

Avonlea Care Home Service

Wick

Type of inspection:
Unannounced

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Service provided by:
Highland Council

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About the service

Avonlea is a purpose-built residential house developed to provide care for five children or young people who are looked after by the Highland Council. Also under the registration are two houses Gable House and Willow View which can be used to support sixteen to twenty five year olds, in independent living or working towards independence.

All houses are located in Wick, close to local shops and facilities.

The aims of the service are to provide care through a relational based approach, working to support the young people through the wellbeing indicators of SHANARRI (safe, healthy, achieving, nurtured, active, respected, responsible and included).

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.

This service has been registered since 2002.

What people told us

During the inspection we interviewed two young people and received an email from another young person expressing their views. We also received feedback from two young people via questionnaires. The comments were as follows:

"The food is really good I get asked what I want in the shopping."

"We are always told new staff are coming in and it's difficult to build relationships."

"I liked going paddle boarding and on a boat at the harbour."

"Staff aren't able to keep me safe."

"Some people didn't try to understand me."

"I enjoyed a trip to Perth shopping."

"I felt so alone."

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

2 - Weak

Committed and empathic relationships were at the forefront of care provided by the service. External professionals told us about the committed staff team and the good quality of care afforded to the children and young people living in the houses. However, recent staff shortages and staff changes had negatively impacted on young people in a number of ways. We heard from them how this impacted on them being supported to health appointments, and the difficulty in trusting new staff. One young person was able to share this was a barrier in expressing their feelings. Staff had also felt they were not able to meet the

needs of the young people due to there not being enough staff. **(See area for improvement 1.)**

There were a range of activities on offer to the young people, which would provide new experiences and lifelong memories. We heard consistently that due to only having one vehicle these had to be planned in advance, and limited the ability to develop plans on the day, such as activities, and supporting young people to medical appointments.

There was no evidence of young people being involved in planning their care, identifying or assessing risk or discussing how risks would be managed. This limited the opportunities to work with young people to help them understand the risks and look at ways these could be prevented. **(See requirement 1.)** Nevertheless we heard how young people were involved in their choice of food, decoration of their bedroom and clothing, which also seen one young person enjoying an overnight stay away for a shopping trip. Young people were encouraged to attend hair appointments, and work towards receiving beauty treatments for special occasions which was positive in promoting self-identity and self-esteem.

It was a great achievement that one young person had sustained employment, and another attended school. We were concerned at the lack of planning for some young people with their education and the impact this could have on young people to achieve.

There was a lack of understanding of continuing care which meant there was an inconsistent level of care received. This was evident through one young person being supported to visit family whilst another had to arrange this themselves which often didn't happen due to them regularly not being able to fund transport to visit. Family is an important connection for young people and should be promoted to support lifelong relationships, and sense of identity to understand their lives where appropriate in line with 'The Promise'. **(See area for improvement 2.)** Also there was evidence of a young person not wanting to be left alone in the house, and this lead to them becoming distressed, despite them voicing this they continued to be left alone for periods of time. There was no evidence of this being reviewed to take the young person's needs into consideration or work towards other strategies.

Requirements

1. In order to ensure the young people experience wellbeing as a result of their care, the provider must by 2 December 2021 ensure that young people understand the risks of their behaviour and implement strategies to support them to keep themselves safe from harm or abuse.

In order to achieve the provider must ensure that young people are involved in their risk assessments, direct work is conducted with the young people to understand the risks and pro-active strategies are implemented to help reduce risk and these are reviewed regularly.

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 helped to understand the impact and consequences of risky and unsafe behaviour and decisions.' (HSCS 2.25); and

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

Areas for improvement

1. In order to ensure young people have the service that is right for them, the provider must ensure that there is an assessment of staff, to enable them to meet the needs of the young people.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19); and

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

2. Avonlea should develop a consistent approach in regards to promoting family relationships, and incorporate this over all provisions to ensure that the young people's wishes to see their family is promoted.

In order to achieve this Avonlea should ensure young people have equal opportunities in relation to family relationships and these are promoted throughout the services.

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 supported to manage my relationships with family and friends or a partner in a way that suits my wellbeing.' (HSCS 2.18).

How good is our leadership?

2 - Weak

We heard from staff and young people that they did not see a lot of management present within the house, which impacted on the support the staff felt they received in helping them implement effective supports to young people. A presence within the house would also give an opportunity for positive role modelling and observing practice to reflect on the needs of the staff team and to enhance their skills in caring for the young people.

This would then help shape the aims and objectives of Avonlea, as they currently did not reflect the care which was being delivered within the houses. There was a variety of care being provided throughout the three houses, which caused confusion for staff and young people. Objectives were not in line with continuing care guidance, national protocol for reducing unnecessary criminalisation of looked after children and lacked a trauma informed perspective. It was clear this was an area which needed developed as staff were not able to clearly identify the aims or objectives of the houses. This then provides an inconsistent approach for young people which was evident in the care they received. **(See area for improvement 1.)**

It was recorded there should be eight staff development days, this wasn't evident with only one being conducted for one house this year, this would be beneficial in shaping the ethos of care within the team, and improving outcomes and experiences for children and young people.

