

Adult Placement - Supported Care Adult Placement Service

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Type of inspection:
Unannounced

Completed on:
26 September 2024

Service provided by:
Carolina House Trust

Service provider number:
SP2003001613

Service no:
CS2022000189

About the service

Carolina House Trust is a small social care charity based in Dundee. Its Adult Placement Supported Care Service was registered in 2022 and this service provides family based care to unaccompanied asylum seeking children (referred to as Separated Children) to young people aged 16+. The organisation recruits, assesses and reviews carer households whilst providing training and opportunities to engage with the Carolina House Trust community.

About the inspection

This was an unannounced inspection which took place between 18 September and 26 September 2024. 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 the caregiver of one person (who declined to speak with us). We also spoke with three members of staff and two members of the management team. We received responses to our questionnaires from one supported person, two caregivers, two members of staff and two professionals associated with the service.

We visited the caregiving environment and also reviewed many documents including but not limited to:

- Care Plans.
- Strategic Plan (2022-27).
- Quality Assurance records.
- Surveys and questionnaires
- Recruitment policy.
- Staff Supervision/Appraisal Records.
- Staff meetings.
- Development Day video.
- Notes from Development Day
- Audits (e.g. supervisions).
- Accidents/Incidents.
- Internal Complaints procedure (none received).
- Training Records (incl. Child and Adult Protection).

Key messages

- An embedded 'Growth Mindset' worked well.
- There were good processes in place to enable professional discussion and reflection on practice.
- The service operates as a 'community' of mutual support.
- Staff and management were very good at developing meaningful relationships with people.
- Care giving families felt very well supported.
- The supported person was 'thriving' in this care environment.
- Making 'outcomes' accessible, and more 'meaningful', to the person could be better.
- Management and staff were passionate about delivering high quality of care.
- As part of this inspection, we assessed the service's self-evaluation of key areas.
We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.
- The service understood the value of gathering opinions so that improvement could be continual.
- A detailed process/priorities of providing support, particularly early stages, may be beneficial to future caregivers.

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?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The one person that was being supported within a caregiver family at the time of inspection was, by all accounts, thriving. Although he declined to speak to us personally, we heard, and read, from various sources the significant changes in his life since being placed.

He had been supported to develop his sense of identity and positive mental attitude. This was enabled through a stable living environment, positive, predictable relationships with caregivers and appropriate timely, supportive interventions.

Although there was a complex history to this person's situation, we heard that staff supported and equipped caregiver families, to share information sensitively and creatively with people about their life story. However, in this case, the person was given time and space, in a sensitive way, so that they could disclose details at their own pace and minimise potential trauma .

We heard of initial difficulties with the placing authority and the prompt actions of this service to minimise detrimental effect on the person involved. We were told that in this situation staff actively listened and involved the caregiving family in planning a response, which would ultimately promote stability.

People living in caregiver families benefitted from a positive and enabling culture which allowed them to cope with distress and confusion and resolve it in a safe and healthy way. The promotion of a 'growth mindset' and community-based approach had undoubtedly assisted in this positivity. This approach was evident through all levels of the service and its delivery.

The person had experienced loss and bereavement in their recent past and this was addressed sensitively and compassionately which minimised its impact. However, the deceased, and all that they meant to the person, were acknowledged and celebrated in accordance with the person's culture.

The caregiving family clearly understood their role in supporting people's access to healthcare. They talked about the priorities of support. For example, who first?....Dentist, GP, benefit and Education. We understood that this could not be a prescriptive list but no learning or process was established as a result of this. Perhaps thought could be given to how the process is documented so that priorities can be considered at an early stage.

As a young person, access to technology was very important, for communication, information and for social acceptance. We found that the person had been provided with a mobile phone and computing equipment. This equipment enabled them to enjoy social and cultural contact with his peers, while also giving him security and reassurance through communication with the caregiving family.

The person living with the caregiver families benefitted from a tasty, varied and well-balanced diet that promoted their health and wellbeing and a positive body image. We heard that mealtimes were social occasions which lead to people feeling nurtured and instilled a sense of belonging. Much of the family diet was homemade to which the person contributed, and a religious and cultural diet was also observed.

Positive mental health is a high priority for all people living within caregiver families. This person gets pleasure, fitness and health through sport, gym and cycling to associated venues. Membership, as necessary, has been purchased on his behalf by the caregiver, knowing of the health and wellbeing benefits. This also included a degree of orientation, responsibility and freedom to explore his new neighbourhood. The caregiver felt greatly supported by staff should there be any needs in relation to future health input.

People's lives are enhanced by being around and caring for animals. This may include having pets. We heard how the person had been involved with a wider activity of visiting some thera-ponies. Apparently, this had been somewhat bewildering but enjoyable. However, it shows that the caregiving family understood the therapeutic effect of such contact, whether the 'need' was disclosed or not.

How good is our leadership?

