

# Lothlorien Community Housing Support Service

Corsock  
Castle Douglas  
DG7 3DR

Telephone: 01644 440602

Type of inspection: Announced (short notice)  
Inspection completed on: 24 March 2017

**Service provided by:**  
Rokpa Trust

**Service provider number:**  
SP2003002562

**Care service number:**  
CS2003053476

## About the service

Lothlorien is a therapeutic community for people with mental health problems, situated in a quiet rural setting a few miles from the village of Corsock in South West Scotland. It has been run since 1989 by the Rokpa Trust. The service is registered to provide a Housing Support Service. The community can accommodate eight residents with mental health problems and five voluntary co-workers, living in the main house and a further five people living in the move-on house, Roan Lodge, which opened in April 2003. The paid staff at the service are known as the Core Group and the volunteers who live and work at Lothlorien are known as co-workers.

The service provides a therapeutic community for people who are motivated to deal with their mental health problems and committed to the principles underpinning the community. There is an emphasis on equality, value and respect and to creating and developing a therapeutic community through which people support and understand each other. The community has seventeen acres of land, including vegetable gardens, woodland and pasture land. The main house has wheelchair access and a disabled toilet on the ground floor.

## What people told us

During our inspection we had the opportunity to speak both formally and informally with community members (service users) and observe their interaction with staff and each other.

We also consulted questionnaires and surveys completed by them. This evidence led us to the conclusion that the service provided a unique, specialised and person centred service to its community members. Service users spoke of the opportunity to 'heal' and regain lost confidence and self-worth due to the therapeutic and participative methods adopted by the management and staff together with the unique environment provided by the service and its location. One service user, in response to a questionnaire commented "This is a unique service and I am proud to be part of it." Several service users stated that having experienced other methods of care and support, Lothlorien was by far the best experience they had had. One community member said it was "the best place I've been". We spoke to community members who were in the process of moving on to a more independent style of community support and who attributed their success to the therapeutic nature of the service and the skill of the managers and staff working there.

## Self assessment

Self Assessment was fully completed and submitted in good time.

## From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of staffing	6 - Excellent
Quality of management and leadership	6 - Excellent

## What the service does well

We found the care and support provided by this structured and therapeutic community to be exceptional.

The service operated a working garden which formed the basis of the therapeutic care and support given providing structure, purpose, security and peace to community members many of whom had a significant history of mental illness and less successful treatment and support experiences. The service were very careful and selective with regard to referrals ensuring that only appropriate ones were accepted. This allowed them to both fully support the new community member while allowing existing members to retain the environment to which they had become accustomed without undue disruption. Although the senior staff team had the ultimate say regarding the acceptance of referrals, community members were consulted about any prospective new member and encouraged to participate in the decision-making process.

We found the service to have fully embraced the concepts of person centred, needs based and participative care and support and witnessed this being practiced and lived out on a daily basis. Community members with whom we spoke and those who had completed questionnaires felt that they benefitted greatly from the therapeutic environment adopted by the service and in particular by the staff working there. Outcomes were negotiated and were realistic taking cognisance of the individual needs and wishes of community members. Our discussions and examination of records and documents regarding the methodology, practice and procedures adopted demonstrated a commitment by the service to improving the physical and mental health of the individual by making use of the therapeutic environment provided thus achieving the best possible results for those residing there. We found several examples of how people's lives had been 'turned around' as a result of their time at Lothlorien.

Outcomes Based Support Plans were examined and were found to be very comprehensive outcomes tending to be focussed upon recovery and staying well at the initial stages and progressing to life skills, independence and confidence as the person improved and developed. Needs and risk assessments were very thorough and were reviewed on a regular basis with the full involvement of the person concerned. We were particularly impressed by the level and extent to which community members were included and participated in all aspects and areas of the running of the service. 'Residents' comments' forms were used as well as the day-to-day discussions, meetings and consultations which took place. This was true 'inclusion' and it was apparent to us that the 'ownership' resulting from this had a positive effect upon the development of life skills, ability, confidence and self-worth.

