

# Glenochar Care Home Service

Glenochar  
Elvanfoot  
Biggar  
ML12 6TH

Telephone: 0141 674 3256

**Type of inspection:**  
Unannounced

**Completed on:**  
10 September 2024

**Service provided by:**  
BDT CARE SOLUTIONS LTD

**Service provider number:**  
SP2016012716

**Service no:**  
CS2018365629

## About the service

The care service, Glenochar, was registered with the Care Inspectorate in July 2018 and is provided by BDT Care Solutions, part of Pebbles Care Ltd. Glenochar is registered to provide accommodation for three young people.

Glenochar is situated in a rural location in South Lanarkshire. The home comprises of a farmhouse with a large communal living room, a kitchen dinner and two double bedrooms. There are additional bedrooms for staff.

The service is surrounded by farmland and is isolated from towns and villages. There are very limited public transport services that operate close to the service and consequently young people are dependent on staff and service vehicles to access retail, leisure and education facilities.

## About the inspection

This was an unannounced inspection which took place on 5th 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 young people using the service and members of their family
- Spoke with two staff and two members of the management
- Observed practice and daily life
- Reviewed documents
- Spoke with social workers to the young people.

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 right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any areas for improvement will be highlighted in this report.

**Key messages**

- Staff were working to develop positive relationships with young people.
- Young people stated they felt safe.
- The staff were working to identify education opportunities for the young people.
- Young people were accessing activities relating to their interests and goals.
- Young people were unhappy with some of the rules in the service.
- Young people did not have positive relationships with all staff.
- Some of the services recording practices require review
- The services quality assurance processes had not identified some gaps in information

**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?	4 - Good
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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?

4 - Good

We evaluated the service as good as there are a number of important strengths which, taken together, clearly outweigh areas for improvement. These strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Young people we spoke with stated they did not always feel happy. This was due to how they felt some staff treated them. They had complained about approaches, by some staff, toward them and about rules in the home. In relation to these comments, we acknowledge that whilst child protection procedures were followed for some events there were some gaps in the recording of information. Whilst this did not affect the outcome of the process, it was not in line with the organisation's procedures. Subsequently feedback processes were not completed and young people did not feel the situations resolved. The external managers were aware of this and an outstanding complaint was being addressed at the time of the inspection. There had also been additional training delivered to some staff. However, due to the potential impact of this on the care plan we have identified this as an area for improvement. See area for improvement one.

The young people we spoke with did identify staff they trusted and could confide in and stated they felt safe in the service.

The staff group were working with external services such as CAMHS, speech and language therapists and psychologists to further develop their understanding of the young people's needs and best approaches to support them. All staff had attended training in the organisation's model of approach to childcare. This included learning of the impact of trauma on human behaviour. Staff were also holding reflective discussions around incidents with the young people and identifying where staff could take alternative approaches. Consequently, the number of restrictive practices had decreased over the previous months. This learning and staff practice was therefore contributing to improving relationships between the young people and staff.

The young people were not attending full time education, and this had an impact on social interaction and isolation. Staff had attempted to identify college course for the young people however on attending the college the young people decided against these. Staff should continue to work with young people in identifying suitable college placements or employment opportunities they have an interest in.

Young people's individual identities were being celebrated and promoted. Some were enjoying learning to play musical instruments which offered them opportunities to express themselves and develop their personality. Some young people were also attending community events relating to their interests. Similarly, young people's individual identity was promoted and nurtured, through supporting their choices in style of clothing for example. The young people also expressed their individuality and preferences within their rooms, decorating them in line with their own tastes and interests.

Staff supported young people to visits with family and those of importance to them. We heard of some difficulties around some of these visits, however these lay out with the services responsibility. The manager was having discussions with the social workers in relation to these matters. Other issues had been included within the complaints mentioned earlier and were being addressed at the time of the inspection. We will therefore look at the outcome of these at the next inspection.

The services Continuing Care documents accurately laid out the legal position of continuing care in Scotland. The document would benefit from stronger statements of commitment to the principles, and of intent to inform local authorities of these expectations should this be in the young person's interests.

The care plans were of a good standard with clear goals set. These were reviewed regularly, and goals updated when appropriate. The risk assessments were similarly of good standard; identifying areas of concern and offering strategies to reduce and manage the risks. Whilst being of a good standard, care planning and risk assessment would benefit from being more specific in relation to goal setting and support. We have identified this as an area for improvement. See area for improvement two.

The manager places high importance on training and there is a schedule in place for the staff for the year. Expectations regarding staff training and professional responsibilities under the Scottish Social Services Council requirements were being met. To develop this knowledge and understanding further the team meetings included discussions around organisation policies, service provision, young people's needs, their rights and care plan progress. Staff development was also encouraged through the allocation of areas of responsibility for the service to staff on a monthly rotational basis.

We found that the staff team lacked consistency at times, however. For example, on the day of the inspection one member of staff had no prior knowledge of the service and another was sessional therefore not a regular staff member. The service had experienced some turnover in staff numbers. This was due to various reasons, for example, personal reasons relating to the service location or staff being promoted to other posts within the organisation. This had the potential to impact negatively on the relationships young people had with staff. The management should ensure that an effective balance of familiar, experienced staff is maintained alongside those staff relatively new to the service. This will support maintaining positive engagement with the young people and staff and progressing the care plan. We have identified this as an area for improvement. See area for improvement three.

We noted from the service development plan and from care planning that the service recognises the principles of the Promise. Including the voices of the young people in care planning was being promoted through staff actively seeking the young people's views. Whilst access to independent advocacy was arranged, young people were not fully engaging with this. The staff were making attempts at de-institutionalising the service environment where possible. This included discussions of awareness of the impact of language. We noted some language within case recordings that was not trauma informed however could see that this was in the process of being addressed.

Quality assurance audits and service evaluation processes were in place. The managers monthly audit findings were included within an external audit completed by external managers. Whilst we found these to be of a good standard there were gaps in aspects of the care provision that had not been identified. These involved those issues we mentioned previously. In addition, there were inconsistencies within some of the service recordings. Therefore, whilst there were processes in place we have identified a need to review these for effectiveness. This will be an area for improvement. See area for improvement four.

## Areas for improvement

1. To support children and young people's health, wellbeing and respect their voices, the provider should ensure that children and young people are communicated with regarding investigation and outcomes of allegations and complaints. Detailed records of these investigations should be kept as per the service providers procedures and policy. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. (HSCS 3.22)

2. To support the achievement of positive outcomes for children and young people, the provider should ensure that the recording of care plans comply with SMART principles. This should include, but not limited to, the clear recording of specific actions, these should be realistic, measurable and have an identified timeframe for completion.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: "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 wishes and choices" (HSCS 1.15)

3. To support consistency in relationship building and to promote positive outcomes for young people, the service provider should ensure there is a good balance of experienced staff members to support less experienced staff members when required.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: "I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14). and "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation". (HSCS 4.15).

4. To support children and young people's health and wellbeing, the provider should ensure timely action is taken in response to quality and audit activity. This should include, but not limited to, timely action on identified areas of improvement from audit activities.

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).

## 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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

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