

# 10 Ramsay Gardens Care Home Service

Glenrothes

**Type of inspection:**  
Unannounced

**Completed on:**  
31 August 2021

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
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## About the service

Ramsay Gardens is a care home service operated by Fife Council. It provides care for up to four young people between four and 14 years and was registered by the Care Inspectorate in November 2019. The service offers short to medium-term placements of between three months and a year with the aim of transitioning young people into family-based care.

Further aims of the service include:

- Providing a facility which is staffed by a skilled residential care team.
- Offering high levels of nurturing care with relationships at the core of practice.
- Offering direct work with children and young people which is informed by comprehensive assessment and a multi-agency planning team.

## What people told us

There were three children in the service when we completed the inspection. We received feedback throughout the inspection visits from young people about their experience of the service which included the statements;

"It's good living here".

"Yes, I feel safe here".

We asked for views from involved professionals and were told that;

"They have been amazing".

"I'm extremely happy with the placement".

We took all gathered views into account in our evaluations of the service's performance.

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

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

**5 - Very Good**

Nurturing interactions were seen between staff and young people, with frequent hugs and affection throughout the inspection visits. Young people knew the staff caring for them and interactions were witnessed that demonstrated them seeking out staff for care or activities dependant on their needs.

Service documentation placed emphasis on attempting to incorporate a knowledge of the young people's backgrounds alongside their current needs, promoting a needs assessment that was individualised. Behaviour was seen as a way of expressing unmet need. Where difficult or challenging behaviour was witnessed, staff were seen through incident recordings and in witnessed interactions to gently remind young people about expectations and to offer support without increasing shame. When young people's behaviour was challenging there was space for reflection to identify triggers and develop a shared understanding across the staff group about the origins of and purposes of behaviour.

This approach could be strengthened by further steps to include young people in these reflective processes and incorporate learning into individual care planning. This would allow more targeted goal setting.

Efforts were however being made to increase young people's participation in their care and support. This included the writing of daily logs to young people and completing them in their presence. We were told about how this meant that when young people asked what they were doing, staff could read the statements they were writing. Paperwork that was accessible to young people was identified as lacking in the services' own self-assessment and during the inspection it was noted that a new plan was being trialled. It is not yet possible to determine if this will increase participation and accessibility.

We found evidence of choice in day-to-day activities and in future planning such as activities over the holidays. Decisions that were made were clearly communicated with young people with plans clearly displayed. Young people engaged in a range of activities and were involved in a number of community groups with staff providing additional behavioural support as required. Staff praise of young people's achievements was evident in witnessed interactions and through staff interviews. There were a wide range of planned activities adult-led activities and opportunity for young people to access the garden and play independently. Activities including holidays took place despite behavioural issues and young people's individual interests were supported.

Where young people had additional support needs these were highlighted in their care plans. Witnessed interactions supported staff understanding of the need for gentle guidance, relational approaches, and distraction rather than heavy boundary setting. This meant that young people responded to staff guidance and rule-setting whilst retaining supportive relationships. Staff were clear about helping to develop appropriate prosocial behaviours that would allow young people to thrive in community activities and eventually in family-based care.

There was strong evidence of effective partnerships with social work, education, and mental health services. There were clear policies and procedures with regards to child protection and where training was noted to be out-of-date this was immediately rectified when found at inspection. Staff interactions with young people and the service documentation supported the finding that the service was trauma-informed. Additional local authority guidance for staff, demonstrated that evidenced-based practice was considered in the training staff received. This supported a relational, values-based and trauma-informed model of care.

Staff were understanding of the needs of the young people, with particular emphasis on age and stage as well as individual likes and dislikes. This was incorporated into how staff sought to prevent behaviour from escalating. There was evidence that where staff interventions did not prevent escalation that there was sufficient quality assurance as well as reflective and learning discussions that behavioural change was affected.

There was good variety in terms of diet with opportunities for young people to be part of the menu planning as well as participate in the making of meals. The kitchen itself was an inviting place where young people could meet with staff.

