

# Carolina House Trust - Tarvit Cottage Care Home Service

Cupar

Type of inspection:

Unannounced

Completed on:

3 June 2021

Service provided by:

Carolina House Trust

Service provider number:

SP2003001613

**Service no:** CS2017354295



#### About the service

Carolina House Trust - Tarvit Cottage is a care home service for up to three children and young people aged 10 to 18. The single storey detached cottage with garden is situated in a semi-rural setting on the outskirts of Cupar in Fife. The home has three en suite bedrooms, a lounge, living-dining room and kitchen.

The service provider is Carolina House Trust, a registered charity, which operates three other registered care services in Scotland (two adult placement services and a fostering service). The charity's focus is on providing 'positive outcomes for all children and young people by providing them with excellent care and personalised, dedicated support from our carers and staff.'

The service's aims and objectives include:

- creating a stable, safe and nurturing environment
- assessing the best way to support children and young people's development
- providing attachment and relationship based practice
- encouraging children and young people to achieve in all aspects of their educational engagement.

Immediately prior to the inspection the service had been closed for some time due to the Covid-19 pandemic. They had reopened for one young person who had moved to alternative accommodation fairly shortly afterwards, and immediately prior to the inspection.

Interviews with staff were carried out virtually and information provided electronically.

This service registered with the Care Inspectorate on 25 August 2017.

### What people told us

Immediately prior to the inspection one young person had been living at the service. At the time of the inspection this young person was living elsewhere. For a number of reasons it would not have been in the young person's best interests to speak with the inspector.

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

1 - Unsatisfactory

The young person living at Tarvit Cottage had a high level of staff support. As the only young person at the service staff were able, to some degree, to plan around the young person's interests, however, much of the support was led by the need to respond to crisis events and distressed behaviour. The young person did not stay at the service long enough for staff to have developed meaningful relationships or an understanding of their strengths or needs. This was because it quickly became apparent that their complex needs could not be met within the service.

The service's aims and objectives placed significant importance on supporting young people's education and achievement. Despite this, and the placement being planned some months in advance, no educational

provision had been agreed. Given the individual arrangements in place for the young person prior to the move, this was likely to take some time to organise and therefore lacked the high quality planned support which would have been necessary to ensure the young persons ongoing education. (See requirement 1.)

The service had child and adult protection policies which detailed how any concerns would be managed. These included appropriate referral to external agencies. Staff received appropriate training from the point of their induction to the service.

Staff spent time with the young person and listened to their views, however, they were not able to keep them safe. From the onset of the placement the young person was verbalising and demonstrating that they did not feel safe. Staff actions, though consistent and ongoing, did not provide the intensity of support the young person needed to feel emotionally or physically safe. There was a huge reliance on Police Scotland to keep the young person safe, both in the house and in the community, including restraint. This exacerbated the young person's distress and (the use of restraint) was contrary to the aims of the placement.

At the last inspection it was found that the service was making positive steps in developing an approach to care and support that was based on an improved understanding of the impact of trauma and adverse experiences. This included a programme of relevant training for staff and promoting reflection to ensure links between learning and practise could be embedded. Since that inspection the staff have been furloughed due to the national pandemic and have had no opportunity to link learning and practise. This inspection also identified the need for a greater analysis of incidents. Daily or incident recording did not provide any analysis of incidents, or evidence discussion or debrief with either the staff or the young people. The manager stated that despite the recording not demonstrating this, staff had a debrief after each shift and early morning to reflect and plan. The manager of the service has developed a new incident recording form and is currently rolling out staff training in relation to recording and documentation. (See area for improvement 1.)

Staff attempted to provide some structure and activity in the young person's day and described some fun times and a young person who could be engaging and good company. Outwith these times there was little evidence that staff had made effective use of strategies to prevent escalation of the young person's distressed behaviour, or that there was any analysis or reflection which might have identified triggers or new and different strategies of support. A support plan had not been developed and the risk assessment had limited information about specific strategies of support, and was not updated to reflect changing risk (i.e aggression to others/being out in the community).

In preparation for a young persons move to Tarvit Cottage the service were provided with background reports and assessments, including a chronology of significant events. Senior staff liaised with the placing authority and staff from the service met the young person at their current placement, and their parent. The young person had a very successful visit to the service before being collected from some distance away by the staff she had already met. As the move was more protracted than hoped the same identified member of staff kept in touch by phone. The young person expressed her wish to move to the placement as soon as possible.

The social workers submitted their views to court including a number of safeguards they felt were needed to protect the young person's safety. These were entirely 'at odds' with the aims and objectives of the service despite the service being clear about their model of care.

The service submitted documentation (to court) in support of the placement expressing the views that a highly skilled and experienced staff group could meet this young person's needs. Given the very complex needs of this young person (documented in various assessments) it should have been clear that the staff did

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not have the very specialist skills or training to meet her needs. (See requirement 2.)

Pre placement planning did not follow the guidance in relation to matching, or take account of the complexities and additional assurances involved in cross border placements. The service had liaised with Police Scotland prior to the young persons move, but had not informed the host authority. Ongoing support for the young person such as child and adult mental health services (CAMHS), and education, had not been set up prior to the placement – though telephone contact with the previous CAMHS worker had been agreed. No legal order had been shared with the service, and a very brief visit from the social worker meant no 72 hour meeting/ planning took place. It was evident that the service had not fully understood the young person's history of trauma from the chronology and history provided by the local authority when assessing the service's ability to provide safe care. This resulted in further distress for the young person and breakdown of the placement. (See requirement 3.)

