' (2.20).

## 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?                               | 3 - Adequate |
| 1.1 Children and young people experience compassion, dignity and respect                    | 3 - Adequate |
| 1.2 Children and young people get the most out of life                                      | 3 - Adequate |
| 1.3 Children and young people's health benefits from their care and support they experience | 3 - Adequate |
| How good is our leadership?   | 4 - Good     |
| 2.2 Quality assurance and improvement are led well  | 4 - Good     |
| 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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