In conclusion, young people were seen to have strong and nurturing relationships with staff. Where behaviour escalated or staff interactions were not positive there was robust evidence of discussions with young people, within the staff group as well as escalation to management. These discussions resulted in action to learn from incidents and ensure repair to relationships. Children had access to appropriate health services and consultation by the service with mental health support beneficial with practice changes directly linked to this.

## How good is our leadership?

5 - Very Good

Documentation supports continuous and robust evaluation of care plans and the support provided. There was evidence of quality assurance at staff team level, manager, and external manager. Self-evaluation was evident with improvement activities clearly detailed.

However, staff expressed concern about changes to the completion of documentation and their reduced role in this. This suggests an issue with regards to change management and could be supported by review of how stakeholders are consulted or communicated with as part of the change process. External management roles and responsibilities were clear with evidence across the care plan and in-service auditing documentation of robust regular quality assurance.

Reflection on significant events or incidents was embedded in the service and there was evidence of improvement activities resulting from these reflections. Young people's meetings took place regularly and feedback regarding the service was sought from stakeholders.

In conclusion, the services quality assurance processes were good, with evidence of this across a number of levels. Initiatives to communicate changes effectively to staff and including young people in assurance activities could be improved, however, the impact of these on young people's experience and outcomes was minimal.

## How good is our staff team?

5 - Very Good

Staffing levels and individual staff skills mix was found to be good, with young people being able to spend meaningful time with staff. There was a clear understanding across the staff group about what skills each staff member contributed. To meet the needs of the young people during the holidays with the staffing numbers on the rota, supervision and training had reduced. It is recognised that meeting the needs of the young people should take precedence, however, the development of a continuous process for assessing staff numbers, experience and skills would support the service in effectively planning in the future.

Staff described a working environment where they supported each other and offered appropriate professional challenge as required. Evidence was found of staff raising concerns with other staff members as well as escalating to the manager. Recordings suggest appropriate handling of concerns raised in the staff group. Staff spoken to were knowledgeable about the young people and their individual needs. Discussions with staff demonstrated understanding of the specific challenges and emotional needs of the young people and of their commitment to ensuring that residential care be as nurturing as possible.

## How good is our setting?

5 - Very Good

The service is based in a detached property in a residential area. It is laid out like a family home. The décor was worn in some areas due to heavy use, however, there was a plan to re-paint and re-carpet. Young people were seen to have a say in their rooms and were proud of the space that they had, and items they had chosen. The kitchen created a homely feel and young people were seen using the space with staff.

There are ongoing issues with parking, we were assured that efforts will be made to address these to ensure that community relationships are maintained. The setting provided good connection with the community and local activities. There was a homely feel, and young people's interests were catered for.

The few areas of improvement in this key question were assessed as having a minimal impact on young people's experience and on potential outcomes.

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

4 - Good

The service aims are stated as providing short to medium-term placement with the specific goal of supporting young people into family-based care. The care being provided was assessed as being of a high quality, however, there was limited expression in care planning of the larger goal of family-based care, timeframes, and discussion with young people around this. This meant that there was potential for drift in care planning.

The content of the case files was good with evidence of trauma-informed care and the recording of positive and negative events. The documents could be improved by incorporating SMART (Specific, Measurable, Attainable, Relevant and Time-based) planning, with greater care being taken to ensure that young people's views of their plans are recorded. Additionally, given the nature of the service with the purpose of offering stability to then transition into family-based care, there could be more preparatory work completed around this. Recognising the balance between not talking about moving on to ensure young people feel safe and build relationships, while also being truthful about the service goal and open with young people about their plans.

There was good evidence of service audit reflecting quality assurance processes, however, the higher-level process that includes the outcomes matrix were still to be implemented.

In conclusion, there was evidence of important strengths in the care planning. However, given the short to medium-term nature of the service, the need to incorporate timeframes into plans was assessed as having an impact on the outcomes for young people potentially causing delay.

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

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