Quality assurance systems were seen within the house, and these would appear to work well if they were followed. A lack of debriefing, training and audits of assessments for young people was highlighted in these systems. The management in Avonlea should ensure this is developed to provide a reflective space for staff and young people to be supported, and analyse the event to provide actions to prevent a reoccurrence. **(See area for improvement 2 and 3.)**

Restraint was recorded in one incident where it did not appear to be a last resort, and debriefing would give a point to address concerns such as this so young people experience safe care. **(See requirement 1.)**

Avonlea is required to report significant events to the Care Inspectorate involving young people, this has only happened once in 2021 despite there being a high level of incidents and some accidents. **(See requirement 2.)**

Requirements

1. By 21 October 2021 the provider must ensure that restraint is used only as a last resort to prevent harm.

In order to achieve this Avonlea must have a clear risk assessment in place identifying when restraint should be used and the type of hold permitted. Pro-active strategies should be implemented within this to ensure that restraint is a last resort and is only to keep the young person safe from harm.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14); and

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

2. By 21 October 2021 the provider must ensure that they notify the Care Inspectorate of all events within the service, this is to ensure they are not breaching regulations.

In order to achieve this provider must ensure that they notify the Care Inspectorate via eforms within 24 hours of anything set out in the criteria in particular incidents, accidents and restraints.

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

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

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

Areas for improvement

1. The provider should re-evaluate their aims and objectives to reflect what the service offers and consider a more relational ethos of care, with less focus on police intervention. This will provide a more trauma informed approach to care, to meet the needs of the young people.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

2. Avonlea should ensure a robust debriefing system is implemented by management, to ensure there is support, reflection and learning from incidents. As well as an opportunity for life space interview to be conducted with the young people. This is to ensure incidents are evaluated to help prevent reoccurrence, and pro-active measures which could be implemented to keep the young people safe.

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

'I experience high quality care based on relevant evidence, guidance and best practice.' (HSCS 4.11).

3. Management should ensure quality assurance systems are being used effectively, in particular regards to training and developing the teams skills base around trauma informed practice. This will ensure the staff team have the skills they need to best support the young people.

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

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?

2 - Weak

Following the last inspection in September 2019 it was clear there was an area for development, to ensure care plans were 'SMART' (Specific, Measurable, Achievable, Realistic, Time-bound) and up-to-date. It was disappointing to find there were no individual care plans for any of the young people, although there was a child's plan provided by the social worker these were not reflective of the individual needs, supports and routines of the young people. Care plans are a vital document ensuring the young person's needs are met, and they receive consistent care. There was no set identified outcomes and the young people and staff struggled to communicate the areas they were working towards individually. This is important in ensuring the young people get the most out of life and achieve their full potential. **(See requirement 1.)**

The young people at Avonlea, identified as displaying a high level of risks. The risk assessments in place were not SMART, and did not identify pro-active strategies to support the young person. There had been some serious incidents in relation to these risks, which safe plans should have been then implemented from and there was no evidence of core group meetings or further actions discussing future supports for the

young person to help keep them safe. These were also significantly out of date with them not being updated since 2020. **(See requirement 1.)**

In regards to the young people who were living independently, or in continuing care, there was no specific documentation to support this or identify their needs and goals. We heard how one young person felt their views were not considered and this would be an opportunity to ensure they were included in their plan. Again this would ensure there was a consistent approach in the care received by the young people, and ensure there are equal opportunities. **(See area for improvement 1.)**

Requirements

1. By 31 October the provider must ensure that they develop individual care plans for the young people in their service.

In order to achieve this these documents should be SMART (Specific, Measurable, Achievable, Realistic, Time-bound) and have a focus on the young people's views, goals, routines, and reviewed regularly.

This is in order to ensure that the 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 choices.' (HSCS 1.15)

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

Areas for improvement

1. Continuing care documentation should be developed to ensure there is a clear pathway plan, with an assessment of how this relates to the young person's needs and how this will be supported to be achieved.

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

'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

The service must ensure all young people have an up-to-date personal plan. These have to have sufficiently SMART goals and targets.

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

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

This area for improvement was made on 17 October 2019.

Action taken since then

There had been no steps made to achieve this area for improvement, which has now been implemented as a requirement. Feedback from the service manager, and house manager had been that the Highland council wish to only use child's plans. Both managers are aware of the requirements for young people to have an individual care plan and that this needs to be implemented. (See requirement 1 in 'How well is our care planned'.)

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?	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?	2 - Weak
2.1 Vision and values positively inform practice	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
2.3 Leaders collaborate to support children and young people	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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