

Abbeyfield Lodge Care Home Service

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Type of inspection:

Unannounced

Completed on:

1 May 2024

Service provided by:

Abbeyfield Lodge

Service no:

CS2007167823

Service provider number:

SP2007009514



Inspection report

About the service

Abbeyfield Lodge is a privately owned and residential care service in Fraserburgh, Aberdeenshire. It is registered to provide care and support to a maximum of seven young people.

The service is operated from a large detached house situated in a quiet residential area. Local schools and amenities are within walking distance of the house. Attached to the house is a self-contained flat which can also be used for young people living independently, or with agreed (low) levels of support from Abbeyfield staff.

At the time of the inspection there was four young people living in Abbeyfield.

About the inspection

This was an unannounced inspection which took place on 27 and 28 March 2024 between 10:00 and 19:00. 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 two people using the service and two of their family/friends/representatives
- · spoke with eight staff and management
- · observed practice and daily life reviewed documents
- · spoke with visiting professionals.

Key messages

- The service needed to update child and adult protection policies and procedures.
- Staff were not trauma responsive in the care they provided.
- · Young people had good relationships with staff.
- There was a lack of clear analysis of incidents.
- · Risk assessments needed to be more informative and individualised.
- Some young people were doing well in education.

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?	2 - Weak

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?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made four requirements for the service to address.

The service needed to review their admissions procedure to ensure they could meet the needs of the young people. Staff told us, "We could not keep them safe, they should never have come here." We found that a number of young people had been at significant risk in the community. This had led to young people not being kept safe and another breakdown in relationships when they had to move. (See requirement 1.)

We found that the child protection policy and procedure was inaccurate. The service needed to develop a clear procedure which refers to the correct terminology. We also found that there was not an adult protection policy in place. Within the service there had been a number of protection concerns which had not been recorded or reported to the Care Inspectorate. This led to young people being at increased risk of harm. (See requirement 2.)

Staff needed to be trauma responsive in their response to young people when they were upset or distressed. We found that during these times there was a reliance on the police to respond to the incident. This at times led to young people incurring charges or becoming more distressed. (See area for improvement 1.) These incidents were not consistently reported to the Care Inspectorate. (See requirement 3.)

There was a lack of effective debriefing for staff and young people following incidents. Staff told us, "It would be helpful to reflect on practice and what went wrong." We found that there was no analysis or reflection following incidents. This led to reoccurring incidents, with young people feeling unsafe. (See area for improvement 2.)

Risk assessments were not individualised or effective in supporting young people. On reviewing these we found a set narrative of how to respond to the risks for every young person. This also did not give a clear guide of how the young person would be supported or kept safe. We found this did not ensure the safety of the young people, or reflect the individual approach they may need to help keep them safe. (See area for improvement 3.)

We found the service needed to ensure the rights of the young people were embedded within the service. Young people told us, "I would like my bedroom painted. However, I'm not allowed as I may not stay here." We also heard how they would like to go on holiday and the zoo. Some practices were also not respectful of the rights of the young people with pocket money being withheld and deducted as a punishment. We asked the service to gather the views of the young people to influence a development plan which was not in place. (See area for improvement 4.)

There was good mental health support available to young people through CAMHS (Child and Adolescent Mental Health Services). One young person told us, "It has been really helpful this service." However, we found the service needed to review its medication recording procedures. During inspection we found a number of errors which had gone unnoticed. These errors could have impacted on the health of the young people. (See requirement 4.)

Some young people were doing well in education. We heard how some young people had been successful in gaining employment, and college placements. However, this wasn't consistent for everyone. Some had very limited opportunities to education, leading to a lack of routine and structure to their day.

Young people were supported to maintain family relationships where possible. We saw how the service supported young people to have extended stays at home with their family during holidays and weekends. Young people told us, "They are good at helping me see my family." This ensured young people had lifelong relationships and felt included.

Requirements

1. By 30 June 2024, the provider must ensure they can meet the needs of the young people they accept into the service:

To do this the provider must at a minimum:

- a) ensure they develop an admissions policy and procedure
- b) ensure they complete an impact assessment
- c) ensure they can meet the needs of the young person.

This is to comply with Regulation 4(1)(a) of 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 care and support meets my needs and is right for me' (HSCS1.19).

2. By 10 July 2024, the provider must ensure they review their child and adult protection policies and procedures:

To do this the provider must at a minimum:

- a) ensure they develop an adult protection policy
- b) review the child protection policy and ensure it refers to the latest national guidance
- c) ensure they develop a system for recording any concerns raised
- d) ensure the Care Inspectorate is notified of any concerns raised in the service.

This is to comply with Regulation 4(1)(a) of 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).

3. From receipt of this report, the provider must ensure they notify the Care Inspectorate about incidents as detailed in the document 'Records that all registered children and young people's care services must keep

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and guidance on notification reporting (2022)'.

This is to comply with Regulation 4(1)(a) of 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 benefit from different organisations working together and sharing information about me promptly where appropriate and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

4. By 11 July 2024, the provider must ensure they review their medication procedures:

To do this the provider must at a minimum:

- a) ensure they develop an effective audit of medication
- b) ensure all staff undertake administration of medication training
- c) ensure all the details recorded of the medication are accurate and match the prescription.

This is to comply with Regulation 4(1)(a) of 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).

Areas for improvement

1. In order to further understand the complex needs of young people, staff should access training in relation to trauma informed practice.

This is in order 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).

2. To support children's wellbeing and safety, the provider should ensure there is an oversight of incidents.

This should include, but is not limited to, extensive debriefing undertaken with staff and young people. Followed by an analysis of incidents to identify any patterns in behaviour.

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' (HSCS 4.11).

3. To support children's wellbeing and safety, the provider should ensure there is an individualised risk assessments for young people.

This should include, but is not limited to, a document which has clear pro-active and responsive strategies which are individual to the young people's needs.

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' (HSCS 4.11).

4. To support children's rights and development of the service, the provider should ensure there is a development plan in place.

This should include, but is not limited to, a plan which takes into consideration the views of the young people and their rights. Also, a plan to develop the interior of the building.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

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?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak

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