

# Allinvale House Care Home Service

Airdrie

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
3 February 2022

**Service provided by:**  
Love @ Care Ltd

**Service provider number:**  
SP2018013216

**Service no:**  
CS2020380030

## About the service

Allinvale is a care home for young people. The service operates out of two houses which are in the North Lanarkshire area. Both houses have excellent road and rail links to the central belt and beyond. The service provides residential care for up to five young people between the ages of 10 and 18 years old.

The accommodation is spacious and consists of a range of communal and private space. Both houses also have a large living room, kitchen/diner with access to a garden and outdoor space. Young people have their own single rooms.

At the time of inspection there were two young people living in separate accommodation.

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.

## What people told us

During this inspection we undertook a site visit to both houses. We spoke directly with one young person. Not all young people were able to provide verbal feedback to us. We observed positive and nurturing interactions between young people and staff. Observations of interactions were largely positive and included the use of guidance and the appropriate use of humour. Feedback we received from young people was generally positive.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

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

**3 - Adequate**

We evaluated this key question as adequate overall, meaning that strengths just outweighed weaknesses and key areas needed to improve.

Young people were respected and received nurturing care from a staff team who were working hard to care for young people. We saw evidence of warm relationships with all young people. We felt that some members of the staff team held the values required to provide a good standard of care for young people. Improved outcomes were seen for young people from some good examples of proactive interventions from staff.

Young people benefitted from positive relationships with staff. The service had experienced considerable staff turnover, but a more stable staff team was now in place. Young people benefitted from greater consistency of support and clearer boundaries. One young person told us "Last year I didn't know what was expected of me and this didn't help me". Both young people had improved outcomes due to the greater consistency in staffing which has led to more settled behaviour and an adjustment of staffing levels for one young person.

Clear behaviour support plans were in place that demonstrated that the service understood the needs of young people and had appropriate strategies in place to support them. The service had recently implemented training in relation to Safe Crisis Management. This has helped to create a more consistent approach, however, the service needs to fully develop all aspects of good practice, including de-briefs for staff and life space interviews with young people after an incident to increase safety for young people. This will form a requirement (see requirement 1).

Young people in the service were supported to actively participate in care planning, we saw examples of young people accessing formal advocacy and engaging in care planning through participating in planning meetings. Young people felt able to raise concerns and we saw evidence of restorative work being undertaken when concerns were raised. Whilst this was an area of positive practice, the service should improve the robustness of its complaints policy so young people and staff are clear how concerns will be addressed.

Young people were connected to their families, with regular family time taking place within the service. Young people in the service were also supported to maintain contact with families by phone. This ensured that both young people remained connected to their family. The service should develop guidance relating to how parents will be kept in form about incidents in the service and how they will be consulted about plans. This will form an area for improvement (see area for improvement 1).

Young people experienced choice in activities and one young person was due to attend college. The service could improve the engagement of young people in other community activities to broaden their opportunities for socialising and positive activity. Young people could also benefit from more structure to their day within the service and a promotion of positive sleep patterns. This will form an area for improvement (see area for improvement 2).

Young people were included in planning their activities and had a choice in meal planning and food preparation. The service should continue to monitor how it promotes a healthy lifestyle for young people to enhance their wellbeing.

There are areas of strengths in the care provided by the service in terms of improved staffing, greater consistency of approach and use of good practice models in relation to safe holds. We have however noted a number of areas for improvement to continue to improve the quality of care provided.

## Requirements

1. By 31 May 2022 the provider must support young people's safety and wellbeing. To do this, they must, as a minimum:

- ensure robust practice in relation to safe crisis management is fully embedded in the organisation with clear quality assurance, consistent staff de-brief and use of life space interviews with young people.

This is to comply with Regulation 4(1)(a) and (c) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

## Areas for improvement

1. To improve communication with families, the provider should produce guidance that outlines how they will share information with when incidents occur. They should ensure that all staff receive training on this guidance.

