

# Milestone Living Limited Care Home Service

Aviemore

**Type of inspection:**  
Unannounced

**Completed on:**  
10 February 2022

**Service provided by:**  
Milestone Living Limited

**Service provider number:**  
SP2020013534

**Service no:**  
CS2020380164

## About the service

Milestone living is a residential house, which can accommodate two young people between the ages of 8 and 18 years of age. The house is set in the countryside, close to the main road into Aviemore.

This service registered with the Care Inspectorate 29 January 2021.

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 the inspection we obtained views from staff, young people and professionals through questionnaires and discussions. Some of the comments were as follows:

"The house are going to take me to New York."

"I enjoy working here."

"The food is good."

"It's nice only having to live with one other person."

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

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made several requirements for improvement.

We found that legal stipulations regarding the young people's care had not been adhered to. This had led to young people becoming vulnerable and their safety being placed at risk. The team didn't have an understanding of this order or why it was in place, despite it being a large focus of the care the young people needed to receive in order to keep them safe. **(See requirement 1.)**

There were limited learning opportunities for the young people, with education restricted to fifty minutes per day. We heard from one young person, "I want to be in school full-time." Although this had been advocated on the young person's behalf, it was still in the process of being developed despite several months having passed. During the day there was no structure within the house to support further learning or to source alternative education resources for the young people to give structure to their day. **(See area for improvement 1.)**

In regards to health, there was no evidence of involvement of health professionals or this being sought for the young people since moving into placement. In particular one young person had witnessed a traumatising event and no attempt had been made to seek external resources to support the young person or the staff team. Within the house there was instances where young people were smoking illegal

substances and tobacco. There was no evidence of input from health professionals or supporting the young people to recognise the impact this has on their health. **(See requirement 3.)**

We had concerns regarding the lack of risk assessing within the service. There had been visitors welcomed to stay at the service with no exploration of the risks they may present or the harm they may present to the young people. Essential information, in particular the age of the visitor wasn't obtained until weeks after they had been visiting, putting the young people at extreme risk. **(See requirement 2.)**

## Requirements

1. By 31 March 2022, the provider must ensure they can meet the needs of the young people referred to the service. To do this, the provider must, at a minimum:

- a) evaluate the admissions documentation and ensure they can implement legal stipulations.
- b) develop an understanding of the legislation involved in the proposed care and ensure they can provide this.

This is to comply with Regulation 4 (1) (a) 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:

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

2. By 31 March 2022, the provider must ensure they carry out robust risk assessments relating to all aspects of the young people's lives. To do this, the provider must, at a minimum:

- a) develop risk assessments to ensure the welfare of the young people staying in the house.
- b) ensure activities are fully risk assessed.
- c) take appropriate action to safeguard the young people from visitors entering the house.

This is to comply with Regulation 4 (1) (a) 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

3. By 31 March 2022, the provider must ensure young people receive the appropriate support for their health. To do this, the provider must, at a minimum:

- a) educate the young people on the risks they place on their health.
- b) ensure young people receive the support they need to support their mental health.

This is to comply with Regulation 4 (1) (a) 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 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).

## Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure young people have access to an education provision which helps them reach their full potential. This should include, but is not limited to, a structured day of learning.

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 achieve my potential in education and employment if this is right for me' (HSCS 1.27).

## How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made a requirement for improvement and identified areas for improvement.

We were concerned that there was no service development plan in place. Given the aims and objectives of the service had a large focus on therapeutic care, we would have expected to see how this would be developed in the year ahead. We found that staff had not received any specific training regarding trauma and given the placement agreements seeking a therapeutic care setting this would be essential in caring for the young people. **(See requirement 1.)**

There was a serious concern regarding the practice of a member of staff whom had put a young person at risk. Safeguarding procedures should have been implemented to ensure the safety of the young people. We heard the manager acknowledge that this may have had a different outcome if they had not been short staffed. We also heard of there being ongoing practice issues, however, there was no evidence of this in supervision records.

We found no evidence of auditing of young people's files. With it being a new service, it is important these documents are audited to ensure documents are accurate and written in an empathetic style. Young people have the right to read these documents at any time and it is important to ensure they are written in a way which does not leave them feeling shamed or guilty. Regular reviewing of these documents would ensure this and also that they are reviewed regularly and accurate, to ensure young people receive the right care.

The service also lacked self-evaluation skills to progress improvement planning. Some views had been gathered from young people and staff, however, there was no further action with the feedback received in regards to development. This also could have been expanded out to seek the views of professionals involved with the service, to look at improvements which could be made. **(See area for improvement 1.)**

The team had undergone been involved in a traumatic event. We felt there was a lack of support in ensuring the team were supported and helped to recover from this. There had been no team debrief,

external support or focused sessions to help support the team. Staff told us "it still affects me." This impacts on the response staff may have to young people in certain situations, which triggers the trauma leading to conflicts.

We found the registered manager and care manager to be covering shifts weekly. This had led to the young people having blurred expectations regarding their roles, and at times this causing conflicts within the team and a lack of consistency. **(See area for improvement 2.)**

## Requirements

1. By 31 March 2022, the provider must ensure they have a service development plan in place. To do this, the provider must, at a minimum:

- a) evaluate the developments the service needs to make in the upcoming year and how they will achieve these.
- b) are reflective of their aims and objectives to ensure these are accurate.

This is to comply with Regulation 4 (1) (a) 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 support children's wellbeing, learning and development, the provider should ensure files are audited on a regular basis by management. This should include, but is not limited to, a quarterly check which is recorded with improvements or learning to be undertaken.