During our inspection we spoke at length with both co-worker and senior staff in a variety of environments and situations. We also considered the opinions of community members and the contents of staff records and documents we examined including questionnaires completed by them. We considered all staff to be caring, enthusiastic and motivated to the on-going safety, welfare and progress of community members. Staff training records demonstrated that staff were properly and appropriately trained in all relevant subjects and that further training was readily available as needs and circumstances dictated. We noted that safer recruitment was practiced in all cases thus ensuring that only suitable staff were employed within this sensitive area of care and support for vulnerable adults.

As was the case with community members, all staff were fully involved with and participated in every area of service provision and planning thus instilling a sense of ownership in the improvement and development of the service at the point of delivery to service users. Daily staff meetings were held to ensure that all staff were appraised of the planned day ahead and of any areas of interest or concern. Staff meetings were followed by a 'house' meeting attended by all community members and staff. In this way managers, staff and also community members were kept up to date with what was happening and the structure of the day ahead which was essential to the therapeutic model of care and support provided. Spontaneous meetings were also held in response to any event or circumstance which may have arisen.

Our examination of records demonstrated that staff were supervised both formally and informally on a regular basis and appraised annually. Comprehensive staff training was given and community members were included as

and when possible. An example of this was adult support and protection training. Staff feedback was sought on a regular basis and an 'appreciative enquiry and action planner' used to capture any ideas or concerns, agree action to be taken and feedback the results. We found that staff felt well supported and respected by each other and their managers.

During our inspection we spoke at length to the Service Manager and Deputy Manager regarding the methodology and operation of the service, improvements made and developments planned. We learned that while the Service Manager had been in post for some years the Deputy position was a relatively recent appointment. We were confident that this was a positive move not only in terms of the ability and relevant experience of the appointee but because this allowed the Service Manager to share responsibilities, ideas and innovations and, at times, take a step back in order to gain an overview of the service as a whole. We found managers to be very passionate, motivated and caring. They were also very informed and knowledgeable around the discipline and methodology of the service and in particular about the community members residing there. We viewed a number of examples of how the managers had made improvements to the service including development opportunities for residents and staff and quality assurance systems to monitor progress.

During our inspection we saw a number of examples of the commitment of managers including the Service Manager attending and remaining at the service outwith normal working hours to assist in the support of a community member who was experiencing difficulties. This demonstrated to us that staff, including managers were prepared to go 'above and beyond' the normal call of duty to support community members whenever this was needed. In our conversations with staff and community members alike we were given the impression of managers who were very supportive, readily available and 'hands on' whenever the need arose. Staff advised that they felt confident in and fully supported by their managers. We concluded that this specialised service which supported vulnerable and complex individuals within a safe and therapeutic environment was in good hands in terms of management and supervision.

## What the service could do better

Although the content and format of support plans was of a high standard we considered that they may benefit from a 'one page profile' at the front which would serve to introduce the person to staff involved in their care and support. This would be a valuable participative exercise for both community member and staff and one which could be repeated at the conclusion of the placement to demonstrate the progress made.

We initially had some concerns over the vulnerability of staff due to the remote location of the community particularly at times when managers were absent from the service. We were however reassured on speaking to all concerned that an efficient and robust cover and on-call system ensured that any support or assistance required was only minutes away. Senior staff responsible for the service in the absence of managers were confident in their ability and competent in their role.

Despite the relatively isolated location of the service it is important to remember that a partnership model of support exists which ensures that the service is not alone in its support of service users. The service and in particular its managers should continue to develop its ability to strike the right balance between providing a safe and therapeutic environment for community members while maintaining essential links with family members and agency partners in the extended community.

## Requirements

**Number of requirements:** 0

## Recommendations

Number of recommendations: 0

## 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).

## Inspection and grading history

Date	Type	Gradings
19 Mar 2015	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 6 - Excellent Management and leadership 6 - Excellent
22 Aug 2013	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 5 - Very good
2 Nov 2010	Announced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership Not assessed
24 Sep 2008	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

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