

Camphill School and Care Home Services Aberdeen Care Home Service

Camphill Rudolf Steiner School
Murtle House
Bielside
Aberdeen
AB15 9EP

Telephone: 01224 867935

Type of inspection:

Unannounced

Completed on:

9 October 2019

Service provided by:

Camphill Rudolf Steiner Schools Limited

Service provider number:

SP2003000021

Service no:

CS2009196657

About the service

Camphill School and Care Home Services Aberdeen is registered with the Care Inspectorate to provide a care home service to a maximum of 63 children and young people across 11 houses.

The service is set in two locations in a rural environment on the outskirts of Aberdeen. Camphill School and Care Home Services Aberdeen is an independent charity offering education, care and therapy for children and young people with additional support needs, using a social pedagogical approach based on the principles of Rudolf Steiner. It is accredited with the National Autistic Society.

Camphill state their mission:

'To create a community where children and adults feel a sense of belonging, support and personal growth. A place where there is an inclusive life learning culture with an integrated approach to health, education and care'.

This service has been registered since 2010.

*Throughout this report children, young people and young adults have been referred to as 'young people' for ease of reading.

What people told us

Both inspectors joined young people during various parts of their day, including mealtimes. Young people were able to discuss the activities they had been involved in, and various interesting and fun experiences they were part of. Young people who were unable to verbalise their views (to the inspectors anyway) were observed to be cared for staff who understood their own individual communication methods, needs and interests. Three young people returned questionnaires. Two strongly agreed they were happy with the care and support they received. One strongly disagreed stating that there were too many rules and that they would like to live closer to their family.

Four social workers responded to requests from the Care Inspectorate for feedback about the service. Feedback was mixed with some stating that support was person-centred with a tremendous diversity of activities in a fantastic setting providing real safety and security. Other views questioned whether the support was wholly individualised and how well young people were prepared for a life after Camphill. Generally comments were positive about communication with other professionals, though not all felt that the service offered the specialist services they stated they would (such as speech and language therapy) or good use of communication aids.

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 wellbeing?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed

How good is our setting?	not assessed
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 children and young people's wellbeing?

4 - Good

We found that the young people living in Camphill experienced a high level of compassion, dignity and respect. We observed meaningful and trusting relationships between young people and staff who knew them well and wanted the very best outcomes for them.

The structure and planning of the day supported the development of strong relationships with staff and young people spending a great deal of time together in focussed and fun activities. The ethos and values of the organisation placed significant emphasis and training on the importance of relationships and of valuing the unique skills and talents of every person.

The exceptional environment was well used to allow all young people to contribute to the life of the community in a meaningful way. A range of workshops offered unique opportunities to learn new skills while the individual contribution of all of the young people to the household they lived in was valued and meaningful. Recognition and celebration of diversity and uniqueness was central to the ethos of the service and demonstrated in the daily opportunities young people had to grow in skill and confidence.

Young people were able to influence the activities they were involved in, and were supported to make choices. Some used communication aids to support choice, however, staff were also sensitive to the need not to overwhelm some young people with too many choices. We welcomed the news that access to speech and language therapy was about to improve as this will be of great benefit to young people.

Most young people had 1:1 staff support and were therefore able to experience highly individualised care from familiar staff and not be limited by the needs of the group (though they may choose to be involved in group activities and some of the planned programme of activities). During the inspection we observed examples of young people enjoying 1:1 time in the extensive grounds and also preparing for trips in the community and an on-site 'youth club'.

Opportunities were hugely enhanced by the inclusive 'can do' approach to activities, with young people describing recent youth hostelling holidays and involvement in festivals and celebrations. There was a real culture of ambition and celebration with staff really optimistic about young people's hopes and achievements.

Transitions between settings on campus and when young people were moving in/on had been given a lot of thought to reduce stress and anxiety and be as positive as possible. For some young people these were supported by social stories. Communication between staff/services was good with further guidance and documentation being introduced to support positive outcomes. We discussed how this might be further enhanced through greater use of pictorial aids, a virtual tour on the website and the update of the student booklet.

Healthcare needs were well supported with an on-site medical practice and therapy college and a focus on the rhythm of the day, including the need for rest and fresh air. The spacious, safe and relaxing outdoor environment was well used to promote both physical activity and relaxation. The close proximity to both town and countryside was also well used to engage young people in activities and learning.

