care inspectorate

Elmbank House
Care Home Service

11 Duke Street
Denny
FK6 6NR

Telephone: 01324 822077

Type of inspection:
Unannounced

Completed on:
11 June 2018

Service provided by:
FTS Care Ltd

Service provider number:
SP2009010432

Service no:
CS2009228597

HAPPY TO TRANSLATE

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Elmbank House is a service provided by FTS Care Ltd., a small private company which operates another small children's house and housing support service in the local area.

The house is located in the town of Denny within the district of Falkirk in central Scotland. The service is registered to provide residential care to a maximum of four children and young people between the ages of 12 and 20 years. All young people in the care of the service have been referred by Falkirk Council. The service has its own transport and young people are supported to access local amenities, education and training. At the time of the inspection, the house was fully occupied.

Elmbank is a spacious, comfortable environment which is well presented and furnished to a high standard. The young people having their own bedroom with en suite facilities and also access to an additional shared bathroom.

The service states that it aims 'to support young people to live their lives fully regardless of their present or past circumstances'.

What people told us

During the inspection, we spoke with two young people presently residing within the service. We also spoke with a young person who had moved on from Elmbank to the FTS housing support service and who was currently being supported by the Elmbank staff team. Comments included:

"It's a really good place to stay."
"The staff in here are lovely, they put more work in than they need to."
"It just feels like I'm staying at my own home."
"There's someone to talk to 24/7."
"I wouldn't have managed myself in a flat if I didn't have them."

Self assessment

The service was not asked to provide a self-assessment

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

What the service does well

The service provided a safe and welcoming environment in which young people were clearly comfortable and at ease. We observed that relationships with young people were characterised by warmth, humour and respect. Relationships between the young people in the house were also positive. Young people were confident when speaking to staff and well prepared to give their views about how they were cared for.

Young people had access to advocacy support from a worker from 'Who Cares (Scotland)'. We were advised that a worker from 'Who Cares (Scotland)' visited Elmbank regularly, both on a planned and ad hoc basis, to speak to the young people and advocate of their behalf.

The service had worked to ensure care plans were written more from the perspective of the young people and the staff were continuing to develop this area of care planning practice improvement.

In Elmbank, young people were actively encouraged and supported to make healthy eating choices and to be fit and active. There were good levels of regular consultation with young people informing eating plans and activity choices. The young people we met described meeting together to decide on weekly activities which they enjoyed. Where young people had specific health issues, these were included in care planning and the service worked well with other agencies to meet young people's needs, including the LAAC health nurse. While adequate medication storage and audit was observed, we note that the service intend to review their medication practices to ensure they are in line with good practice guidance.

In this service, young people were supported in working towards achieving positive outcomes. We observed the support provided to a young person who had moved on from Elmbank to the housing support service. This was a good example of the service supporting positive outcomes in line with the continuing care agenda.

Relationships within the team, including with the manager and service manager, were very positive and staff identified this as a strength of the service. Staff presented as motivated, enthusiastic and expressed genuine commitment to the young people.

Staff benefitted from an induction and mandatory and refresher training. They also had access to additional training opportunities, including those provided through the NHS and Falkirk Council. The service commitment to professional development of staff was evident with one member of staff currently undertaking qualifications to become the health and safety officer for Elmbank and the other services. It is also planned that another member of staff will undertake training to become an SVQ assessor to support the service.

At the time of the last inspection, the following recommendation was made:

'The provider should review their supervision policy, to ensure that supervision is frequent and allows staff to reflect on their practice. Supervision records should contain details of discussions, action points and responsibilities for staff.'

We noted that regular team meetings, supervision and an appropriate appraisal process (post probation period and annually thereafter) were also in place. Recording and content of supervision was also seen to have improved and the service planned further developments in this area.