5 - Very Good

We saw that there was an over-arching philosophy of 'community' and a mindset of 'growth'. Leaders spoke of their promotion of this approach and staff spoke about the refreshing nature of having 'permission to make mistakes' or 'not know an answer'. These were seen as opportunities to learn and improve. This created a clear culture of joint responsibility between leaders and staff and effective information sharing which created a positive climate for decision making and positive change.

We observed and listened to a group of caregivers who told us that they were well informed, included and supported by leaders, staff and each other. This leadership and mutual support meant that caregivers were able to overcome barriers and enabled people using services to be the central focus of decision making. The benefits of sharing ideas and successes both within the service and further afield was fully recognised. For the person within this adult placement service, meeting their physical, mental, cultural and emotional and spiritual needs was made easier by mutual support.

This service recognised that 'leaders' were not necessarily managers and it is often the caregivers who led on securing services for the person in their family. They had a sound knowledge of the key roles and responsibilities of partner agencies, and quickly identified when to involve them.

We saw good co-ordination of a variety of different services. People benefitted from services working together effectively. In most cases, information did not need to be shared between these services, but we heard how the caregiver was very aware of confidentiality and the rights of the person involved. This included when the sharing of information was required or when it was simply beneficial. Where information was shared for specific purposes, consent was obtained. The caregiver was very aware of individual rights.

Leaders monitored the success and suitability of living situations to ensure that caregiver families could meet the person's needs. We heard from the caregiver that she had confidence in those that supported her from the service. She stated that this had been proportionately greater at the beginning of the placement but she was now able to contact several staff members within the organisation, when necessary. Informal social, and supportive, events had introduced her, and the person with her, to several of the staff and management, so communication was made less intrusive, and support made more accessible.

How good is our staff team?

5 - Very Good

We heard that there was a recent staff appointment to cover maternity leave and this maintained the professional support for the caregiving family. We were told by the caregiver involved that despite this essential leave, their support from the service had been seamless. They also told us that, although there were designated staff, she was comfortable speaking to all staff and management. High levels of motivation and good team working meant that families experienced a team approach to support and felt that they could speak to anyone in the team for support or advice. Although staff had designated workloads, they helped each other by being flexible in response to changing situations and ensured care and support was consistent and stable.

The majority of staff had been with this service for a significant time and this showed us that retention and staff turnover were well managed. There was proactive use of a range of methods for retaining skilled and experienced staff so that families benefitted from stable, enduring relationships. Respecting contributions and making time for professional discussion were some ways this service retained staff.

Caregivers told us that staffing levels were such that staff had time to provide support with compassion, and to spend meaningful time with the families as required.

There was recognition of the important role played by staff who were not involved in providing direct care for families, for example, human resources and finance. These staff members were encouraged to attend social and training events, and also contribute to the overall support available to families.

We saw many examples of how this service had embraced the recent Safer Staffing legislation. This reflected the 'growth mindset' approach which was promoted across the service. The well-being of staff was an absolute priority and quality in this respect was assured by a comprehensive People Strategy (2023-27), and evidenced through an Engagement Survey (2023) and further evidenced through results of a Wellbeing questionnaire (2024). All of which were very positive.

Ultimately, caregiving families, those supported, and staff, all benefitted from a warm atmosphere created by good working relationships, support and mutual respect. There was effective communication between staff, with opportunities to discuss and reflect on their work and how best to improve outcomes for people using the service.

How well is our care and support planned?

4 - Good

Through regular caregiver meetings, the service is proactive in gaining the views of parents, guardians, previous carer families and family members, where appropriate. There were also many social, developmental and celebratory events where views and wishes were gathered, informally, to inform the direction of the service. When people lacked confidence, had additional communication needs, or English was not a first language, they had access to the right services and tools to ensure they were fully included.

Where relevant, there was a supportive and inclusive approach to working in partnership with all members of the caregiving family members in the delivery of care and support. They could be confident that suggestions, comments or complaints, would be listened to and acted on in an honest and transparent way.

We heard that there were not any conflicts between the person or their caregiving family, but we heard that staff had received training on interpersonal difficulties and were skilled in identifying potential conflict. By the nature and culture of this service, we were confident that leaders and staff would sensitively manage any conflicts.

We found that elements of care, including outcomes, were recorded within the computer-based system, but we found these could be difficult to locate. Sometimes they were held in unlikely sections. Staff, although finding the system 'clunky' had learned to navigate these computer-based records. We suggested that perhaps thought should be given to how this information is made more accessible, and meaningful, for people being supported, and their representatives/advocates.

Although we found some digital records of a wellbeing assessment and this being reviewed as part of the Looked after Children (LAC) process, we found there were few records held by the person or the caregiving family. We felt this was a 'missed opportunity' of giving the person ownership and pride in their outcomes and achievements. There was also an opportunity here to record the pathway which had been taken and for others to learn from the experience of those before them.

This should not take away from the positive work that has been done and the early successes of this young provision.

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 people's wellbeing?	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
How good is our leadership?	5 - Very Good
2.3 Leaders collaborate to support children, young people, adults and their caregiver families	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.2 Parents, carers and family members are involved	4 - Good

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