

# Cauvin House Care Home Service

76 Willowbrae Road  
Edinburgh  
EH8 7HA

Telephone: 01316 613 590

**Type of inspection:**  
Unannounced

**Completed on:**  
7 April 2022

**Service provided by:**  
Dean and Cauvin Young People's Trust

**Service provider number:**  
SP2003002647

**Service no:**  
CS2003011205

## About the service

Cauvin House is a mid-terraced house with an enclosed rear garden, situated in Edinburgh. The service is close to all amenities and has good access to public transport. The service is one of two care home services provided by Dean and Cauvin Young People's Trust.

The service is registered to provide care for up to three young people aged 16 years to 21, and their babies. The service can support a maximum of three babies under 18 months of whom only two will be aged 9 months to 18 months.

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 inspection was carried out by an inspector from the Care Inspectorate.

## What people told us

During this inspection we spoke with young people, staff, and parents of those using the service. We also received feedback questionnaires from professionals, staff members and young people who had recently left the service. Here are some of the comments we received:

'The staff were lovely and supportive and very respectful towards me.'

'When I felt overwhelmed with a new-born, the staff would help me and teach me new ways to help.'

'In my dealings with Cauvin House staff I have found them to be professional and knowledgeable.'

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

4 - Good

We made an evaluation of good for this key question. We could see important strengths, with some areas of improvement. The strengths identified had a significant impact on young people's experiences and outcomes.

The relationships between staff and young people were positive. Young people valued the support that they received. We did hear and read that at times that young people did not feel fully informed of the reasons that they were there. We heard that the service is working with external partners to create clearer placement agreements to ensure that young people, and the service are fully informed of the goals of their placements.

The service valued the involvement of both parents. The service development sessions indicated that this was an area that the service planned to improve. We also heard that at times young people would move to areas after leaving Cauvin House where supports for them wouldn't always be available. We suggested the service further develop their engagement with peers and family supports that may help support mum's and babies moving forwards during their stay at Cauvin House.

We heard from staff that there was an understanding of the challenges experienced by the young people and the support they needed during their pregnancies, birthing, and parenting of their children. We heard through feedback with professionals that methods used by the service sometimes differed from the models of parenting that they followed. The service and provider acknowledged this as an area of development and are aiming to create a clear set of aims and objectives for the service that will inform a more coherent practice model that is aligned to current best practice when working with mothers and babies in a multi-agency context.

Staff had access to training, there were both mandatory and voluntary opportunities for the staff team. We heard that some training had been delayed due to the Covid-19 pandemic. As a result, some of the service's identified training needs had not been met. Although we observed and heard from staff the individual trauma-informed knowledge that they had, we felt this could be further developed through mandatory trauma training. This would then lead to more consistent, trauma informed practice. (See Area for Improvement 1).

We heard that staff were recently trained in baby massage. We also heard that this would be shown and demonstrated to young parents often when there were babies in the house. We heard good examples of the service supporting young parents and babies to attend activities in the community and encouraging them to continue attending these after leaving the service. We did however receive feedback from professionals that they felt more could be done to encourage engagement in activities within the house and to create a busier, fun atmosphere to help to break barriers.

The service promoted access to advocacy and legal advice for the mothers using the service. Contacts were given through the welcome booklet for young people. Staff were aware of the importance of encouraging advocacy and would help young people to access this as needed. Mums were also encouraged and supported to attend all medical appointments. We did hear that at times overnight that the service would not always have staffing to accompany young people if required, however would arrange taxis to take them. We suggested that the service consider whether they could ensure that there is always an ability to go with young people as required. (See Area for Improvement 2).

It was pleasing to hear examples of young people engaging in education whilst in the service and the lengths the service went to support this, including helping arrange childcare. We suggested that the service consider developing access to education within the service, which may allow more young people to reach their potential, whilst caring for their children.

## Areas for improvement

1. To support the young people's wellbeing and outcomes, the provider should ensure that their aims and objectives reflect the ethos within the service. This should include but is not limited to:

- a) Consultation and creation of the services new aims and objectives.
- b) Ensure the new aims and objectives for the service are represented consistently.
- b) Identify any training which may also help embed this ethos into the culture, such as adverse childhood experiences or childhood trauma.
- c) Have open group discussions to monitor if practice is reflective of the aims and objectives.

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

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

2.  
To support the young people's wellbeing and outcomes, the provider should ensure that there is staffing levels/on call support throughout the day and night to allow young people to be accompanied to any medical appointments.

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

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

## How good is our leadership?

This key question was not assessed.

## 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?

**3 - Adequate**

We made an evaluation of adequate for this key question. Whilst strengths could be identified these were compromised by weaknesses. As these weaknesses impacted on the care and safety of the young people, we have made a requirement for improvement.

The service had adopted a new care plan template since the last inspection. We found that the content of this was not consistently representative of young people's goals, we suggested that the service find methods to ensure that young people had ownership of their plans. In addition, the goals set within these should have smart, measurable, achievable, realistic, and timely goals. This would allow better tracking of the progress made by the young people and their babies. In addition, we suggested that the service should consider the creation of separate care plans for mothers and babies, a view shared by many health professionals working with the service.

There were many examples of positive outcomes for young people, and they spoke positively of the support that they received within Cauvin House. It was clear that the staff team and management prioritised making positive and supportive relationships with young people.

