

Carolina House Trust Adult Placement Continuing Care Adult Placement Service

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Type of inspection:

Announced (short notice)

Completed on:

8 February 2024

Service provided by:

Carolina House Trust

Service provider number:

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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.

Carolina House Trust 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:

- Two caregivers and one young person
- 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

- Young people and their families were treated with dignity, respect and compassion.
- 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.
- · 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 young people. We evaluated this key question as very good.

Staff and caregivers were highly skilled in developing positive relationships with young people. We observed young people being treated with dignity, respect, and compassion. Interactions between caregivers and young people in the fostering households were patient, curious and fun. Young people were valued and had a sense of self-worth from predictable, affectionate and loving relationships with their caregivers.

Young people's emotional wellbeing was enhanced by caregivers knowledge of their needs, strengths and vulnerabilities. Professionals frequently 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. Evidence of caregivers' ability to effectively meet the needs of young people was strengthened though their annual reflective submission of their skills and knowledge.

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Staff and caregivers passionately advocated on behalf of 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 young people understood their rights and were given choices and involved in decision making.

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. We heard how one sibling relationship was strengthened by the nurture and care provided to each young person by caregivers, who encouraged each young person to understand the perspective of the other.

We heard of improvements in the mental health and emotional wellbeing of young people. Caregivers understood the impact of trauma and were skilled in providing trauma responsive care. We heard how caregivers understood anxieties around food and mealtimes. They ensured young people were involved in menu planning and knew when to expect meals. They were realistic in their approach and encouraged young people to make their own decisions. They recognised that teenagers do not always make the best choices, but this provided opportunities to learn from mistakes.

Young people led active and fulfilling lives based on their wishes and interests. Development of life skills, with the gradual introduction of age-appropriate responsibilities was promoted. We heard how one young person was given a key to the door and enjoyed increased autonomy when out with friends, and successfully navigated public transport to meet them and return home. The service ensured that caregivers set up a 'moving on' fund for young people and encouraged them to save for their future.

Photographs with narratives of life events were recorded digitally and in paper form, providing 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 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 young people 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 young person and family alive. The views of 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 young people 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 young people have access to 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 young people 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. Welfare assessments and pathways plans were sought by the service, and staff were proactive in explaining continuing care to caregivers and young people and seeking assurances of continued support from placing authorities.

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 young people in the above documents. Young people did not have personal plans to sit alongside their welfare assessment or pathways plan. Personal plans enhance the quality of daily life and contribute to improved experiences and outcomes for 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 young people receive consistent and predictable care, the provider should ensure 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.

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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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