

# Springfield House Care Home Service

Ladeddie Farmhouse  
Drumcarrow  
Cupar  
KY15 5TY

Telephone: 01334 840 890

**Type of inspection:**  
Unannounced

**Completed on:**  
23 February 2024

**Service provided by:**  
Applied Care & Development Limited

**Service provider number:**  
SP2003003432

**Service no:**  
CS2013317845

## About the service

Springfield House is a care home service registered to care for up to nine young people between the ages of 12 to 19-years-old. The provider is Applied Care and Development Limited (ACAD).

The service is situated in a rural area near Cupar in Fife and operates from two premises, Springfield House and Ladeddie Steading. Springfield House is a detached, two-storey former farmhouse. It has five bedrooms, four of which are en suite, one bathroom, one shower room, a living room, a dining room, conservatory and kitchen.

Ladeddie Steading is a single-storey house, and has five bedrooms with en suite, living room, dining room kitchen and an internal courtyard area. Ladeddie Steading also has a separate annexe which is not currently in use. Both houses are in close proximity and have their own office, parking, outbuildings and extensive gardens.

## About the inspection

This was a follow up inspection which was carried out by two inspectors. An in person visit took place on 19 February 2024 between 12:00 and 18:30. Feedback was provided on 23 February 2024.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings and registration information. We also reviewed information submitted by the service and information gathered since the last inspection.

To inform our evaluation we:

- spoke with young people using the service
- spoke with staff and management
- spoke to representatives from social services and advocacy services
- observed practice and daily life in the house
- reviewed key documents.

## Key messages

- Staff cared about the young people.
- The home environment within Springfield House had improved.
- Incident reporting, recording and quality assurance processes were in the early stages of implementation and could be developed further.
- Trauma-informed care practices were subject to ongoing development, as well as strategies used to support young people.
- Training plans had been developed to ensure staff received mandatory, specialist or management training.
- Staff were inexperienced, however, recent recruitment drives had been successful in appointing new staff, with previous experience, in leadership roles.
- Medication recording systems had improved and quality assurance processes for medication continued to be implemented.

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

### Requirements

#### Requirement 1

By 11 September 2023, the provider must ensure the safety of children and young people by consistently implementing adult and child protection procedures. This must be informed by effective reflection on safeguarding issues.

To do this the provider must at a minimum:

- a) ensure effective training is in place and has been undertaken to ensure staff who have lead responsibility for safeguarding have a demonstrable understanding of implementing appropriate procedures and young people and children are protected
- b) ensure there is reflection and learning from the protection concerns highlighted
- c) ensure that child, adult protection and safeguarding concerns are reported to the appropriate agencies, including the Care Inspectorate, social work department, and any other relevant agencies.

This is in order 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).

We extended the timescale for meeting this requirement to 26 November 2023.

We further extended the timescale for meeting this requirement to 14 February 2024.

**This requirement was made on 11 August 2023.**

### Action taken on previous requirement

a) At previous inspections, all staff had completed an online child protection learning module and in-house child protection training. At the last inspection, we saw evidence of those with lead responsibility having access to child protection training, and new staff in leadership positions commencing this in the near future.

We found that all staff had completed adult protection training, however this training could be developed further to be more relevant to the needs of the service.

Since the last inspection, a training analysis had been completed and a training plan was in place, detailing mandatory, specialist and leadership training.

b) We have seen that child protection concerns highlighted during the initial inspection had been reflected and learned from, and offered feedback regarding how this could be developed further.

The service had introduced reflective logs, and these were consistently being completed.

c) We found that safeguarding concerns had been reported to the social work department. However, we found that the Care Inspectorate was, at times, not notified or notifications lacked important detail.

We found that incident recording, analysis and quality assurance processes had been recently implemented. However, they required further development.

**We have extended the timescale for meeting this requirement to 3 June 2024.**

**Not met**

## Requirement 2

By 11 September 2023, the provider must ensure the culture within the service and the delivery of trauma informed practice meets the needs of children and young people. To do this the provider must at a minimum:

a) ensure there is effective observation of staff interaction with young people, with close attention paid to decision making and communication

b) review the use of consequences and ensure they are not negatively impacting on the rights and wellbeing

of the young people

c) ensure leadership is in place to lead, model and support a trauma informed practice

d) ensure there is clear direction and support for staff through individual debriefs following incidents, conducted by those in a leadership role

e) complete an effective training analysis of initial training needs, to support the development of a trauma informed culture.

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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

We extended the timescale for meeting this requirement to 26 November 2023.

We further extended the timescale for meeting this requirement to 14 February 2024.