This is 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 my family, friends or partner in a way that suits my wellbeing' (HSCS 2.18)

2. To improve young people's health and wellbeing, the provider should ensure that all young people have in place a comprehensive, holistic health assessment and that care and support is individualised to meet their needs.

This should include but is not limited to, monitoring sleep patterns for young people and seeking appropriate advice from health professionals if changes are noted and ensuring that young people have access to range of activities and opportunities to provide structure to daily routines.

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

'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.' (HSCS 1.28); and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

**How good is our leadership?**

**3 - Adequate**

We evaluated this key question as adequate overall, meaning that strengths just outweighed weaknesses and key areas needed to improve.

The service had made progress in developing the foundations for effective self-evaluation and improvement planning. The service now needs to embed and build on these improvements to maximise the wellbeing of young people. We concluded that they were well placed to continue this process.

In order to ensure young people's outcomes are being monitored and enhanced, the service requires to further evidence effectively their quality assurance processes both within the service and from external managers. Whilst there were some processes in place such as staff supervision, team meetings and managers meetings there remained some concern about our ability to fully evaluate the effectiveness of the service and improved outcomes for children and young people, due to the lack of clear quality assurance practices. This will form a requirement (see requirement 1).

Since the last inspection a range of audits have been implemented which has led to improved processes and practices. Since the earlier part of this year, the new managers have made some clear and systematic improvements to daily operations in the service, within a broader approach to improvement planning.

The service had a detailed improvement plan. Whilst this was updated and showed evidence of progress within the service, we felt that it could be SMARTer (specific, measurable, achievable, realistic and time-bound). This would ensure that identified items are monitored, their progress sustained and would act to evidence a strong commitment to ongoing improvement and outcomes for young people. The plan could be strengthened further through the involvement of staff and young people.

The manager had begun to drive improvement through positive role modelling of expected practice, directly with young people and through individual and team direction and guidance. The recording of these efforts was, however, not well recorded.

We were encouraged to see that attempts had been made to embed routine supervision and team meetings. These efforts are still at the early stage, however, we could see the positive impact of the new management team.

We were pleased to note that managers had more recently established a process of analysis, to determine patterns from incident reports. This is at the early stages, and we will review this in the next inspection. We saw very limited evidence that debriefs were taking place, therefore we concluded that the service was not providing full support to staff and did not have practices in place which would support learning and improvement.

Improved formal consultation with external professionals would offer the service some insight into the strengths and areas for improvement, however, it was noted that professionals who provided us with feedback spoke about much improved communication and partnership working.

We saw evidence of a concern being raised by one young person and whilst this had been addressed, we would suggest to the service that this should have been dealt with and followed the formal complaints policy. The service should make efforts to ensure that analysis of concerns and significant events is fully embedded in the service and leads to improvement. In conjunction with this we were unclear if staff were fully aware of the complaints and whistle blowing policy of the service. These will form an area for improvement (see requirement 1).

Of concern to us was the apparent lack of clarity about roles and responsibilities within the management

team and staff team. Whilst we acknowledge that staff shortages and absences had meant that managers often had to cover shifts there requires to be improvement and clarity moving forward. The need for these to be clearly defined is crucial in the development of the team and to improve practice and accountability. This will form an area for improvement (see area for improvement 2).

## Requirements

1. By 31 May 2022 the provider must ensure that children and young people receive quality care and support by having in place robust quality monitoring procedures. To do this, the provider must, as a minimum:

- Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.

The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This is to ensure that 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).

## Areas for improvement

1. To keep young people safe and promote their wellbeing, the service should ensure that robust complaints and whistle blowing procedures are in place and that all staff are provided with training on this.

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

2. To keep young people safe and promote their wellbeing, the provider should ensure that there is clarity of roles and responsibilities for all levels of staffing.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**How good is our staff team?**

**3 - Adequate**

We evaluated this key question as adequate overall, meaning that strengths just outweighed weaknesses and key areas needed to improve.

