

Carolina House Trust - Fostering Fostering Service

7 Luna Place Gateway West Dundee Technology Park Dundee DD2 1XF

Telephone: 01382 561 279

Type of inspection: Announced (short notice)

Completed on: 8 February 2024

Service provided by: Carolina House Trust

Service no: CS2004084075 Service provider number: SP2003001613



About the service

Carolina House Trust is a small organisation based in Dundee. It provides individual packages of support to children and young people with complex needs. Carolina House Trust encourages lasting relationships built upon trust and respect, whilst promoting an 'extended family' approach.

The fostering service has been registered since 2005 and transferred its registration to the Care Inspectorate in 2011. The Adult Placement Continuing Care aspect of the service was registered in 2020. This service enables young people to remain in their fostering family home beyond the age of 18 years, ensuring stability, security and consistency of support as they transition into adulthood.

Both the fostering and adult placement services were inspected, each with their own report. Due to the same staff and caregivers and the continuation of foster care to continuing care, both reports are similar and should be read together.

About the inspection

This was a short, announced inspection which took place between 11 January and 8 February 2024. 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:

- · Four caregivers and three young people in foster family households
- Nine staff, including managers
- The agency decision maker and panel chair
- Three external professionals
- We observed practice and daily life in addition to;
- Reviewing documents
- Analysing 23 survey responses
- Observing one fostering panel and one team meeting.

Key messages

- Children, young people and their families were treated with dignity, respect and compassion.
- Children and young people grew in confidence as they learnt new skills in education and community settings.
- Caregivers felt supported by the 'extended family' approach promoted by the service.
- Children and young people participated in a wide range of local and agency activities and events.
- Staff and caregivers enjoyed quality training, providing evidence of how learning was applied in practice.
- Growth mindset principles of belief in ability and skill development through effort and determination was evident.
- The management team lead by example through honest conversations and acknowledging mistakes which promoted a safe culture of learning.

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 people's wellbeing?	5 - Very Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children and young people. We evaluated this key question as very good.

Staff and caregivers were highly skilled in developing positive relationships with children and young people. We observed children and young people being treated with dignity, respect, and compassion. Interactions between caregivers and children in the fostering households were patient, curious and fun. Children were valued and had a sense of self-worth from predictable, affectionate and loving relationships with their caregivers. One child told us, 'I love it here and love my room and all the things I get to do.'

Children and young people's emotional wellbeing was enhanced by caregiver's knowledge of their needs, strengths and vulnerabilities. Professionals referred to caregivers as 'exceptional and attuned to the needs of the child.' Caregivers valued the knowledge and responsiveness of the supervising social workers, who

provided monthly supervision. One caregiver said, 'We have three young people with us, each of them has very different needs and we have always had support and advice when it was needed.' Evidence of caregivers' ability to effectively meet the needs of the child was strengthened though their annual reflective submission of their skills and knowledge.

Staff and caregivers passionately advocated on behalf of children and young people, who also had access to independent advocacy services. We saw evidence of young people's views and wishes being recorded and progressed. We concluded children and young people understood their rights and were given choices and involved in decision making.

Children and young people were supported to develop a positive sense of their identity. They knew they were valued within their foster family household and included in extended family events and activities. Where appropriate they were supported by their caregivers to maintain relationships with birth family members and to understand complex family dynamics. Caregivers facilitated siblings getting together whenever possible.

The mental health and emotional wellbeing needs of children and young people were met. They were provided with a safe and secure base which supported the process of healing from early childhood adversities. Caregivers understood the impact of trauma and were skilled in providing trauma responsive care. We heard of a caregiver ensuring children were protected from over exposure to new people and situations to prevent their emotions being overwhelmed. Another caregiver regularly sent positive and thoughtful messages to children, to let them know they were still thought about when not with the caregivers. We saw evidence of input from a multi-agency team around the child, including primary health, education and specialist services.

Children and young people led active and fulfilling lives based on their wishes and interests. Development of life skills, with the gradual introduction of age-appropriate tasks was promoted. This included looking after pets in their homes. The potential of young people was realised and encouraged, and their successes were celebrated in the family home and across the service. Children and young people gradually became comfortable with the praise and recognition received, and confident in their ability to master new skills.

Children were provided with memory boxes. Photographs with narratives of life events were recorded digitally and in paper form, providing children and young people with a record of their life in their fostering family household. We identified a gap in undertaking formal life story work, to assist children and young people understand circumstances and decisions made prior to coming into care. This will form and area for improvement (AFI 1) in this key question.

Caregivers and children shared positive memories from family fun days and events organised by the service. All staff and their families, including the board of directors, attended. Young people and caregivers formed friendships with peers and responsible and trustworthy adults. The 'extended family' approach, often referred to the 'Carolina House Trust Community' was valued, and we were told by a caregiver, 'Community is at the heart of our service.' Caregivers support groups offered additional opportunities to share ideas and enjoy peer support.

Principles of growth mindset, which include honesty, respect and learning from mistakes and everyday situations was being embedded in the services policies, procedures and practices. The management team led by example through honest conversations and acknowledging mistakes, promoting a safe culture of learning within the Carolina House Trust community. The service welcomed students from a range of professions, and staff were linked to academic institutions, providing them with access to current research, key documents and national drivers promoting good practice.

The service promoted a 'you said we did' approach, and this was evident in practice. Family fun days and activities were suggestions from young people that were taken forward. Young people and caregivers were invited to become part of the recruitment process. Caregivers delivered training sessions and spoke about their fostering experiences. Caregivers were confident their annual feedback was valued and influenced the service's improvement plan.

Documentation provided to panel members for caregivers annual reviews was detailed and comprehensive, bringing the child and family alive. The views of the children, young people, placing social workers and educations staff were provided. This strengthened the caregivers reflective account of ability to meet the child's needs. Panel membership was diverse, and they were effective in carrying out their functions.

Areas for improvement

1. To ensure all children have a clear understanding of their personal history and identity, the service should improve its approach to life story work.

This should include but is not limited to ensuring that all children and young people have access to age appropriate and coherent information about their family of origin, their care history, and the decisions that were made about where they should live.

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 be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).

How well is our care and support planned? 4 - Good

We identified important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes; however, we identified some areas for improvement. We evaluated this key question as good.

All children had care plans that were regularly reviewed within a multi-agency forum. These focused on the safe, healthy, achieving, nurtured, active, respected and responsible (SHANARRI) needs of the child, and how they can be met.

Staff and caregivers produced a range of documents, often based on SHARARRI indicators. The detail and quality of these 'stand-alone' documents varied. They were not in specific, measurable, achievable, relevant and time-bound (SMART) format. There was no evidence of input from children and young people in the above documents. Children and young people did not have personal plans to sit alongside their child's plan. Personal plans enhance the quality of daily life and contribute to improved experiences and outcomes for children and young people. Developing SMART personal plans with children and young people will form an area for improvement (AFI 1) in this key question.

Areas for improvement

1. To ensure all children and young people receive consistent and predictable care, the provider should ensure children and young people are involved in leading and developing their own personal plans, which link to risk assessments and individualised safer caring plans .

This should include, but not be limited to, identifying triggers and support strategies for emotional and physical safety and the development of healthy coping behaviours.

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

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

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

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 people's wellbeing?	5 - Very Good
1.1 Children, young people. adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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