

Carston House Care Home Service

Ayr

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Clearview Care Limited

Service provider number:
SP2018013237

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CS2018371684

About the service

Carston House was registered with the Care Inspectorate on 15/05/2019.

The service is provided by Clearview Care Ltd in a rural location in East Ayrshire.

Clearview Care Ltd website states their 'approach to residential childcare is for every child and young person in our care to be able to thrive and fulfil their potential in a supportive and focused environment. We deliver the highest quality residential care in a rural countryside environment away from distractions in a peaceful setting'.

The services aim are stated to be:

'Within Carston House, we are committed to providing sector leading residential care to the most vulnerable children and young people in the United Kingdom in a supportive and understanding environment...'

The service building consists of a well decorated and well maintained detached house. This is set in grounds which provide a great deal of private space for young people to use. The outdoor space includes an activities area - for football for example - and a chicken coop where young people learn to look after the services chickens.

The interior of the building provides living areas for young people to enjoy both group living, such as playing board games, or solitary activities, such as studying. The service also offers young people a gym room and games room with various activities such as table tennis and table football. Young people are provided comfortable bedrooms decorated and finished to their own preferences. A large dinning kitchen provides facilities for young people to learn cooking skills with staff and one another and to participate in social gathering and shared meal times; should they choose to participate in these.

Staff facilities are located in such a way as to be discreet from the young people's home.

What people told us

During the course of the inspection two young people spoke with us about their experience of the service and staff. A third young person spoke with us very briefly.

One young person provided negative statements about staff. When asked to expand on their comments and if they would like the opportunity to speak with us privately they declined.

We were able to speak with professionals, external to and independent of the service, about some of this young person's views and learned that these negative views were not consistent with how the young person responded to staff. We further observed the young person in interactions with some staff and could see clear evidence of positive relationships between them.

Two young people provided very positive views of their experiences in the service and of the care they were receiving there.

Young people provided reflective and balanced views of their time in the service; describing initial periods of disruption and challenging behaviour with relatively more settled and stable recent times. Although

reporting that difficulties and challenges still occurred these were greatly reduced in frequency.

Young people spoke positively with regard to all aspects of their care. Young people told us of the very positive relationships they had formed with staff and of the trust that they had in the staff to support them.

Examples of the positive statements we heard from young people were;

'they (staff) treat me more like a normal person..... some places they treat you like 'its my job'.....but they do hear you here'.

'everyone here is like....if you ask them to do it they'll happily stay to help you to do it.....I like that about here'.

'I think its like a normal house; its not like one of these other places, (not like a residential 'unit').

'staff here 'get it'. 'This doesn't feel like a care home; completely different to other places.'

When asked if they thought the service had brought them any benefits one young person replied;

'aye, I think that a lot, always got things to do... I can deal with things here.'

We also spoke with social workers to the young people. Social workers also provided positive views of the service's care of the young people.

Examples were;

'(young person) has shown in (their) actions that (they) have a level or respect for the staff'.

'Staff have gone out of their way to build relations...'

'...the full staff team engaged well with (young person)is able to confide and get support and advice from staff.'

'Carston House is a great service, they know (young person) really well'.

'(young person) is very close to their key worker; thinks of them as family.'

'the manager and staff are doing a great job', '...the service offers a lovely, therapeutic environment.'

'The manager takes a great deal of time to get to understand (young person).'

'The staff team advocate for (young person) and are aspirational for them'.

One young person's social worker also assured us that, although the young person had commented negatively about being in the service, the young person had stated very recently to them that they wanted to stay there and were happy there; giving reasons why they thought this.

Education staff provided additional information relating to young peoples support. This was again positive with the service described as supporting the young persons attendance at education, providing consistency and enabling the young person to transition to further education.

We spoke with other professionals involved with the service who provided views and reassurances relating to the services child protection and safeguarding procedures and practices.

Although unable to speak with parents on this occasion we were provided with feedback that the service had collected from parents. We read comments offering great appreciation of the service staff in communicating with parents; and of the care being provided that was showing in improved outcomes and circumstances for the young people.

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

5 - Very Good

We found that for this key question the service demonstrated major strengths in supporting positive outcomes for young people. There were very few areas for improvement and those we did identify we considered would have minimal adverse impact on young people's experiences and outcomes.

From discussions with young people and our own observations we found that the young people had very positive relationships with the staff. The young people spoke of times where staff had been supportive of them through providing guidance sensitively, empathising with them, listening to them and advocating on their behalf. We heard from young people how this approach nurtured young people's trust in the staff group.

The staff were pro active in developing a culture of respect for privacy and dignity, in ensuring conversations were conducted confidentially for example, and in how particular boundaries in the service complied with each individual young person's needs. Furthermore, staff were appropriately challenging any perceived discrimination; through positive role modelling for young people. We found examples of staff advocating for the young people's rights through seeking better outcomes in terms of education and mental health provision. Young people told us that it was through this level of support they knew they were being listened to.

