

## Aberlour Options - Dundee Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 February 2024

**Service provided by:**  
Aberlour Child Care Trust

**Service provider number:**  
SP2010011118

**Service no:**  
CS2010272194

## About the service

Aberlour Options Dundee is a support service for children and young people aged up to 25. It provides packages of support to young people and their families in the Dundee area. These may be provided in people's own homes, and include support with personal care, behaviour, routines, nutrition, budgeting, literacy and accessing the community.

The service is located in premises close to Dundee city centre with easy access by public transport. Most of the support provided is out with the office, in family homes and the community. The service provider is Aberlour Child Care Trust, a Scottish charity and private company limited by guarantee, which operates a wide range of registered care services throughout Scotland. The headquarters are in Stirling. This service has been registered since 2010.

## About the inspection

This was an unannounced inspection which took place on 29 January 2024, 10:00-17:00 and 30 January 2024, 09:45-17:00. 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 one person using the service and one of their family
- spoke with four staff and two management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Young people enjoyed fun compassionate relationships with staff that knew them
- Young people were supported to get the most out of life
- Young people were treated with dignity and respect
- There was no formal process for the views of service users and families to inform service provision
- Care and support was person centred.

## 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 good is our leadership?	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 evaluated this key question as very good. We found a number of important strengths which had a significant positive impact on young people's experiences and outcomes.

### 1.1 People experience compassion, dignity and respect

### 1.2 People get the most out of life

### 1.3 People's health and wellbeing benefits from their care and support

Young people experienced warm, compassionate relationships with staff who knew them well. Newer staff developed relationships by 'shadowing' activities with experienced team members. Young people and families were consulted and empowered throughout this process by agreeing when they felt confident to work with any new staff member individually.

Staff used communication methods, such as Makaton, ensuring young people had opportunities to be included in their care. Staff worked hard to develop their relationships and be attuned with the young people and to understand their individual communication methods.

Young people and family members were central to the development of care plans. Families informed us that they were fully included and felt listened to by the service. One parent told us, 'They take on board everything we say.'

The team recognised and celebrated young people's achievements. Realistic individual goals were agreed with young people and their families. These were time limited and linked to care plans. This was important in developing the self esteem of the young people. Monthly feedback to social work was used to track progress and outcomes.

When care provision was needed within the family home it was performed with dignity and respect ensuring young people felt safe and secure.

Parents, workers, and social workers all advocated on behalf of the young people. There was no input from independent advocacy services. Management assured us that this is an area they intend to action.

The service had experienced changes to the staff team and management structure. Parents were aware of the staffing challenges but said that this had not impacted negatively upon the young people and there had always been one consistent member of staff. Young people were recognised as being experts in their own needs, wishes and experiences. We saw examples of proactive risk assessment and planning to introduce young people to new experiences, allowing them to build their confidence and to have a sense of their own identity and wellbeing.

Young people were supported to get the most out of life promoting the development of their skills, interests, and strengths. We saw engagement in numerous activities supporting young people to build their confidence and increase their social opportunities.

Staff kept young people safe and had a clear understanding of their responsibilities to protect them. Staff were motivational in their practice, encouraging young people to achieve goals while ensuring a sense of fun. Risk assessments were clear and individualised. Young people, and their families were supported to make informed choices about risk.

Staff had good knowledge of the young people's individual health needs. Information was readily available within detailed care plans which evidenced collaborative working with NHS colleagues. Young people's wellbeing benefitted from an approach that enabled a healthy attitude to food and drink. Staff shared information appropriately when any changes in people's eating and drinking habits was observed, providing continuity of care.

## How good is our leadership?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

### 2.1 Vision and values positively inform practice

### 2.2 Quality assurance and improvement is led well

Families and young people benefited from a service vision that promoted equality and inclusion. Leaders and staff were actively seeking to achieve the best possible outcomes for young people.

Staff were supported to innovate and work in partnership to provide person-led care and support. Practice observations and daily recordings evaluated young people's experiences to ensure that young people using the service were provided with the right care and support tailored to their needs.

It was clear from speaking with families and young people that their views were sought, however, this was not consistently recorded in care plans. The management team had been addressing this through ongoing training.

The management and staff team actively sought to achieve best outcomes for young people. Staff told us that the leadership culture was supportive, inclusive, and respectful, a staff member told us 'I feel supported to be a better worker.'

Management was visible and present within the service. Regular supervision and staff meetings provided a forum for the team to feedback to management and to share ideas. The management team had a clear direction for the service and were aware of areas for development. Leaders valued the views of the team, and necessary training was provided. Observations and discussion showed that management supported staff to understand the messages from Scotland's 'The Promise' and to implement these in practice.

Care plans, risk assessments and discussions with staff showed a commitment to achieving positive outcomes for the young people. There was a strong ethos of person-centred practice throughout the service.

We saw quality assurance of care plans and risk assessments. The management team had a clear direction for the service and were aware of areas for development.

There were no structured processes for service users or their families to inform service provision or development. Families told us that there was no formal consistent process for this. The manager acknowledged this as an area for improvement. (See Area for Improvement 1).

The team had been recovering from a lot of structural change, the staff told us that this had been resolved. Family members also spoke of recent significant changes within the service but felt that staff had worked hard to minimise any impact on service provision.

## Areas for improvement

1. To support meaningful inclusion of service users and their families in service delivery and development, the provider should improve how they gather, record and learn from the views and experiences of service users and their families.

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 give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

## 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 people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.1 Vision and values positively inform practice	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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