Young people were benefiting from a staff team who were working hard to care for young people in a nurturing way and we saw evidence of warm relationships between individual members of staff and some young people.

Young people's wellbeing could be further supported by a staff team who are appropriately confident, skilled and experienced to look after young people with highly complex needs. Staff had been supported to attend some workshops and consultations to enhance their learning, however, we saw no detailed training package. We did not see evidence of all training identified in recommendations at the last inspection being provided. We were concerned that there was potentially still a lack of training opportunities specifically based on meeting the range of complex needs of young people and this was compounded by the lack of readily available information on what training staff had completed. We concluded that there was no evidence-based analysis of skills and subsequently no assessment of skill mix on all shifts. This will form a requirement (see requirement 1).

With the pandemic in mind, we reviewed the training records of several staff and noted participation in a range of online core training events. However, we were concerned to see that there were gaps in the completion or renewal of core training. We were also not provided with evidence which showed us how this is monitored.

We concluded the serviced had not fully met the requirement made at the last inspection as we were informed that a training needs analysis had not been completed for all members of staff. Part of this requirement will now form an area for improvement (see area for improvement 1).

We heard that since the last inspection there has continued to be high staff turnover. This generated feelings of loss and frustration for some young people. The effectiveness of teamwork was compromised by ever changing staffing arrangements and absence of some core staff. Despite these changes, we believed that this was a staff team which was once again re-building and trying to respond to changes in leadership around the expectations of competence and values in their practice.

We observed that there were enough staff on shift, each time we visited and where flexible arrangements were needed these were agreed. For some young people, the service had identified and assessed the need for and amended staffing levels.

Increased levels of supervision were positive, however, we concluded that there was limited evidence of the monitoring and development of staff values, skills and knowledge base in practice and therefore limited assessment of their competence and development to support young people. Young people's wellbeing was further compromised as we were told that staff do not have a personal development plan and no annual appraisal takes place. The service acknowledges the lack of progress on this since the last inspection. This will form part of an area for improvement (see area for improvement 2).

Although most staff were clear that the service had improved significantly since the last inspection, some staff told us that a negative culture still existed and that not all staff were fully meeting management expectations. Issues relating to the service culture and staff turnover had impacted on the quality of relationships for young people within the service. The service should continue to address staff culture to improve the quality of the care provided to young people. This will form part of an area for improvement (see area for improvement 3).

Whilst we are encouraged by the manager's drive toward improvement, our observations identified that further protected time was required to assure staff of the value of team meetings and the use of this space to increase knowledge of young people and shared strategies of improving outcomes. We would encourage improved frequency and minute taking regarding critical discussion, again to increase accountability across all members of the team and in future, we would expect to see this forum being used as an opportunity for collective discussion and decision making, regarding young people's care and support needs. This will form part of an area for improvement (see area for improvement3).

We felt strongly that consistent and effective leadership was now required to build upon existing strengths, address aspects of poor practice and support underdeveloped ambition within the team.

## Requirements

1. By 31 May 2022 the provider should ensure that young people are kept safe, and their wellbeing is enhanced. Care should be provided by the right number of staff who have the appropriate levels of knowledge and skill to meet their needs. To do this, the provider should, as a minimum:

- Provide training to all staff to the level required to provide quality and consistency of care and support. The service should ensure that all relevant staff have access to and complete training specific to the needs of those in their care.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the 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); and 'My needs are met by the right number of people' (HSCS 3.15).

## Areas for improvement

1. To support children's wellbeing and development, the provider must ensure all staff are sufficiently confident, skilled and experienced to look after young people with highly complex needs. This should include a training needs analysis for each member of staff. Based on the findings, the service should produce a robust and comprehensive training package which is also informed by the individual needs of the young people being cared for.

