

# 17 Park Road Care Home Service

17 Park Road  
Kirkcaldy  
KY1 3EL

Telephone: 03451 555 555 477071

**Type of inspection:**  
Unannounced

**Completed on:**  
25 June 2024

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2003006824

## About the service

17 Park Road is a care home service registered to care for up to four young people, aged between 10 and 18 years.

The service is provided by Fife Council and is located in Kirkcaldy, Fife. There is easy access to public transport and there are shops and other amenities nearby.

The premises is a well decorated and furnished two-storey detached cottage with a back garden and car park. The cottage has four single bedrooms and young people share two bathrooms. The service has been extended and now provides a large modern kitchen/dining room, a comfortable sitting room, a smaller sitting room, and a kitchen which is used by young people to develop their independent self care skills.

At the time of inspection, two young people were using the service.

## About the inspection

This was an unannounced inspection which took place on 18 June 2024 between 11:30 and 20:00 and 19 June 2024 between 09:00 and 18:00. 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 family members
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's rights to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

**Key messages**

- Indicators of concern were not consistently responded to which impacted on the safety of young people.
- Staff worked hard to promote warm and trusting relationships with children and young people.
- Developments were required for young people to experience consistent and stable trauma-informed practice.
- The culture in the service offered opportunities for reflective practice.
- Young people experienced greater stability as positive decisions had been made in relation to matching and arrivals.
- Systems in place for monitoring service delivery did not effectively identify and resolve safety issues in the service.

**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
--	--------------

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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The extent to which children and young people were kept safe was compromised. Staff did not always feel confident responding to indicators of concern and felt that strategies to manage risk in the service were not fully effective (see requirement 1).

Young people had not always felt safe due to anxieties around bullying. Staff responded sensitively to these concerns where they could, however, the competing needs of young people had, at times, become overwhelming.

The service positively promoted young people's engagement with responsible adults outwith the service, including children's rights and advocacy.

The service had a clear approach that reduced restraint and prioritised relationship-based practice.

Staff worked hard to promote warm and trusting relationships with young people. Some young people felt that staff didn't fully understand them or their needs.

Practice that fully promoted a trauma-informed approach was not consistently implemented, though the service aspired to do so. This impacted on the service consistently focusing on supporting recovery and building young people's resilience.

Children and young people experienced a good balance of spontaneity, and planned, activities which promoted fun. Staff worked hard to develop relationships built on mutual respect, even where this had been challenging.

Opportunities were offered to children and young people to engage in their care and support. The service did not always promote an approach to care where transparency was central and this impacted on young people's opportunities to participate meaningfully in decisions affecting them.

Communication with external agencies required a more proactive approach in relation to risk. However, there had been improvements in interagency collaboration in the service.

Opportunities to promote young people's physical health and emotional wellbeing were present for some young people.

Staff understood the dynamics of young people's relationships with their family well which allowed these connections to be supported and sustained.

A continued strength of the service was the focus on supporting young people to receive individually tailored support to participate fully in learning to maximise attainment and attendance.

There was not a demonstrable and enduring commitment to continuing care due to the lack of knowledge regarding this in the service (see requirement 2 and area for improvement 1).

Leaders in the service promoted a culture that was supportive. There had been a lack of direction around the approach to risk. This left staff feeling disempowered and lacking in confidence when implementing strategies to manage risk which impacted on consistency for young people and had led to safety concerns in the service.

The service had made a positive decision to pause arrivals into the service. A review on who would be best placed to undertake matching had also been completed, so this effectively considered young people living in the service.

Learning and development opportunities, where reflective practice was promoted, had been offered which staff found increased their understanding of trauma-responsive care. Staff reflected an open culture where issues could be raised and were responded to, if required, which made staff feel valued in their role.

Staff were consistently safely recruited and registered. There had been poor experiences of induction which had led to safety concerns for staff and young people. The service had identified these issues and had developed a new induction which was structured and supportive.

There are some systems in place to monitor aspects of service delivery and, at times, had been effective at improving practice. However, external oversight required improvements to identify and respond to safety issues in the service (area for improvement 2).

There was a service-wide development plan that considered how best to progress the service in terms of the ethos, culture, and trauma-informed approach.

## Requirements

1. By 5 September 2024, the provider should ensure that young people are kept safe through practice which effectively identifies and consistently responds to indicators of concern. At a minimum, the provider should:

- a) Ensure that risk is clearly identified in personal planning, along with effective strategies to respond to risk.
- b) Ensure that staff are confident in following personal planning so that young people experience consistency and stability.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and 'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. By 5 September 2024, the provider must ensure that welfare assessments are carried out timeously for young people who are eligible for continuing care.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 (HCSC) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and 'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

## Areas for improvement

1. The service should update their continuing care policy to ensure that it clearly details their commitment to continuing care for young people and how it will ensure that young people are aware of their right to continuing care up to the age of 21. The service should also ensure that staff are familiar with the policy so young people are aware of their rights.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HCSC) which state that: 'As a child or young person I feel valued, loved, and secure' (HSCS 3.5); and 'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

2. The service should review their current systems of managerial oversight and auditing to ensure that risk and safety related practice concerns are identified and responded to quickly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HCSC) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 6 October 2023, the provider must ensure that matching assessments contain improved analysis and that transitions into the service are carefully planned to consider the young people already living there.