#### Requirements

1

By 30 August 2021 the provider must ensure that children and young people receive quality care and support by the service who has considered an appropriate amount of information to make an informed decision about a suitable match.

In order to achieve this the provider must:

- ensure that they gather and assess fully all relevant information prior to deciding on the suitable match;
- ensure that a quality checklist of information is completed for all young people to improve matching decisions:
- ensure that staff are suitably skilled to support all young people moving to the service, with trauma informed practice at the centre of placements for all children.

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

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27); and

In order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 30 August 2021 the provider must ensure that children and young people receive high quality care and support from a service who's staff team are suitably skilled and experienced to meet the needs of young people moving into the service. Where young people have complex support needs, identified in pre placement chronology and assessment, this should include specialist involvement.

In order to achieve this the provider must:

- develop systems and guidance that demonstrate that matching decisions have been informed by specialist involvement;

- ensure that specialist involvement is recorded in placement decisions;
- ensure that quality assurance systems are put in place to ensure that, when appropriate, all new placements have been informed by specialist involvement.

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

'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13); and

In order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 30 August 2021 the provider must ensure that children and young people receive quality care and support in a service that has been formally identified as suitable to meet their needs, and where the service are fully satisfied the service provided is legal.

In order to achieve this the provider must:

- develop matching guidance that incorporates the assessment of children and young people's needs to the suitability of the placement;
- ensure that where a placement is planned that there is a matching assessment for the child or young person is undertaken prior to the placement starting;
- develop guidance for staff so that they know what information to expect for children and young people placed from cross border local authorities;
- provide legal training to staff involved in placement matching to ensure that they can quality assure referral information and support placement matching decisions;
- ensure that the service has obtained both a copy of the young person's Care/Court Order and accompanying permission prior to the placement starting.

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

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27); and

In order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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#### Areas for improvement

1. In order to enhance staff understanding of distressed behaviour and strategies of support for young people, training in relation to documentation and recording, analysis and reflective practice should continue. This had been recognised as important and was in the early stages at the time of the inspection.

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

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

### How good is our leadership?

This key question was not assessed.

#### How good is our staff team?

2 - Weak

Staff at the service worked hard, were kind and well motivated. They understood the importance of key relationships and of relational care as a foundation to helping young people make progress.

The organisation had a well planned induction which included core training and the opportunity for new staff to work alongside more established experienced staff. All staff worked a probationary period to ensure that prior to becoming a full time member of staff the organisation were satisfied with their progress and practice.

At the time of the inspection there were no new staff with all of the team having being employed by the organisation for a minimum of two years. However, for over a year of that time the staff team had been furloughed due to the national Covid-19 pandemic.

Staff had completed a range of training, though most was at an introductory level. Some had completed training to support young people in crisis. Staff were registered with the appropriate professional bodies, though a high percentage of their registration with the Scottish Social Services Council (SSSC) was conditional on them achieving the necessary professional qualification. The organisation was committed to ensuring staff achieved this qualification.

Staffing levels were high, and assessed to meet the needs of young people. Where young people needed additional support this was organised. There was a consistent team (including consistent sessional staff to cover holidays) with varying skills and interests among the group. On reopening the manager had looked at the individual skills and interests of staff to maximise consistency and opportunities for young people.

More careful consideration needed to be given to the placement of young people with highly complex support needs and the skills and qualifications of the staff team. As stated earlier in this report the young person's complex needs were outwith the specialist training and skill set of the staff team. This had resulted in poor outcomes for the young person and placement breakdown. (See requirements 1 and 3 earlier in this report, and area for improvement 1.)

1. The organisation need to ensure that the matching process takes account of the needs of young people and the training, skills and experience of the staff team. Pre admission documentation should be developed to demonstrate the matching process. (See requirements made earlier in this report which relate to the matching process and staff training).

This is in order to ensure that care and support is consistent with 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)

### How good is our setting?

This key question was not assessed.

#### How well is our care and support planned?

2 - Weak

At the last inspection personal plans had been developed using a mainly smart format that used the national wellbeing/SHANARRI outcomes. Suggestions had been made to improve timescales to add momentum to the planning process, and a greater consistency in distinguishing between desired outcomes and experiences and actions to achieve these. Recommendations were also made that plans demonstrated the involvement of young people.

No support plan had been developed for the young person who had stayed at the service since the last inspection (due to the length of stay), and no initial plan had been deemed necessary. A risk assessment had been put in place. There was no evidence that this had been reviewed in response to increasing crisis and risk. (See requirement 1.)

Staff recording was not insightful, reflective or analytical and therefore did not inform staff to develop strategies of support which might have been helpful to the young person.

Staff were able to read the information prior to the young person moving in. This was helpful in terms of some understanding of the young person's history and needs, but flaws in the matching process meant that staff struggled to meet the young person's needs early in the placement.

#### Requirements

1.

By 30 August 2021 the provider must ensure that personal plans and risk assessments are used to deliver care and support effectively, and that these are reviewed in response to changing need and risk.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23); and

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In order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## 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?	1 - Unsatisfactory
1.1 Children and young people experience compassion, dignity and respect	1 - Unsatisfactory
1.2 Children and young people get the most out of life	1 - Unsatisfactory
1.3 Children and young people's health benefits from their care and support they experience	1 - Unsatisfactory

How good is our staff team?	2 - Weak
3.2 Staff have the right values, skills and knowledge to care for children and young people	2 - Weak
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	2 - Weak

How well is our care planned?	2 - Weak
5.1 Assessment and care planning reflects children and young people's needs and wishes	2 - Weak

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