Young people also recalled activities they had participated in with peers and staff and the enjoyment they had experienced from these activities. On occasion, when young people's relationships were not so positive with one another, we learned that staff would take time to ensure all young people's rights were observed and that individually they had support to access resources and facilities.

A particular strength of the service was in encouraging and promoting young people's interests. Where young people expressed an interest in an activity staff supported them to develop this and encouraged participation in the activity. Musical equipment had been purchased and space created in the house for young people to practice learning to play instruments. Subsequently young people's knowledge and skills in subjects important to them grew and developed. Similarly new experiences and activities were promoted. The young people's views and preferences were sought and in addition to the staff's suggestions these were the drivers to these new experiences. Through these discussions young people were enjoying new experiences in sport activities, fishing and trips to adventure activities, for example. Young people were also involved in the keeping of the services chickens. This promoted responsibility, empathy and learning. Young people were also encouraged to keep pets, where this was their wish, and young people were successfully caring for exotic pets in the house.

Staff were committed to ensuring young people had opportunities to meet with family and friends where it was their wish to do so and where considered appropriate. This not only involved contact with people previously known but also to seek to begin contact with others who were recognised as important and appropriate.

The service worked effectively with education colleagues in the community to enable young people to engage with education and achieve results in subjects and courses relevant to their chosen aspirations. All young people were succeeding in these educational pursuits and progressing onto further education or higher levels of study.

Risks to maximising positive outcomes for young people were effectively identified and staff were active in engaging them in discussions on how to manage, reduce or avoid these risks.

Where challenges presented through the dynamics of the group living in the service the staff had efficiently worked with the competing needs of the young people and sought to advocate for the best outcomes for all.

Through conversation with young people and staff and in inspecting care records we found that staff employed a good understanding of the effects of trauma on behaviour. The staff were also mindful of how to approach the care of young people to nurture resilience and look to avoid re-traumatising practices or actions. Where this was not as successful as hoped staff were quick to assure young people of what would be done to keep them safe and prompt action taken to affect any necessary changes.

Subsequently young people were able to affirm that any restraints used in the service had been completed efficiently and from their perspective for the correct reasons; being aware this was to maintain the well-being and safety of them and others. Staff reflected on such practices and, when improvements were identified to assure best practice, prompt efficient action was taken.

All young people's health needs were being met through primary health resources and more specialist resources, where needed. The service manager and staff also advocated for young people where local resources were less accessible and aimed to ensure the young person's needs were being met. Consultation with external professionals was sought and accessed for the staff group where it was recognised this would be beneficial to the young people's care and to staff working alongside them. Staff were subsequently engaging young people in measured discussions about sleep hygiene, smoking cessation and drug and alcohol awareness, for example, to promote good health and well-being.

Young people enjoyed a range of nutritious food in accordance with their own tastes and preferences. Staff were promoting healthier options where it was recognised these could be beneficial and healthy nutrition and food preparation was promoted.

There had been some minor medication administration errors previously, however these had been identified early and appropriate corrective action taken to reduce any reoccurrence. We were satisfied that these errors had been responded to effectively.

How good is our leadership?

5 - Very Good

We found that for this key question the service demonstrated major strengths in supporting positive outcomes for young people. There were very few areas for improvement and those we did identify we considered would have minimal adverse impact on young people's experiences and outcomes.

The service managers had employed several methods to evaluate the service and had processes in place to facilitate effective quality assurance of the service. Responses from survey questionnaires to young people, their family, staff and social workers, for example, were responded to where questions had been raised or where areas for improvement identified.

Young people's views were further gathered through individual discussions with them and key personnel. Independent advocacy was available to young people and where they engaged with this service this offered further opportunities to express their views.

Evaluative practices were also evident in the service records. Incidents reports, for example, were analysed to look for areas to improve. Through this analysis and subsequent discussions with young people, staff and

external consultants the service were able to evidence a reduction in the frequency of restraints that were occurring. From looking at these documents and talking with young people it was clear that their views were central drivers to this evaluation processes. Young people's outcomes with respect to their goals were being analysed and evaluated against the well being indicators of SHANARRI (safe, healthy, active, achieving, respected, responsible and included).

In addition to team meetings and staff supervision discussions to further engage staff in the quality assurance process, the service had introduced 'champions'; staff with specific responsibility for one area/ topic of the service and to mentor other staff in this. Staff had assumed 'champion' responsibilities for the topics of substance misuse and eating disorders, for example, whilst others were looking at the 'Promise' (the Scottish Governments Independent Care Review findings) and the implications for the service.

The service's external manager was reported to be an effective positive support to both the manager, staff group and to the young people. Young people told us that the external manager was a frequent visitor to the service and someone they knew could approach with any questions or suggestions they had about the service. They further stated they had successfully taken this opportunity on several occasions. We observed young people approach the external manager for advice or with questions and noted they appeared satisfied with the result.

We inspected the services incident, accident and complaints records. Young people were aware of the services complaints procedures and where they had made a complaint had received timeous and satisfactory responses to their complaint. Any complaints the young people had made had been logged and reflected upon in developing the service plan. Furthermore any incidents that had occurred within the house had been investigated and reported on and addressed appropriately. Where required, external consultants and auditors had been accessed to independently review the services' practice and procedures effectiveness.