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

'I can understand the people who support and care for me when they communicate with me' (HSCS 3.12).

2. To support children's wellbeing, learning and development, the provider should ensure the manager is supernumerary to the rota. This should include, but is not limited to, the manager conducting their own role and not covering shifts.

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

'I can understand the people who support and care for me when they communicate with me' (HSCS 3.12).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made several requirements for improvement.

We found that two members of staff were not registered with the Scottish Social Services Council (SSSC). There were no audits in place to track the registration of staff by management. The SSSC, is a regulatory body and registrants are required to uphold their codes of conduct. Not being registered poses a risk to the young people they care for. **(See requirement 1.)**

Training opportunities for staff were limited, currently they only had access to an online centre which had recently been introduced. We heard how there had been no opportunities to attend training externally. We heard how staff had raised in September 2021 the need for mandatory training. The manager hosted the induction process, which focused on the running of the house and policies in place. There had been no specific model of trauma training available to staff despite this being the focus of the service's aims and objectives.

There were several vacancies within the service; staff told us "there is a lot of pressure when staff take annual leave or are off sick." We had seen there was a reliance on staff covering extra shifts along with managers. Some months there was only one member of staff recorded as being on shift instead of one. This leads to young people's needs being unable to be met and impacting on their safety. **(See requirement 2.)**

There were limited supervision records available; staff told us they were supervised regular, however, we were unable to see a regular pattern of supervision recorded. This limited the ability for staff to be able to reflect and improve on practice. This would impact on the level of care the young people receive and the ability to address any practice issues with staff. **(See area for improvement 1.)**

1. By 31 March 2022, the provider must ensure they have a system in place to track SSSC registrations of staff. To do this, the provider must, at a minimum:

a) have a system to regularly monitor the SSSC registrations of staff and ensure they are compliant.

This is to comply with Regulation 4 (1) (a) 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).

2. By 31 March 2022, the provider must ensure they explore contingency options to ensure there is the right number of staff. To do this, the provider must, at a minimum:

a) have a plan in place to ensure there is staff which can be used should there be vacancies, sickness, or annual leave. This would not be covered by the manager.

This is to comply with Regulation 4 (1) (a) 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:

'My needs are met by the right number of people' (HSCS 3.15).

1. To support children's wellbeing, learning and development, the provider should ensure supervision is recorded and happens regularly. This should include, but is not limited to, a record of the supervision discussion at regular intervals and signed by the supervisor and supervisee.

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).

## How good is our setting?

### 3 - Adequate

We made an evaluation of adequate for this key question. Whilst some strengths could be identified these were compromised by weaknesses. As these weaknesses concerned the opportunities available for young people to be included in the community, we made a requirement for improvement.

Due to the location of the house being in the country, young people were isolated from the local town. The young people had to rely on staff if they wanted to go to the local town. This prevented young people from going out and having a sense of belonging to the area. Due to the young people having limited time in a smaller setting for education, this impacted on the opportunity to build local friendships.

Some young people had to wait for over six months for arrangements to be made for them to visit their family. At the time of their admission there had been no consideration taken to plan in frequency of visits or how these would take place. It is important that young people can still maintain a connection with their friends and family and have a sense of belonging.

There was no evidence of young people being encouraged or given the opportunity, to be included in the local community or build friendships. One young person told us "I only go on activities if the other young person goes." This limited the opportunities available and led to the young people being isolated in the house, which could have an impact on their mental health. **(See requirement 1.)**

1. By 31 March 2022, the provider must ensure they include the young people in the local community. To do this, the provider must, at a minimum:

a) evidence opportunities provided to young people in the community and to build friendships.

This is to comply with Regulation 4 (1) (a) 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 experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate' (HSCS 5.9).

## How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified these were compromised by significant weaknesses. As these weaknesses concerned the safety of the young people, we made a requirement for improvement.

Care plans for the young people we read were not specific or reflective of the placement needs. There was no information regarding the routines of the young people, or the areas which may have restrictions due to risks and past experiences. This led to young people having a lack of consistency in the care provided and made it difficult for staff to understand how best to support the young people.

Risk assessments in place were not reflective of the risks which were prevalent for the young people. More specific strategies needed to be documented as to, how to support the young people when they encountered these risks to ensure staff understood how to keep them safe.

The service needs to ensure these documents are updated regularly and fully reviewed. There were documents which stated the wrong level of staffing for a young person and there was no evidence of an assessment being completed to decrease the levels of staffing since their admission. This led to confusion and whether this level of staffing was safe, and met the needs of the young person. **(See requirement 1.)**

## Requirements

1. By 31 March 2022, the provider must ensure risk assessments and care plans are accurate and reflective of the care the young people need. To do this, the provider must, at a minimum:

- a) review risk assessments ensuring they are reflective of the risks the young person is presenting.
- b) there are specific primary and secondary strategies on how to support these risks should they arise.
- c) care plans are reflective of the care the young people receive and their daily routine.

This is to comply with Regulation 4 (1) (a) 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:

'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).

## Complaints

There have been no complaints upheld since the service was registered.



## 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                    | 3 - Adequate |
| 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 |
| 2.2 Quality assurance and improvement are led well | 2 - Weak |

|  |          |
|--|----------|
| 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 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?  | 2 - Weak |
| 5.1 Assessment and care planning reflects children and young people's needs and wishes | 2 - Weak |

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