This is to ensure that care and support is consistent with the 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); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

2. To support children's wellbeing and development, the provider should ensure that all staff continue to have regular opportunities for supervision in line with their policy. The provider should include the implementation of systems of staff appraisal for all staff.



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

3. To support an improved consistency of approach in promoting outcomes for children's wellbeing and development, the provider should ensure that all staff demonstrate the organisation's values and expectations. This should include but is not limited to, continued engagement with the staff team to gather their views, identifying training needs for staff and improving communication through regular team meetings to promote dialogue and discussion.

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

'I experience a warm atmosphere because people have good working relationships' (HSCS 3.7); and '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).

This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will:

'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

## How good is our setting?

### 3 - Adequate

We have made an evaluation of adequate for this key question. Where there were some strengths that just outweigh weaknesses.

Allinvale has houses in two locations, both are large residential properties in established residential areas close to a range of amenities. At the time of inspection there was one young person living in each house. Young people benefit from homely settings which are well-furnished and provide a comfortable and welcoming environment.

Young people were supported to maintain positive relationships with family and young people were benefiting from having these meaningful connections. The service is accessible by the families of young people in the service who are regular visitors. Family time is promoted and supported by the service to ensure family links are maintained.

Young people's lives were being enhanced through involvement in some fun activities and outings, however, the service should make efforts to increase the range of opportunities provided to all young people.

Although one young person was due to start college, we did note a lack of engagement with community resources for both young people. One young person spent a lot of time being driven around by staff in a car without an opportunity to be active in the community. The service recognises that this is an area for development and has plans to address this and is exploring resources that will be appropriate for young people to promote social inclusion.

Although living in high amenities areas, both young people were not fully included in their local community and accessing a range of resources and opportunities.

When discussing ways in which young people had tried to enhance their sense of belonging, through choices of decoration to reflect their personalities and personal taste, we found that this had been supported for young people.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate overall, meaning that strengths just outweighed weaknesses and key areas needed to improve.

Young people were being respected and records were written in a positive and supportive way. Improved outcomes for young people were seen in daily and weekly reports, however, we saw limited links to these in the care plans. We identified a few areas where plans for supporting young people in certain areas had not been included.

Young people's personal plans demonstrated a range of interventions aimed at supporting identified needs and wishes. Plans held information about what was important to young people, including outcomes based on SHANARRI (safe, healthy, active, nurtured, achieving, respected, responsible and included) wellbeing indicators from Getting it Right for Every Child (GIRFEC). However, we felt that plans sampled during this inspection, required a more detailed sense of SMART (specific, measurable, achievable, realistic and time-bound) outcomes. It was not always clear to us what goals the young people have and plans lacked an explanation of precisely how this would be achieved, both in the house and in the community.

For one young person we noted improved participation in their care planning. Strengthened access to independent advocacy had led to improved outcomes for young people being involved in meetings and leading their care. However, the effectiveness of personal planning and the importance of plans being led by young people must be better evidenced.

As part of personal planning, risk assessment offered insight into the risk behaviours of young people. These were detailed and provided clear strategies and we saw evidence of regular review.

Whilst personal plans had progressed since the last inspection, additional input to the staff team may help to assert the relevance and importance of all components of personal planning, with an understanding of what it means for young people to lead on their own care and support. It is also important to reinforce that personal planning review, takes place naturally and not in line with dates which are convenient for staff workloads.

Whilst the requirement from the last inspection has not been fully met we have made this an area for improvement in recognition of the progress the service have made since the last inspection.

## Areas for improvement

1. To support meeting young people's individual needs, choices and preferences and promoting positive outcomes, care plans should reflect a responsive, person-centred approach.

To support staff to be clearer about how to support young people to achieve their individual goals and

aspirations, the service should ensure that goals identified within care plans are SMART (specific, measurable, achievable, realistic and time-bound).

This is to ensure that 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 wishes and choices’ (HSCS 1.15); and ‘I am fully involved in developing and reviewing my personal plan, which is always available to me’ (HSCS 2.17).