We received feedback from some young people that they felt that their wishes were not always taken into consideration in relation to care for their babies. Although we note that the service often came from a position of safety, they should consider how they help to support young people to take the necessary steps to ensure safety, whilst supporting their views.

We heard and read that there were significant safety concerns for some young people using and having used the service. There were good examples of additional services being offered when in service. We found that the systems used to assess placements and to ensure supports were in place before arrival to minimise risk were not always present. We could see examples where risks were identified, but there was little information of what staff should do, or how they should approach young people to minimise risk. Again, whilst there were gaps in these systems, we could see that there was support that was being offered by staff, just not formally assessed. (See Requirement 1).

The service utilised a safeguarding spreadsheet to show concerns for young people, we could see that this was reviewed monthly by the providers safeguarding co-ordinator. This led to some good examples of review and reflection to reduce concerns, again this was not always transferred to care plans and risk assessments. We note however that on many occasions this translated to positive changes in support. The concerns and incidents within the service were not being notified to the Care Inspectorate following guidance. The service has taken steps to resolve this between the point of inspection and report, with improvement in this area observed.

We strongly recommended that the provider create formal quality assurance processes, and a clear role of the external manager in auditing and supporting the service to make improvements as required. In addition, we highlighted the importance of this in service self-evaluation and improvement, and how this will help them to prioritise the changes needed to safeguard young people. (See Requirement 2 and Area for Improvement 1).

## Requirements

1. By 31 July 2022 the service must improve their care planning and risk assessment processes, to ensure the placement meets the young people's needs and keep them safe.

To do this, the service must, at a minimum, but not exclusive to:

- a) Ensure young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) Ensure that they adopt care plans for both mother and baby, ensuring that young people hold central roles in deciding the goals for each.
- c) Ensure that goals are SMART, that these are actively tracked and subject to regular review.

d) Ensure that all risks for young people are identified before, and during their time in the service. This must include consideration of the known risks of proposed young people moving into the service, and how they will be supported. In addition this should include the review of the proposed impact this will have on existing young people, and supports and resources to minimise this.

e) Ensure that risk assessments are subject to regular review, that they explain clearly the roles and supports required by staff to minimise risk, and support young people. These must be reflective of the current risks of young people.

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

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)

'My personal plan (sometimes referred to as 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).

2. By 31 July 2022 the provider must ensure they develop robust and transparent quality assurance processes, to ensure the placement meets the young people's needs and keep them safe.

To do this, the provider must, at a minimum, but not exclusive to:

a) Ensure they have formal quality assurance processes in place. This should include the roles of both the internal, and external managers in reviewing processes, planning and practice within the service. There should be record of the audits undertaken.

b) Ensure that all accidents, safeguarding concerns and incidents are reviewed fully, and critically, by both the internal and external manager/safeguarder. Ensure that any review highlights future learning and that these are visible to staff and reflected as changes within care plans/risk assessments.

c) Ensure that the service develops a formal process of self assessment and should create development plans to highlight the action they will take to improve.

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

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 support children's wellbeing and safety the provider should ensure that they inform the Care Inspectorate of all notifiable instances, as per 'Records that all registered children and young people's services must keep and guidance on notification reporting.'

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 1.23).

## 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

While we saw that a policy and procedure was in place for safeguarding children and vulnerable adults, the service need to make sure that procedures were regularly updated and reflect changes in key personnel.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This area for improvement was made on 22 August 2019.**

### Action taken since then

The current 'Safeguarding Children and Vulnerable Adults' procedure has been amended to reflect changes in key personnel. The provider has improved oversight of key policies to ensure they are reviewed and updated as necessary.

### Previous area for improvement 2

While we acknowledge that there can be unavoidable changes in circumstances, we advised that where possible, if a young person requested staff to accompany them to medical appointments, sufficient staff were available on shift to allow for this.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'my needs are met by the right number of people' (HSCS 3.15).

**This area for improvement was made on 22 August 2019.**

## Action taken since then

The service has reviewed their staffing arrangements during the day, to help ensure there is staffing to allow staff to accompany young people to appointments. At the point of inspection there was still evidence that this was not always possible overnight, with the services instead covering the young persons travel costs. This has been addressed within this inspection.

## Previous area for improvement 3

In order to be assured that all staff have the necessary training and skills, the service should keep an accessible overview of their training. In addition, we advised that staff meetings could be further developed to allow for reflection on practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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 area for improvement was made on 22 August 2019.**

## Action taken since then

The provider has created an HR system that gives an accessible overview of staff training. Managers and employees hold access to this. There was evidence of debriefs and further reflective discussions within meeting structures and staff supervision. It was noted that not all identified training has been met. This is addressed through a further area for improvement.

## Previous area for improvement 4

The service agreed to continue to develop care plans so that progress could be identified and recorded more effectively, and look at how background information could be used to inform the care plans to provide more context.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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).

**This area for improvement was made on 22 August 2019.**

## Action taken since then

The service has adopted a new proforma for care plans, whilst staff could demonstrate an awareness of focuses of work for young people this was not always reflected within care plans. This has been addressed by a Requirement within 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?	4 - Good
1.1 Children and young people experience compassion, dignity and respect	4 - Good
1.2 Children and young people get the most out of life	4 - Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good

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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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