**This requirement was made on 11 August 2023.**

#### Action taken on previous requirement

a) At the last inspection, the service had introduced staff observations, and we saw that this had been developed further, including these being regularly completed. Observations highlighted areas of good practice, as well as individualised areas of development. There was evidence that external management quality assured these documents, offering those in leadership positions feedback.

There were links between observations, supervision, reflective logs and training needs in development. We also saw that all staff had completed The Promise training, covering aspects of children's rights, the importance of the child's voice, language and relationships. The provider had introduced a working group involving staff from different services, as well as a newsletter detailing provider updates. We look forward to seeing the effectiveness and impact of these developments at future inspections.

b) We saw that there had been a review undertaken regarding the use of consequences, and that a positive relationships and use of consequences policy had been introduced, to ensure the rights of children are upheld.

c) We saw evidence of practice being modelled by the completion of staff observations.

Senior management have continued to increase their presence within the service, and experienced staff have recently been appointed in management positions within the service.

d) We saw that the frequency of, and quality of, debriefs had improved since the last inspection.

e) A training analysis had been completed which informed the service's training plan for the team.

#### Met - outwith timescales

## Requirement 3

By 11 September 2023, the provider must ensure there are an appropriate number of staff on shift, with the correct balance of skills and experience to meet the health, safety and welfare needs of the young people.

To do this the provider must as a minimum:

- a) ensure there is sufficient staff to meet the needs of the people using the service at all times
- b) ensure there is a balance of qualified and experienced staff able to support the young people
- c) implement a staffing needs assessment which accurately assesses the experience and numbers of staff needed to meet the needs of the children and young people.

This is to comply with Regulation 4(1)(a) and Regulation 15(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 needs are met by the right number of people' (HSCS 3.15).

We extended the timescale for meeting this requirement to 26 November 2023.

We extended the timescale for meeting this requirement to 14 February 2024.

**This requirement was made on 11 August 2023.**

### Action taken on previous requirement

- a) A recent recruitment drive for appointing new senior staff had been successful and that recruitment for experienced leaders continues to be ongoing.
- b) We saw evidence that ensuring a balance of qualified and experienced staff to support young people continued to be an area of difficulty, due to new staff requiring training and staff absence. The service had attempted to mitigate this by appointing an experienced manager, depute manager and team leaders.
- c) It was pleasing to see that a staffing needs assessment continues to be in place, and there were attempts to mitigate the impact of staffing difficulties. This included recruiting more experienced staff, and senior management visiting the service, as well as operating only from Springfield House.

### Met - outwith timescales

## Requirement 4

By 11 September 2023, the provider must ensure safe and effective medication storage, dispensing and administration.

To do this the provider must as a minimum:

- a) review the medication incident and act on review recommendations
- b) ensure accurate recording of medication and medication information

c) implement effective analysis and oversight of medication processes.

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

We extended the timescale for meeting this requirement to 26 November 2023.

We extended the timescale for meeting this requirement to 14 February 2024.

**This requirement was made on 11 August 2023.**

#### Action taken on previous requirement

a) We saw evidence that there had been a review of the medication incident, and offered feedback regarding how this could be developed further.

b) New processes had been introduced to ensure accurate recording of medication and medication information. We saw that there had been improvements with recording practices.

c) Quality assurance processes had been introduced to ensure effective analysis and oversight of medication dispensing and administration. We found that the implementation of these processes was consistent and had improved since the last inspection.

#### Met - outwith 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

In order to ensure young people have the service that is right for them, the provider should ensure that decisions about admissions are fully informed by a robust, clearly evidenced assessment and matching process.

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 am in the right place to experience the care and support I need and want' (HSCS 1.20).

**This area for improvement was made on 11 August 2023.**

## Action taken since then

At previous inspections, we found that admissions were not fully informed by robust and clearly evidenced assessment and matching processes. This included factual errors and important information omitted from assessments. We found a lack of detail regarding support the young people required and how the service would meet these needs. This resulted in poor outcomes for the young people, and significantly compromised the safety of the young people, staff and local community.

The service had not accepted any new young people, therefore, we are unable to assess area of improvement 1 at this time. However, it was pleasing to see that an admissions reflective review had been undertaken by the service, detailing learning and actions to be undertaken.

**This area for improvement has not been met and remains in place.**

## Previous area for improvement 2

In order that young people have the best possible outcomes and experiences, the provider should ensure that the service implements effective plans and risk assessments.

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).

**This area for improvement was made on 11 August 2023.**

## Action taken since then

The service had continued to develop care planning. Care planning documents were up to date, regularly reviewed and had a clear audit trail. Feedback identified at the last inspection had been implemented.

It was pleasing to hear that the service will continue to develop care planning further. This included incorporating strategies to support young people identified during observations into care planning documents and specialist training to strengthen support for young people. Ongoing work was being undertaken to support team work.

**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



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