

# Whitrigg House Care Home Service

Bathgate

**Type of inspection:**  
Unannounced

**Completed on:**  
6 March 2020

**Service provided by:**  
West Lothian Council

**Service provider number:**  
SP2003002601

**Service no:**  
CS2003011110

## About the service

This service has been registered since April 2002.

Whitrigg House is a care home for children and young people, in East Whitburn, West Lothian. It is one of three residential services for children and young people provided by West Lothian Council. At the time of the inspection the service was in the process of varying their conditions of registration with the care inspectorate following a restructuring of the residential services in West Lothian.

The house was situated on the outskirts of Whitburn in a residential area, close to public transport links and local shops and amenities.

The house was on two floors, with five bedrooms, one bathroom two communal living rooms, a kitchen, a downstairs cloakroom with shower and a small office. It was detached, with a small front garden and outbuildings and parking to the rear.

At the time of the inspection there were five children and young people living there, with ages ranging from eleven years to sixteen years

## What people told us

We spoke informally with three young people during the inspection, and joined the group over three meals. The group of young people were adapting to recent changes following the merger of two care homes, and were quite unsettled as a result.

The comments from children and young people reflected their dis-satisfaction at being grouped together, and with the premises. However they spoke highly of the adults caring for them and had built up good relationships with most of them. We saw that they shared jokes and banter with the adults and were confident towards them.

## How well do we support children and young people's wellbeing?

**3 - Adequate**

Children and young people were relaxed and confident in their interactions with the adults caring for them. It was evident that they had built up some positive relationships with the adults and shared jokes and banter. Children/young people sought comfort and reassurance, and were shown appropriate affection from the adults caring for them.

Children/young people were encouraged to be respectful to each other, and we saw that adults caring for them showed an example in the way they spoke with the young people and to each other. This was reflected in records made about young people.

We saw that children/young people were confident in expressing their views directly to the staff and the manager. Formal systems were in place to seek their views, and we advised that these could be further developed to provide meaningful consultation on decisions made. However, we saw examples of children/young people making choices in their day-to-day arrangements and future plans.

Children/young people were supported and encouraged to maintain friendships and family contacts where appropriate. They were involved in sports and leisure pursuits locally, helping to build their confidence as well as develop social contacts. In addition, they had opportunities to take part in fun activities in the house, as well as through outings and activities. Through the weekly 'Girls Group' (with girls from the other West Lothian house), girls had opportunities to take part in pampering activities, as well as learning about how to keep themselves safe and healthy, and develop social skills.

The service liaised with education providers to put in place packages of education for the children/young people, suited to their apparent needs and abilities. This was in the early stages, and the service should continue to work on arranging thorough assessments of each young person's needs and abilities. From doing this their learning and care could be tailored to meet their specific needs. The service had started to implement four weekly assessments of physical, social, psychological and recreational needs of each young person, and determining staffing levels accordingly. We acknowledged that this was also in the early stages and advised that the service should continue to develop these systems and embed them in their practice. We will monitor progress resulting from this at our next inspection.

Due to restrictions in space, children/young people had limited opportunities to take part in age appropriate activities in the house, and limited opportunities to develop skills of cooking, baking or self-care such as laundry.

Staff knew what to do if they had concerns about a child/young person's wellbeing. As there had not been recent child protection training provided for staff, the Provider and manager should prioritise this in their training plan so that they were kept updated on current best practice. Risk assessments were in place for each child/young person. However, they were not always updated following incidents and should be reviewed to fully identify the risks presented, what actions were needed as a result, and who would be involved.

In view of the recent move, and the lack of space available for children/young people to take part in age appropriate activities, a comprehensive assessment should be carried out of the staffing levels needed on each shift in order to meet the needs of individual children/young people. We acknowledged that this process had been started, and now needed to be fully implemented and embedded in practice.

Some of the staff team demonstrated an understanding of trauma. The Provider and manager now needed to provide training to ensure that all staff provided support which was consistent; took account of the impact of trauma on children/young people's development; and ensured that a range of appropriate, planned interventions were used.

Children/young people were registered with local health, pharmacy, dental and optician services and were referred to specialist health services if necessary. They were encouraged to take part in sports and exercise, and develop healthy lifestyles. However, the Provider and manager should introduce proactive steps to help young people stop smoking, with the example led by staff. An effective system was in place for the storage and administration of medicines.

