

Oak House Care Home Service

Glenrothes

Type of inspection:
Unannounced

Completed on:
7 March 2025

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006819

About the service

Oak House is a residential house in Glenrothes and is provided by Fife Council. The house can care for up to four young people.

The service has been inactive for a number of months and during this time the service moved to the current address, and changed name to "Oak House". The service is set within its own garden in a cul-de-sac in a mixed urban area with housing and schools. The house is well decorated and provides areas for privacy as well as good communal areas.

About the inspection

This was an unannounced which took place on 4 March 2025 between 10:00 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:

- we were unable to speak with any young people;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- There were signs of improvement from the previous inspection.
- The service had moved to new premises and they were furnished and decorated well.
- We saw an improvement in staff morale.
- Personal plans had been updated to a new format which were well written with clear and concise information.
- A staff training programme was underway.
- The provider should consider staff deployment to ensure experienced and trained staff are available on every shift.
- The provider has appointed a new manager. It is hoped this appointment will provide continued support and consistency for young people and the staff team

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

We evaluated this key question as adequate. We identified a service that has improved since the last inspection. We found strengths were making a positive impact and outweighed weaknesses, however weaknesses identified key areas that still required improvement.

We were unable to speak with young people during the inspection however we were able to read their views and comments in survey responses submitted prior to the inspection.

Through discussion with staff and from documents we reviewed, it was clear that young people felt safe and their emotional and physical needs were being met by the staff group. This was supported by discussions we had with social work staff and educational support staff.

External professionals told us that care staff work well with them and communication between the house and other professionals was in the main good.

Staff told us about the importance of building relationships with young people, and how they tried to create a homely atmosphere. This was observed through interactions with young people and the general environment being comfortable and nicely decorated. Staff tried hard to engage young people in activities within the community to help build relationships.

There were safe recruitment policies and procedures in place to ensure that those employed by the service went through robust screening. Newly recruited care staff went through a detailed induction and we were told this was a worthwhile and positive learning experience.

Whilst staff were able to meet the needs of young people, not all staff were fully equipped with the skills and experience to help understand trauma that young people had experienced in their lives. We spoke with staff who told us about problems ensuring a good spread of experienced cover across all shifts. Experience staff spoke highly of their new colleagues and enjoyed the mentoring roles that they had adopted. New members of the care team told us that they worked well with their colleagues and felt they had joined a team that was supportive, forward thinking and collaborative.

We observed there were no vacancies within the staff team. A staffing needs assessment was in place to ensure staff levels were safe. Two examples of this document were incomplete and we saw during the inspection that information in this document was not followed through (**see requirement 1**).

From feedback we received from children and young people, they told us they contributed to their care and support plans. They were asked for their views about the house that they lived in and how the service operated. It was clear from young people's plans that their views were taken into account. This included supporting young people after distressing incidents.

Children and young people's mental and physical health needs were well looked after by the staff and family connections were supported when appropriate.

Young people had some opportunities to attend school on a part time basis. Good links had been made with educational support, and teachers were able to visit the house.

Plans were beginning to be discussed about young people moving on. Whilst this was at an early stage, one young person was involved in discussions about next steps, for example decisions about continuing care and support with independence.

The service had been inactive for a significant period of time and only recently reopened in new premises. Since reopening the service has been managed by four different people, however a new manager was due to start in the week following the inspection. When speaking to staff and looking over their survey responses, it was clear that staff had been unsettled by the situation of an absent manager and this had not helped support new members of staff.

External managers and temporary managers had worked hard to ensure the service continued to support young people, however at crucial times there was a lack of the presence of a manager. It is hoped that a new and permanent manager will support staff better, model good practice and encourage new staff to make informed decisions.

We reviewed documents that were used for evaluation purposes within the house. Although it was early days, these documents were effective and we could see a clear path of review and assessment of care planning documents.

Following the previous inspection, the service had put into place a document to support trauma free and successful outcomes for young people moving into the house. We reviewed this document and found information to be missing. The service should ensure this information is kept up to date and relevant to young people living within the house **(see requirement 1)**.