This is to ensure that young people’s personal planning is consistent with the Care Inspectorate Personal Plans guidance.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

Children and young people must receive quality care and support by the service who has undertaken a thorough matching process. In order to achieve this the provider must:

- Develop matching guidance that follow good practice.
- Gather appropriate information about the needs and risks of a young person before a placement decision is made.
- Undertake a matching assessment of other young people at the placement in order to determine if the match is suitable and safe.
- Provide training to relevant staff involved in the matching to ensure that they have an appropriate level of matching knowledge.

To be completed by 28 May 2021

This is in order to comply with:

Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 16 February 2021.**

## Action taken on previous requirement

The provider has updated their admission and matching paperwork, however, there have been no new admissions since the last inspection and therefore we were unable to assess this during this inspection.

## Not assessed at this inspection

### Requirement 2

Children and young people must receive quality care and support by the service who have appropriate risk management processes in place. In order to achieve this the provider must:

- Ensure that known risk information is transferred to an internal risk assessment either before or soon after a placement has started.
- Ensure that children and young people are supported to contribute their views and wishes to how risk should be managed.
- Develop a process for updating risk assessments soon after incidents and after a routine period if no incidents have occurred.
- Provide training to all staff on risk management guidance and be confident that the training has met its aims.
- Introduce a risk quality framework that ensure that quality issues are picked up and addressed routinely.

To be completed by 28 May 2021

This is in order to comply with:

Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 16 February 2021.**

## Action taken on previous requirement

The provider has made some progress in relation to this requirement, however, further work is now required to embed practices and procedures and to train all staff.

## Met - within timescales

### Requirement 3

Children and young people should receive quality care and support from a service that follows good communication practices and respects the parental rights of parents. In order to achieve this the provider must:

- Develop guidance that provides detail to staff of how parents and relevant other will be informed about incidents.
- Ensure that guidance covers how parents are consulted about plans that may have an impact on their child's life.
- Provide training to all staff on that guidance and be satisfied that it meets its aims.

To be completed by 28 May 2021

This is in order to comply with:

Health and Social Care Standard 1.15: 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 wishes and choices.

Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 16 February 2021.**

## Action taken on previous requirement

Whilst we saw positive evidence of young people and the service maintaining contact with their families, no guidance had been develop and staff had not received any training.

**Not met**

## Requirement 4

Quality care and support must be provided by the service by improving how they record incidents. In order to achieve this the provider must:

- Develop a quality incident report format that ensures that the right information is captured.
- Ensure that this format signposts to updating risk assessments and risk management plans.
- Ensure that staff receive training on good incident recording.
- Develop a quality assurance system to ensure that incident records meet a quality standard.

To be completed by 28 May 2021

This is in order to comply with:

Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 16 February 2021.**

## Action taken on previous requirement

The provider has implemented the use of Safe Crisis Management. We have made a further requirement about the need to ensure that this is fully embedded in the organisation with clear quality assurance, consistent staff de-brief and use of life space interviews with young people.

**Not met**

## Requirement 5

The provider must look to improve their recording practices to ensure that they are evidencing nurture and compassion, participation and recording of 1:1 time and there is improved recording of key events.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

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

This is also to comply with the Social Care and the Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

**This requirement was made on 16 February 2021.**

## Action taken on previous requirement

The provider has made progress in relation to this requirement. There was limited evidence of the use of 1:1 time and we have asked the provider to consider this further.

**Met - within timescales**

## Requirement 6

The provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us in accordance with this guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11) and 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (3.20).

This is also to conform with the Public Reform Act 2010 Section 52.

**This requirement was made on 16 February 2021.**

## Action taken on previous requirement

We were satisfied that the provider was now submitting notifications in line with the Care Inspectorate guidance.