What the service could do better

While all care plans were seen to be linked to the wellbeing indicators (safe, healthy, active, nurtured, achieving, respected, responsible and included) identified in the Scottish Government policy Getting It Right For Every Child (GIRFEC), we advised the service should continue to improve the quality of recording. This includes case records, key time records, risk assessments and car plans, ensuring they incorporate appropriate analysis and are linked with clear, agreed outcomes.

We noted that individual care plans and risk assessments were not always being reviewed and updated timeously to reflect significant changes. We found examples of where this could impact on outcomes for young people, including the safe management of challenging behaviour. Clear risk assessment and planning should be undertaken and recorded ensuring that all staff members are able to work consistently towards achieving safe, positive outcomes. See requirement 1.

We found that some significant incidents had not been recorded appropriately and as a result protective measures such as debriefings for young people and staff had not taken place. The service must have a clear overview of incident recording and subsequent risk assessment and care planning. See requirement 2.

In addition, these had not been communicated to the care inspectorate through the notification system. See recommendation 1.

While there was a training schedule in place for staff, this did not offer a clear overview of outstanding mandatory training for the manager to easily identify gaps. We found that some staff had not attended training which was described as mandatory, including child protection. This was particularly relevant in some instances when considering staff experience and qualification. See requirement 3.

The service manager continues to meet with the owner of FTS Ltd on a regular basis but as yet does not have supervision with a suitably qualified person, highlighted at the previous inspection. We offered advice and stressed the importance of progressing this action in order that there is an additional level of scrutiny and support to undertake the role of service manager for the three services. See recommendation 2.

Policies and procedures were being reviewed by the service as part of the service development plan. We noted that key policy and procedure documents, including adult care and protection and physical restraint, required to be developed and shared with all staff. The service manager assured that this was being progressed and would be completed as a priority.

We advised the service should provide a more transparent matching process as part of their ongoing system of managing all admissions to the service. This would clearly identify how the needs of the young people who are currently using the service are being taken into account as well as making clear assessment of the young people being referred to the service, identifying any vulnerabilities that exist and how their needs can be met.

There appeared to be delays between SSSC applications and registration of some members of staff. The service evidenced application and endorsement documentation and reassured us that they were in communication with SSSC regarding this matter.

Requirements

Number of requirements: 3

1. In order to protect the young people, the provider must demonstrate and ensure that all young people's care planning is updated to reflect significant changes and shared with all staff by 25 July 2018. This ensures that the care and support is consistent with the Health and Social Care Standards which state 'My care and support meets my needs and is right for me' (HSCS 1.19).

This also complies with SSI 210 (2011) 4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users.

2. The provider must ensure that quality assurance systems are robust and used effectively in order to identify areas for improvement. This must include review of incidents, subsequent risk assessments and care planning and their recording by 8 August 2018. This ensures that the care and support is consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This also complies with SSI 210 (2011) 4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users.

3. The provider must ensure that staff employed in the service have the skills and knowledge to meet the needs of the young people. In order to achieve this, the provider must carry out an audit of staff skill and training to identify what is required each member of staff by 25 July 2018. This ensures that the 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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This also complies with SSI 210 (2011) 15 (b) (i) - a regulation that a provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Recommendations

Number of recommendations: 2

1. The provider should ensure that all required notifications are made to the Care Inspectorate and placing local authority upon receipt of this report. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I benefit from different organisations working together and sharing information about me promptly' (HSCS 4.18).

and

Records that all registered care services (except childminding) must keep and guidance on notification reporting. Care Inspectorate Publication code: OPS-0212-119. Amended version 1 April 2015.

2. The provider should ensure that the service manager receives regular, good quality supervision undertaken by a suitably qualified and experienced person. This will offer an additional level of scrutiny and support to undertake the role of service manager for the three services. This ensures that the care and support is consistent

with the Health and Social Care Standards which state '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.

Inspection and grading history

Date	Type	Gradings	
4 Aug 2017	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 4 - Good
20 May 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
28 May 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
30 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
28 Feb 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
4 Apr 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
12 Oct 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

Date	Type	Gradings	
17 Apr 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
27 Oct 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
11 Apr 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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