We inspected the service policies and found that some references were inaccurate. However we were satisfied that the external consultant and managers had identified these and amended these appropriately within the inspection period.

How good is our staff team?

5 - Very Good

We found that for this key question the service demonstrated major strengths in supporting positive outcomes for young people. There were very few areas for improvement and those we did identify we considered would have minimal adverse impact on young people's experiences and outcomes.

The service staffing levels were assessed with consideration to the staff rota system and matching of the staff skills and experience to the young people's needs. This process assured that young people had a good understanding of which staff were going to be supporting them at which times. It also provided degrees of consistency for the young people and enabled the building of positive relationships with staff. Furthermore, where additional staff were required to be available at any point this was identified, thereby ensuring all young people had the support required for their individual needs.

The service's staff recruitment process followed Safer Recruitment principles. To ensure the safety of young people background checks were completed and skills and experience checked through competency based interview and employer references. Young people were offered the opportunity to be involved in the staff recruitment process. However whilst they contributed interview questions they were not further involved.

The staff were provided with an induction to the service which included familiarity with the service model of

care and with the services methods of recording. Training was also provided in essential areas such as child protection procedures, the behaviour management system and theories of child and young people's development; attachment and trauma. Further training was available to staff. This had understandably been impacted by the Covid-19 pandemic restrictions, however staff were maintaining training through online courses and participatory courses were scheduled to resume when possible.

Attendance at team meetings of external consultants provided staff with additional understanding of certain child care issues and practices. This allowed the development of effective strategies for nurturing positive relationships and addressing risks to young people.

Supervision of staff was conducted monthly and involved reflective discussions on young people's care, discussions regarding training and professional development, staff/service issues and other service development areas.

In discussions with staff they reported very good moral within a positive and supportive team. Communication between shifts and staff teams was said to be very good with all staff contributing to appropriate and safe information sharing. Similar to the young people's comments staff reported the service felt much more like a home than a residential care house.

How good is our setting?

5 - Very Good

We found that for this key question the service demonstrated major strengths in supporting positive outcomes for young people. There were very few areas for improvement and those we did identify we considered would have minimal adverse impact on young people's experiences and outcomes.

Whilst the service is situated in a rural location the staff were committed to ensuring young people maintained contact with those family and friends who were important to them where appropriate. Feedback from family and friends to the service evidenced their appreciation of the staff's commitment and the levels of communication. This assured family members of the well being of the young people. This was particularly important given the restrictions that had occurred as a necessity during the Covid-19 pandemic.

Where possible and where appropriate, given the restrictions, young people were continuing to access community resources that promoted interests they had or were developing. Continued participation in these activities was important for the young people's physical and emotional well-being and this was recognised by the staff. Young people were enjoying individual successes in these activities with their participation contributing to awards such as Saltire awards. In line with the services social pedagogy model staff were engaging in some of these activities alongside the young people.

The service had obtained chickens for the young people to look after. Those who had chosen to participate in this activity demonstrated very good knowledge of the issues involved.

The young people had access to telephone and internet to keep in touch with others. Staff were aware of the risks present in social media and offered guidance and support to young people regarding these risks whilst facilitating them maintaining contact with appropriate others. The service also employed protective technology to support young people's safety online.

Young people were aware of and familiar with local bus routes and public transport should they wish to develop independent travelling; however they preferred the support of staff for access to local facilities and the neighbouring larger towns.

The layout of the house provided young people with opportunities for group or individual activities. A well equipped music room provided opportunities to develop interests in musical instruments. The service grounds offered plentiful outdoor space for young people to play ball games or to sit and relax, undisturbed.

How well is our care and support planned?

5 - Very Good

We found that for this key question the service demonstrated major strengths in supporting positive outcomes for young people. There were very few areas for improvement and those we did identify we considered would have minimal adverse impact on young people's experiences and outcomes.

The young people's plans adhered to the SMART principles. Records were accurately kept of the progress being made and these were reviewed at appropriate time intervals. The young people's goals reflected either their need or expressed wishes. As stated previously young people's outcomes with respect to their goals were being analysed and evaluated against the well being indicators of SHANARRI (safe, healthy, active, achieving, respected, responsible and included.) The staff's actions in support of the young people demonstrated the services aspirational approach to their care.

Barriers to positive successful outcomes for young people were clearly identified in risk assessments with effective strategies developed to manage or reduce these risks. These risk assessments were also reviewed regularly; at times of additional risk, incidents or scheduled reviews. Young people benefited from the services contribution to multi agency meetings to discuss the progress of the plan and the staff's advocacy on their behalf on these occasions.

We inspected the services records of care plans and assessments. We found that these accurately reflected the young people's identified need and their expressed views. Young people were also participating in the development of their plan at varying levels; some developing their own plan with some assistance from key workers.

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 good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	5 - Very Good
How good is our setting?	5 - Very Good
4.3 Children and young people can be connected with and involved in the wider community	5 - Very Good
How well is our care 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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