To do this, the provider must ensure that matching assessments:

- a) Include analysis of how a new admission may impact on young people.
- b) Consider the nature and size of accommodation and how any pressures placed on the group living there, due to this, will be managed.
- c) Ensure that matching assessments are linked to assessment of staffing levels required within the service.

And, transitions into the service, young people should:

- a) Be informed when new young people are moving in and offered opportunities to be involved in this process.
- b) Have enough time for them to settle into group living before new matching processes start.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) 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: 'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8); and 'I have enough time and support to plan any move to a new service' (HSCS 4.13).

**This requirement was made on 16 August 2023.**

## Action taken on previous requirement

The service indicated that the registered manager in the service will undertake any future matching assessments. It is hoped this will offer the opportunity for improved analysis, as the manager knows the young people well and can offer improved insights on the most appropriate arrivals and transitions into the service.

The service has, at the current time, paused any transitions into the service following two young people moving out. This offers a period of adjustment for the young people who remain in the service and offers greater stability for them as they are supported with their own needs.

## Met - within timescales

### Requirement 2

By 6 October 2023, the provider must ensure, having regard to the size and nature of the care service, that there are an appropriate number of staff to meet the health, welfare, and safety needs of young people.

In order to achieve this, the provider must:

- a) Ensure that staffing analysis assessments considers the dynamics of the group and that the level of staffing is suitably matched to reduce the likelihood of further incidents arising between young people.
- b) Ensure continuity of staff so that meaningful relationships with young people are developed and sustained, so that they are nurtured and feel safe in the service.
- c) Ensure that staffing allows for structured activities and individual support for each young person in the service to progress their ambitions and goals.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) 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 needs are met by the right number of people' (HSCS 3.15); and 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

**This requirement was made on 16 August 2023.**

## Action taken on previous requirement

In speaking with staff, young people, and external professionals there had been no concerns about the availability of staffing. During case tracking we saw improved levels of one-to-one support for young people.

There had also been detailed staffing analysis present for each month which detailed the level of support required for each young person based on their needs and routines. It will be important for this to continue to be updated when there are changes in the service that may indicate the need for a change of staffing, whether this be a reduction or an increase.

## Met - within timescales



## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

Staff should work closely with other agencies and confidently use preventative risk assessed practice, particularly for those young people who are spending a high quantity of time in the community. This should include, but is not limited to, effective interagency communication when there are indicators of risk. This would support a whole systems approach that seeks to reduce and manage any concerns for young people.

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 because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy, or may be at risk of harm' (HSCS 3.21); and 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

**This area for improvement was made on 16 August 2023.**

#### Action taken since then

Communication with lead professionals had improved significantly. Staff were creative in their approach to giving young people opportunity to engage, while promoting age-appropriate independence.

There remained inconsistency across the staff team in utilising strategies and approaches which were detailed within personal planning. This resulted in inconsistency for young people which impacted on managing risk effectively and resulted in young people's safety being compromised.

Further improvements were required in this which required more rigorous oversight and effective direction from the management team to promote confidence within their staff group.

**There were identified risk associated with this area for improvement and, as a result, it is no longer in place and has been incorporated into a new requirement under key question 7.**

#### Previous area for improvement 2

Structured and holistic care plan implementation should be consistent and seek to engage young people effectively. Young people should be offered individualised support and opportunities to engage in positive activities which promote their ambitions and goals.

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' (HSCS 1.19); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 16 August 2024.**

## Action taken since then

There were some improvements in this area. Some staff worked creatively to engage young people in positive activities where this had previously presented barriers. There were challenges on the consistent approach in care and practice which meant that these opportunities were not always promoted or available.

**There were identified risk associated with this area for improvement and, as a result, it is no longer in place and has been incorporated into a new requirement under key question 7.**

## Previous area for improvement 3

To support young people to develop a sense of belonging and identity, the provider should ensure that, where possible, they create trusting relationships with family, brothers, sisters, and friends. This should include, but is not limited to, consistent and timely communication, opportunities for family time in the service, and support to manage these relationships, where required.

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 manage my relationships with my family, friends, or partner in a way that suits my wellbeing' (HSCS 2.18).

**This area for improvement was made on 16 August 2023.**

## Action taken since then

There were significant improvements in this area which was evidenced in increased contact with family members. Some family members felt that there were still inconsistencies but, generally, reported a good level of communication.

External professionals reported that staff had a good understanding of family relationships which meant that the team could be scaffolding young people with maintaining and developing bonds which were important to them.

**This area for improvement has been met.**

## 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 children and young people's rights and wellbeing?	3 - Adequate
--	--------------

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	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.