We reviewed the improvement plan for the house and we saw how this linked well with the overall improvement plan for children's services in the local authority area and with the aims and objectives for the service. Staff told us how they had taken part in this process.

Requirements

1. By 31 May 2025, the provider must ensure that young people live in an enabling environment that supports recovery and attainment. To do this, the provider must, as a minimum:

- a) embed positive routines and structure for all young people matched against a full and accurate analysis and understanding of their needs and wishes;
- b) ensure staff are equipped to help young people recover from individual trauma;
- c) ensure the system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day and night, considering young people's physical, emotional, and social needs is up to date and relevant; and
- d) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This is to comply with Regulation 4(1)(a) and (d) (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 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);
'My care and support meets my needs and is right for me.' (HSCS 1.19); and
'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

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

Requirements

Requirement 1

By 31 October 2023, the provider must support and protect the safety of those who use and work in the service. To do this, the provider must, as a minimum:

- a) put in place a system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day and night, considering young people's physical, emotional, and social needs; and
- b) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users) and Regulation 15(a)(Staffing) 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 care and support meets my needs and is right for me.' (HSCS 1.19); and
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 20 July 2023.

Action taken on previous requirement

The provider had reviewed staffing figures and there had been some recent recruitment. We found staffing analysis records had been completed, however these had not been completed fully. Poor deployment of staff meant that the requirement analysis was not always met and often new staff were deployed together without experienced staff with them and no manager available in the house.

Not met

Requirement 2

By 31 October 2023, the provider must ensure all young people who reside in the service have care plans which reflect the support they need. These should be supported with the most current child's plan. This is to support safety, and the welfare of the young people. In particular the provider must:

- a) ensure all care plans reflect the needs, goals and care the young people require and how to best support them on a daily basis. These should be updated regularly and after any significant event;

- b) ensure the most current child's plan is obtained from social work to help inform the care plans;
- c) ensure there are regular multi agency meetings to discuss the young people and their future plans; and
- d) ensure the development plan captures the proposed developments for the service and is in line with "The Promise."

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 states that:

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

This requirement was made on 20 July 2023.

Action taken on previous requirement

The provider had put in place systems to ensure young people's plans were recorded accurately. A quality assurance process was in place to ensure any omissions or inaccurate information was highlighted.

Met - within timescales

Requirement 3

By 31 October 2023, the provider must ensure that young people live in an enabling environment that supports recovery and attainment. To do this, the provider must, as a minimum:

- a) embed positive routines and structure for all young people matched against a full analysis and understanding of their needs and wishes;
- b) ensure staff are equipped to help young people recover from individual trauma and have direct access to external professionals who can support recovery;
- c) ensure the learning needs of young people are understood at the earliest opportunity leading to young people accessing the right academic support and positive achievement; and
- d) ensure that the needs of young people are matched closely to one another so that STEPP is a safe place to live and an environment that supports positive peer interaction.

This is to comply with Regulation 4(1)(a) and (d) (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 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).

This requirement was made on 20 July 2023.

Action taken on previous requirement

Assessment for young people had greatly improved and the young people present were engaged with some education. Other issues regarding this requirement are contained in the inspection report.

Met - within timescales**Requirement 4**

By 31 October 2023, the provider must ensure quality assurance processes and systems are embedded in the service. To do this, the provider must, as a minimum:

- a) ensure staff and managers understand and follow policies and procedures;
- b) undertake regular audits of the service and identify the necessary structures to support improvement;
- c) ensure action plans are closely monitored and progressed; and
- d) embed formal procedures for supervision to ensure staff and managers are developed and supported.

This is to comply with Regulation 4(1)(a) and (d) (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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 20 July 2023.

Action taken on previous requirement

The provider had supported staff to ensure they understood the policies and procedures that underpinned their practice. Regular audits were in place to ensure staff received support as and when required. Most staff received supervision, however the absence of a permanent manager on site had raised some issues with the staff group. This is contained in the inspection report.

Met - within timescales**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
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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