Despite comprehensive systems and training, an audit of medication revealed significant errors and highlighted a number of practices in relation to storage, recording and administration which needed to improve. These were discussed at the time of the inspection and a recommendation has been made to support improvement **(see area for improvement 1)**. It was also noted that better use should be made of body maps to effectively describe how young people sustain marks or injuries **(see area for improvement 2)**.

Mealtimes were valued as a time to come together to share discussion about the day, and plan for the remainder of the day. Young people had a vast range of dietary needs and preferences which were well met, with attention paid to the quality of food. Appropriate adaptations, signifiers and visual prompts were used to promote choice and independence, with staff thoughtfully deployed to ensure that young people had the support they needed. All young people were involved in the mealtime experience in some way - from growing food, to cooking, baking or helping set and clear the table.

All of the staff were trained in safeguarding (child/adult protection), with clear processes in place. These included external referral to appropriate agencies. Appropriate procedures for incident recording and notification were in place, including an external overview.

All of the staff also received training in behaviour support strategies, with evidence of staff using assessed and documented strategies to reduce anxiety and de-escalate potentially difficult situations. There was no indication of an over reliance on physical intervention though there needed to be an improvement to the debrief and analysis following incidents to support an understanding of their triggers and strategies of support. This was also a recommendation at the last inspection **(see area for improvement 3)**.

Areas for improvement

1. The service must ensure that effective procedures are in place for the safe storage, administration and recording of medication. All staff administering medication should be trained and assessed as competent in the organisation's medication procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

2. In order to promote the wellbeing of young people body maps, when needed, should be effectively completed to ensure information is fully recorded and monitored.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

3. In order to ensure young people are well supported the service should improve the analysis of incidents, and ensure that staff and young people are debriefed following any incidents.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

Some young people had documentation which was rich in information and provided real insight into the young person's strengths, challenges and strategies of support, however, the content and quality of information in young people's support plans was very varied.

There was good evidence that across various assessments, plans and reviews there was a good understanding of young people's needs, and of their personality, likes and dislikes, however, there was a real discrepancy in how outcome focussed this was and how progress was monitored. Some documentation used the SHANARRI wellbeing indicators, but not all. Some plans had identified long-term targets for young people, however, these were not SMART (specific, measurable, achievable, reasonable, time-specific) and as such it was difficult to measure how, or if, these had been successfully achieved.

The main point for improvement was the need for plans to be dynamic and reflect the changing needs and achievements of young people, rather than just the six monthly update which took place for all young people. As indicated earlier in this report there was no suggestion that staff did not know and understand young people's needs, however, the current format of many of the support plans did not support any recognition of progress (or analysis of lack of progress).

The service had recognised the need to review support plans some time ago and had employed an external consultant to support improvement. Extensive consultation had taken place and a 'Learning, Health and Care Plan' had been developed which combined assessment, strategies of support and identified outcomes to be achieved. These were linked to SHANARRI and keys for life (for young adults). The plan identified individual outcomes, the support young people would need to achieve these outcomes and the resources required. Targets were SMART and measured progress. At the time of the inspection the introduction of the Learning, Health and Care Plans (LHCP) was in the early stages of implementation. One young person had transitioned from children to adult services and had a full plan. Staff had been consulted and trained in its use and had ongoing support from the consultant. No other plans had yet been developed, though there was an implementation strategy

which involved staff training and a move to all young people having this plan. It was impossible for the inspectors to measure the effectiveness of the new LHCP, however, they were optimistic that plans will result in outcome focussed care and support. It is hoped the plans will demonstrate young people's involvement in directing and leading their own care (to whatever extent they can do this).

As the service are fully committed to introducing the new plans for all young people no area for improvement has been identified. They have, however, been asked to ensure that these are in place for all young people by the time of the next planned inspection (mid 2020).

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

All young people should have support plans and risk assessments which identify strategies of support and demonstrate positive outcomes. Where incidents identify new or additional strategies of support these should be incorporated into the support plan/risk assessment.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that '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)

This area for improvement was made on 5 December 2018.

Action taken since then

See content of report re support plans and analysis and debrief following incidents.

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 wellbeing?

4 - Good

1.1 Children and young people experience compassion, dignity and respect	5 - Very Good
1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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