**Met - within timescales**

**Requirement 7**

The provider must ensure that robust quality monitoring procedures are developed to ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states:

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

This is also to comply with the Social Care and the Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

**This requirement was made on 16 February 2021.**

**Action taken on previous requirement**

We saw some evidence of progress in relation to quality monitoring procedures, however, further work is now required to ensure that practices are embedded and inform learning and development.

**Not met**

**Requirement 8**

To ensure that young people have confidence in the service providing their care and support the provider must develop and implement an improvement plan and effective systems for auditing and learning from records, reviews and consultations.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states:

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

This is also to comply with the Social Care and the Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

**This requirement was made on 16 February 2021.**

**Action taken on previous requirement**

The provider had in place a detailed improvement plan. Future plans would benefit from being SMARTer (specific, measurable, achievable, realistic and time-bound).

**Met - within timescales**

**Requirement 9**

The provider must ensure that there is a systematic process for analysis of incidents over time so that any learning can be identified and inform the development of the service. Outcome of this process should be recorded for quality assurance and scrutiny.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19) and 'My care and support meets my needs and is right for me' (1.19).

This is also to comply with the Social Care and the Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

**This requirement was made on 16 February 2021.**

### Action taken on previous requirement

The provider has made some recent progress on the use of Safe Crisis Management and now needs to ensure that there is a systematic process in place for the analysis and learning from all incidents.

**Not met**

## Requirement 10

The provider must:

(i) begin a process of self-evaluation to help identify where to target efforts to support improvement. This process should involve obtaining the views of young people, parents, staff and other stakeholders.

(ii) review the service improvement plan in light of the self-evaluation and the findings of this scrutiny assessment, with a view to ensuring this is a realistic and achievable plan for the short- to medium-term.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (4.7) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

This is also to comply with the Social Care and the Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

**This requirement was made on 16 February 2021.**

### Action taken on previous requirement

The provider has a development plan in place.

**Met - within timescales**

## Requirement 11

Children and young people's care should be provided by the right number of staff who have the appropriate levels of knowledge and skill to meet their needs. In order to achieve this the provider must:

- Ensure that the assessed number of staff to meet needs and manage risks are available at all times.



- Provide training to all staff to the level required to provide quality and consistency of care and support.

To be completed by 28 May 2021

This is in order to comply with:

Health and Social Care Standard 3.14: 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.

Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 16 February 2021.**

#### Action taken on previous requirement

During our inspection we had no concern about the right numbers of staff being available for young people, however, limited evidence was available about the skills of staff.

**Not met**

### Requirement 12

The provider must ensure that staff, including the manager, have regular opportunities for good quality supervision and that this takes place in line with their supervision policy. We would further ask that systems of staff appraisal are also implemented for all staff and that regular team meeting take place to support staff.

This is to ensure care and support is consistent with the Health and Social Care Standards 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' (3.14), and with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

This is also to comply with the Social Care and the Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

**This requirement was made on 16 February 2021.**

#### Action taken on previous requirement

We saw that staff were now receiving more regular supervision. The provider confirmed that no progress had been made with regard to the systems of staff appraisal.

**Not met**

### Requirement 13

The provider must ensure that staff selection methods accurately reflect the more complex needs of young people the service is caring for and the skills and characteristics required of staff. They must carry out a

training needs analysis for staff to determine what training and support they require to deliver high quality care to each young person in the service. This plan, along with identified training and dates, should be submitted to the Care Inspectorate by 30 June 2021.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited' (4.24).

This is also to comply with the Social Care and the Social Work Improvement Scotland (Requirements for Care Services) Requirements 2011.

**This requirement was made on 16 February 2021.**

## Action taken on previous requirement

The provider had not completed a training needs analysis for all members of staff and had not submitted a plan to the Care Inspectorate.

