

Milestone Living Limited Care Home Service

Aviemore

Type of inspection:
Unannounced

Completed on:
3 February 2023

Service provided by:
Milestone Living Limited

Service provider number:
SP2020013534

Service no:
CS2020380164

About the service

Milestone Living Ltd 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.

About the inspection

This was a follow up inspection which took place on 3 February 2023. 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:

- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

Following this inspection we were satisfied the concerns raised in the improvement notice had been met.

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

This was a follow up inspection which focused on the requirements and areas for improvement identified at the last inspection. We were pleased to see the service had made significant progress.

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

Requirements

Requirement 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)

This requirement was made on 11 May 2022.

Action taken on previous requirement

The provider had updated their admissions guidance and paperwork. This included looking at the legal status of the young person and if the service could meet their needs.

There had also been documentation when a young person arrived at the service looking at risks, the suitability of living with other young people and the support the young person would require.

Within the service there had been continued reflection on the legal requirements involved in some placements, and recognition of the challenges within this and their ability to be able to support them.

Met - outwith timescales

Requirement 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)

This requirement was made on 11 May 2022.

Action taken on previous requirement

The provider had created a visitor's policy, and taken into consideration safety of others within the house when adults visit.

We found the service to have developed the risk assessments in place for the young people it cared for. They had now included a descriptive overview of the risk presented, primary and secondary strategies to support the risk, and list the evidence of external agencies, or support attempted to gain to support the young person. We found these were updated regularly in line with any changes in the young person's day to day life.

Risk assessments had been developed for leisure and recreation activities and were individual to the young person taking part in the activity. These gave a good overview of the risks, and strategies in place when undertaking activities.

Met - outwith timescales

Requirement 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)

This requirement was made on 11 May 2022.

Action taken on previous requirement

The service was able to evidence very clearly their attempts to access mental health services for young people. This was detailed within the young people's risk assessments, and health chronology.

We were also able to see that actions had been taken to support young people to educate them on potential risks to their health. This included discussions on educating young people about the risks, offering them support and also making them aware of groups they could access.

Met - outwith timescales

Requirement 4

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)

This requirement was made on 11 May 2022.

Action taken on previous requirement

The service had a development plan in place, which focused on their improvements raised at inspection as well as the wider needs of the staff team. These were monitored regularly and updated when completed with an overview of what had been achieved.

Met - outwith timescales

Requirement 5

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)

This requirement was made on 11 May 2022.

Action taken on previous requirement

The provider had developed a document to track employees Scottish Social Services Council (SSSC) registration. The SSSC, is a regulatory body and registrants are required to uphold their codes of conduct. We found all staff employed to be registered.

Met - outwith timescales

Requirement 6

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)

This requirement was made on 11 May 2023.

Action taken on previous requirement

The service was now able to provide care to the young people, without the need for the manager to cover shifts. We were also able to see clearly which staff member was working on each day. The service also had a staffing needs assessment in place to ensure the right skill mix and number of staff were on shift.

Met - outwith timescales

Requirement 7

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)

This requirement was made on 11 May 2022.

Action taken on previous requirement

Risk assessments were updated regularly, and provided a good overview of the risks presented. There was also primary and secondary strategies in place which made it clear how to best support the young people.

The service had developed the care plans for young people to be more reflective of the care they receive and routines. They had a large focus on outcomes, and these reflected aims agreed at multi-agency meetings. There was a large amount of evidence recorded to support the work implemented to attempt to achieve the outcomes, and when this was not successful, contingency actions to support this were documented.

All documentation was recorded on the computer and available in a paper copy for staff to access.

Met - outwith 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

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).

This area for improvement was made on 11 May 2022.

Action taken since then

The service had worked very hard to ensure young people were involved in education. When this was challenging, they had accessed many external resources such as tutors, online resources and supports to help young people to learn. The service had documented all its attempts to engage young people.

Previous area for improvement 2

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).

This area for improvement was made on 11 May 2022.

Action taken since then

The service was conducting quarterly audits of files, as well as an external consultant also auditing them. Any queries identified were found to be acted upon. This allowed for better quality of files, to allow staff to support young people in a more understanding way.

Previous area for improvement 3

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).

This area for improvement was made on 11 May 2022.

Action taken since then

Supervision with staff was now happening on a regular basis. It had a focus on training and developing the culture within the house through reflective conversations. This had been helpful in supporting the young people and looking at individuals practice.

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?	not assessed
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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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