

Windybrae Care Home Service

Dunrossness

Type of inspection:
Unannounced

Completed on:
16 November 2022

Service provided by:
Shetland Islands Council

Service provider number:
SP2003002063

Service no:
CS2017356647

About the service

Windybrae is a detached house in Dunrossness, Shetland which provides residential care to a maximum of four young people. The house is set off the main road (to Lerwick) and is not immediately accessible for public transport (though there is a bus stop and shop relatively nearby).

The house has single bedrooms and ample communal areas. The building also has the ability to become two separate/adjoining premises should this be required.

The service forms part of Shetland Islands Council's social work services for children and young people.

At the time of the inspection two young people were living at Windybrae.

About the inspection

This was an unannounced inspection which took place on Sunday 30 and Monday 31 October 2022. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service, staff and management
- observed practice and daily life
- reviewed documents
- received feedback via questionnaires from young people, staff and external professionals.

Key messages

- Young people were doing really well in employment and training.
- Young people had meaningful, respectful and trusting relationships with staff who understood and respected their individuality.
- Staff were enthusiastic and optimistic for young people's future lives and supported their hopes and plans for the future.
- Staff recruitment had been difficult meaning no young people had been able to move into the service.

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 rights and wellbeing?	4 - Good
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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 rights and wellbeing?

4 - Good

We found significant strengths in the care provided and how these supported young people to be safe, feel loved and get the most out of life. Overall we evaluated this key question as good. (The quality indicator regarding safety and wellbeing was evaluated as very good. The quality indicator regarding leadership, staffing and quality assurance was evaluated as good).

Young people were safe and had key people they could speak to if they had any concerns, including people external to the staff team. They benefited from established relationships with skilled and compassionate staff team. This, combined with the staff being well trained and knowledgeable promoted young people's safety.

Young people had meaningful, respectful and trusting relationships with staff who understood and respected their individuality. There was a real sense, both from observation and discussion, that staff were really proud of the progress the young people had made.

The young people experienced trauma informed and therapeutic support. The staff team had completed Dyadic Developmental Psychotherapy and playful, accepting, curiosity and empathy (DDP/PACE) training and while this needed more time to embed as a whole team approach and culture, the team were enthusiastic and believed the model represented the nurturing care their young people experienced and deserved. Continued plans to support staff to develop their practice further would ensure young people continue to benefit from a highly motivated and skilled staff team who understand their needs.

Young people were fully engaged in their care and support. Flexibility of approach ensured that they continued to be central to important decisions and were seen to positively challenge some expectations and restrictions they felt were unnecessary in a household of young adults. The team need to immediately review the expectations within the household and the balance of nurture and preparation for the next stages of life, and what care and support should look like in a house of working young adults. This has been the subject of discussion but needs more immediate action.

Support plans and risk assessments guided staff to provide the best possible care and support, though attention should be given to ensuring that information and support which is no longer required is removed. This would further recognise the very positive progress young people had made.

The Who Cares? worker was well known to the young people. In addition to individual support they had been involved in various events campaigning for the rights of care experienced young people.

Young people had made tremendous progress in regaining and maintaining good health. This had been supported by the staff team and external professionals and had made a significant difference to the young people's lives.

Connections with friends and family were recognised and valued. Individual arrangements were in place to support continued relationships with family members and friends, also recognising that the young people were at a stage where they could make arrangements with little or no support.

Young people were doing well in training and employment. Staff were enthusiastic and optimistic, were interested in young people's aspirations, and consistently supported their individuality and hopes and plans

for the future. This helped young people grow in confidence and feel a real sense of achievement about the progress they were making.

Managerial and staffing changes had impacted on the staff team, however, decisions had allowed as much stability as possible and appeared to have minimal impact on the young people living at the service. Staff working between two children's houses might be much more unsettling for new young people with less established relationships, however, this had been taken into consideration and nobody new had moved into the house for some time. **(See area for improvement 1.)**

There was a commitment to recruit staff, with procedures in place for safe recruitment and the positive support and induction of new staff. Young people had been involved in the interview process. Despite this staff recruitment had been difficult with a high number of vacant posts and the need to utilise staff generally employed in a different part of the residential team. **(See area for improvement 1.)**

Staff received support and supervision from one of the managers in children and young people's services. For most staff supervision was regular and helpful. 'Whole' team meetings which had previously taken place had not been reinstated and would be a helpful forum for discussion and practice development across the wider service. **(See area for improvement 2.)**

Some audits and other quality assurance activity were in place to ensure service and staff development. The service recognised that the auditing tools used across the organisation did not provide specific enough information for the needs of the service, and should be reviewed. The development plan was at the point of review and should reflect the organisations improvement goals and how they plan to meet the expectations of 'The Promise' (developed following Scotland's independent care review). Review of these processes would support the services continued improvement. **(See area for improvement 2.)**

Areas for improvement

1.

To ensure that people can develop secure and trusting relationships, the provider should put in place stable, consistent staffing arrangements.

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

'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

2. To ensure continuous improvement the service should review their auditing and quality assurance systems and consider the benefits of whole team meetings to staff and service development.

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).

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

Requirements

Requirement 1

The provider must ensure that all service users have a written plan which details how their support needs will be met. Support plans must be in place within 28 days of admission and set out how the service users' health, welfare and safety needs are to be met.

This requirement was made on 30 January 2020.

Action taken on previous requirement

Young people had support plans which detailed how their support needs would be met.

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

Support plans and risk assessments should be current, of a consistently high quality and should detail the strategies of support for each young person. They should identify the involvement of young people.

This area for improvement was made on 30 January 2019.

Action taken since then

Support plans and risk assessments were of a good standard and detailed strategies of support, though attention needed to be given to removing dated information.

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 rights and wellbeing?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

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