

Leault Care Home Service

Sylvan House
Stratherrick road
Inverness
IV24LL

Telephone: 07467352537

Type of inspection:
Unannounced

Completed on:
17 April 2024

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2003008454

About the service

Leault is managed by Highland Council and provides care and accommodation for young people from the the local authority area. During the inspection the service was going through significant change following a review of the provision.

The service had been "inactive" for a period of time, however the provider, Highland Council, requested to re-activate the service in a new location at short notice. The changes to registration were in the process of being approved by the Care Inspectorate.

Due to the nature of the newly activated service the provider has opted for a "hybrid" approach to staffing. This involves a staff group made up of staff employed directly by Highland Council care staff and staff from two external agencies.

The long term plan for Leault is to be fully staffed by a third party organisation. We were told that at the time of the inspection, this process was underway and should be fully implemented by the end of summer.

About the inspection

This was an unannounced inspection which took place from 21 - 22 June 2023. The inspection was carried out by two inspectors 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;
- spoke with six adults working in the service and managers;
- observed practice and daily life; and
- reviewed documents.

Key messages

- Staff had developed warm and caring relationships with people they provided care for.
- Staff required further support in order to meet the complex needs of young people in their care.
- Individual care plans for young people required to be improved.
- Managers should ensure staff are appropriately trained and receive regular supervision.

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?	3 - Adequate
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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?

3 - Adequate

For the purpose of this inspection we used Quality Indicators 7.1 and 7.2. We made an overall evaluation of adequate. We identified some strengths and these just outweighed weaknesses, however we took into account the circumstances of the service becoming operational and the considerable changes that were underway. There were improvements required in aspects of performance to improve experiences and outcomes for young people.

Young people told us they were settling in well to their new house and enjoyed good relationships with most adults who looked after them. There had been some changes within the staff team that led to some inconsistencies in the care that was provided, however the provider was working hard to improve this. We observed staff engaging in warm, caring and nurturing relationships with young people and this was reflected in conversations we had with staff and records we read. Young people were cared for in a respectful manner and staff had worked hard to ensure positive relationships were maintained in the house.

Staff were able to identify when young people were experiencing distress and understood how to offer effective support, however we did not see sufficient evidence of young people benefiting from well planned and skilled trauma informed interactions. Staff had received some training in order to support young people, however it was not clear the extent of this, especially those not directly employed by the provider. This meant that young people who had experienced trauma were not always being supported appropriately. There were processes in place to monitor young people's progress and plan their care and support, but some of these processes were ineffective. The service should continue develop the opportunities for trauma training available to staff. This would allow them to make better and consistent connections about how trauma has impacted on young people and how to best support them in day-to-day life (see requirement 1).

Young people told us they were able to discuss with staff about activities and daily events and they said they were listened to. We saw young people and staff playing board games and having fun during the inspection.

Young people's personal plans lacked significant detail. This meant it was not clear how staff ensured they supported the best outcomes for young people and how to meet the complex support required for young people. There was insufficient evidence to show that the views and aspirations of young people were included in the planning process, however we understand that young people were at the centre of daily life in the house. This meant there was a lack of information about the young people and how best to support them. Future goals were not SMART (Specific, Measurable, Achievable, Realistic, Timebound) and there was little evidence of any work being supported with the young people to achieve these (see requirement 2).

The house provided a warm, comfortable environment within a family orientated setting however, previously, there had been some delay in making good repairs to the house when required. The provider must continue to ensure the environment is kept in a homely, nurturing and comfortable condition.

Young people had been supported by an advocacy service. The service should continue to support visits of advocacy workers and ensure young people continue to be able to have access to advocacy services with a view to protecting their rights and providing on-going support.

As noted in this report there had been an element of urgency in setting up this service. There had been clarity regarding the future operation of the service and who would be providing it and because of this, the provider had opted for the current "hybrid" approach. There were some systems in place to monitor aspects of service delivery and the quality of the setting. However these were not sufficient to adequately support all staff to help young people because important information was missing and resources were not in place. We felt this impacted on positive outcomes for young people and staff who required additional support and training to help them meet young people's needs. The service should have a development plan in place, bespoke to the service, which illustrates a good quality assurance process and the ability of the service to develop and improve (see area for improvement 1).

Staff were supported by the manager with regular contact via email and phone, however there was a lack of a formal structure and support for the staff team. We received insufficient records to inform us that all staff were adequately supported to provide care for young people who had experienced significant trauma in their lives. The provider was unsure of the level of training and depth of experience of staff not directly employed by them. The provider must ensure they provide opportunities to allow time for reflection and learning for all staff. Staff needed time to reflect on events, and receive support to ensure their own wellbeing (see requirement 3).

Requirements

1. By 30 August 2024 the provider must ensure that all staff have had the relevant training. In particular they must:

- a) ensure staff have begun or undertaken training in relation to trauma informed practice;
- b) ensure staff have undertaken up to date child and adult protection training; and
- c) develop a plan on how the service plans to embed a trauma informed model of care within its ethos and culture.

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 states 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. By 30 June 2024 the provider must ensure that they develop individual care plans for young people in their service. To do this, the provider must at a minimum:

- a) ensure these documents are SMART (Specific, Measurable, Achievable, Realistic, Time-bound) and focus on the young people's views, goals, routines, and reviewed regularly.

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 choices.' (HSCS 1.15).

3. By 30 June 2024 the provider must ensure structure and support to the staff team. This is to ensure young people's needs are met and they are kept safe. To do this, the provider must at a minimum ensure that:

- a) staff are debriefed following an incident to help them reflect on their practice and best support the young people;
- b) the manager carries out regular and effective audits of care files, training and development within the service; and
- c) staff receive regular and effective one to one supervision to reflect on their practice and identify areas of practice, which they would benefit from further development.

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 states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

Areas for improvement

1. The provider should ensure that there is a systematic process of evaluation in place. This process should include all staff, children and young people, parents, carers, external professionals and others involved in the service and form the basis of a service development plan.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and
'My care and support meets my needs and is right for me' (HSCS 1.19).

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?	3 - Adequate
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7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	3 - Adequate

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