**Not met**

## Requirement 14

Children and young people must receive quality care and support by the service who have appropriate care planning systems in place. In order to achieve this the provider must:

- Ensure that relevant information is transferred to a working document so that the service can support young people with day to day living.
- Ensure that children and young people are supported to contribute their views and wishes to how their care and support should be provided.
- Ensure that a full support plan is developed within 28 days of a placement starting.
- Provide training to all staff on good care planning ethos and practices and be confident that the training has met its aims.
- Introduce a quality assurance framework that ensures that care planning meets the aims and objectives of the service.

To be completed by 28 May 2021

This is in order to comply with:

Health and Social Care Standard 1.15: 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 wishes and choices.

Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 16 February 2021.**

**Action taken on previous requirement**

The provider has made some progress in relation to this requirement. Care plans were in place for all young people. We were provided with no evidence that staff had been provided with training on good care planning.

**Met - within timescales**

**Requirement 15**

Children and young people should be kept safe from themselves and others by a service that provides quality risk management planning. In order to achieve this the provider must:

- Ensure that safety plans are in place prior to a placement starting or as soon after as possible once a placement starts.
- Ensure that young people's views and wishes are sought and recorded as to how they should be supported, especially during periods of crisis.
- Ensure that those with parental responsibilities and rights have their views and wishes heard and recorded.
- Ensure that safety plans and daily routines are child centred and specific to young people's developmental needs and understanding.
- Ensure that safety plans highlight different risks and what actions should be taken to keep young people safe.
- Ensure that all staff are provided with the appropriate level of training to meet young people's developmental behaviours.

To be completed by 28 May 2021

This is in order to comply with:

Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 16 February 2021.**

**Action taken on previous requirement**

The provider had in place up to date risk assessments for all young people. We saw no evidence that staff had been provided with training to meet young people's developmental behaviours.

**Met - within timescales**

## 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 should make demonstrable efforts to ensure that children and young people enjoy a healthy and well-balanced diet.

This is consistent with the Health and Social Care Standards which state:

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (1.33) and 'I am supported to make informed lifestyle choices affecting my health and well-being, and I am helped to use relevant health and screening services' (1.28).

**This area for improvement was made on 16 February 2021.**

#### Action taken since then

We saw some evidence of improved diets for young people, however, we have asked the provider to continue to ensure that staff focus on supporting young people to enjoy a healthy and well-balanced diet.

#### Previous area for improvement 2

The Aims and Objectives for Allinvale should reflect its current use as a service for young people with complex needs and who have experienced a range of social, emotional and behavioural challenges which require a high level of understanding and support. The Aims and Objectives should reflect the high-level needs of the young people staff will be expected to support.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

'My care and support meets my needs and is right for me' (1.19) and 'I am in the right place to experience the care and support I need and want' (1.20).

**This area for improvement was made on 16 February 2021.**

#### Action taken since then

The provider provided us with an updated Statement of Purpose. We asked them to consider this further as there was a lack of clarity about the vision for the future of the service and in turn the Aims and Objectives of the service.

#### Previous area for improvement 3

The service should make sustained effort to support children and young people to make meaningful links with the local community and this should include relationships with neighbours.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

'I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation' (1.1) and 'I am supported to participate fully as a citizen in my local community in the way that I want' (1.10).

**This area for improvement was made on 16 February 2021.**

#### Action taken since then

We saw some limited evidence of young people being involved in their local community and have asked the provider to continue to make efforts to support children and young people to have meaningful links with the local community.

#### Previous area for improvement 4

The service should ensure that the outdoor environment of the houses is maintained and that refuse bins are emptied regularly. The service should make efforts to ensure that their properties do not stand out from their neighbours and attract negative attention.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (5.18) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (5.22).

**This area for improvement was made on 16 February 2021.**

#### Action taken since then

We were satisfied that the provider had met this area for improvement and no concerns were identified during this inspection.

## 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
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How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right values, skills and knowledge to care for children and young people	3 - Adequate
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	3 - Adequate

How good is our setting?	3 - Adequate
4.3 Children and young people can be connected with and involved in the wider community	3 - Adequate

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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