**How good is our leadership?**

**3 - Adequate**

Some systems of quality assurance were in place. However, these could be more effectively implemented and the overview from external managers more rigorous and consistent. From doing this, more consistent practice and record keeping could be achieved, and the quality of the care experienced by young people improved. We acknowledged that the service was in a period of transition which had impacted on staff morale. This, combined with staff shortages due to illness, and meeting the complex needs of a group of young people in a small space, had contributed to staff having limited time for sufficient planning and recording.

From reviewing records it was evident that the Care Inspectorate had not been notified of significant incidents, accidents or young people missing from the service. **(see area for improvement 1.)**

We acknowledged also that moving premises and changing remit had been stressful for both the staff team and the children/young people, and advised that a clear strategic plan for the development of the service was needed. This should be shared by all so that children/young people, staff and managers had a shared understanding about the aims and future direction of the service. We saw that aims and objectives for the service were in the process of development and advised these should link with the overall strategic plan. It was evident that the programme of regular staff supervision and appraisal had not been implemented effectively and advised that during this period of change, support and supervision was particularly important to help change management, support staff and provide a means of monitoring performance. **(See requirement 1.)**

## Requirements

1. In order to ensure that the staff team are supported, trained, competent and skilled, reflecting on their practice and following their professional codes, the provider must, by 30th June 2020 implement a programme of formal, recorded, one to one staff supervision and appraisal.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 codes' (HSCS 3.14).

It is also necessary to comply with SSI(2002)114 13(a) a requirement to 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 and welfare of service users.

and:

A requirement to ensure that persons employed in the care service receive:

- training appropriate to the work they are to perform
- suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

In order to comply with the Scottish Social Services Council (SSSC) Codes of Practice for Employers which state "Effectively managing and supervising staff to support effective practice and good conduct and supporting staff to address deficiencies in their conduct (2.2)

## Areas for improvement

1. The Care Inspectorate had not been appropriately notified of incidents, accidents or young people missing. Significant events in young people's lives, which had potentially detrimental effects, had not been recorded

as incidents. This meant that there was no evidence of analysis of these events or learning from them, and no evidence that quality assurance of the care provided was carried out. In accordance with legislation, a provider must notify the Care Inspectorate of all accidents, incidents or injuries to a person using a care service.

This is to ensure that care and support is consistent with 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).

### How good is our staff team?

### 3 - Adequate

The staff team were motivated towards providing high quality care for the children/young people. However, due to the period of transition and uncertainty, staff morale was low. The staff team was now comprised of staff from different previous services, and the manager now needed to build a strong staff team working to the same ethos together. As we discussed earlier in this report, in order to meet the assessed needs of all of the young people, the provider and manager needed to make sure enough staff with the necessary skills were on each shift, and deployed effectively. For example, due to staff members being required to cook meals, staff required to be trained in food hygiene and have basic cooking skills.

The manager confirmed that the Provider used safer recruitment practices for the employment of new staff. As no new staff had been recruited for several years we were unable to see evidence of this. The Provider had systems in place to confirm PVG (Protection of Vulnerable Groups) checks and recheck these routinely. Staff were also appropriately registered with the SSSC, and there was a system in place to make sure registrations were renewed as necessary. The Provider and manager needed to implement a programme of staff training, linked to their programme of staff supervision and appraisal so that training needs could be identified and appropriate training provided as a result. We advised that in order to help staff support children/young people in line with current best practice, training on the impact of adverse childhood experiences on children/young people's development and trauma informed care would be beneficial. In developing a professional workforce to provide a high standard of care, the management team should consider the use of language, both in records made and in day-to-day interactions with young people using positive reframing, with staff setting an example.

In order to support the staff team through the period of transition, the management team should ensure that staff meetings were further developed to allow for reflection on practice and embedding their agreed aims and ethos.

### How good is our setting?

### 2 - Weak

The house was comfortably furnished and staff tried to establish a homely atmosphere. There were systems in place for maintenance and repairs. As the service had very recently transferred to the premises at the time of the inspection, some aspects were still being set up. Staff were clearing an outbuilding, with the help of young people, so that it could be converted to a games room. We saw that fire safety systems worked effectively. We identified a number of issues about the premises which the manager and provider must take immediate action to remedy:

- The building was too small to accommodate the number of young people living there.
- There were insufficient bathrooms available for the number of young people living there.

- The very small kitchen presented hazards and hindered any children/young people from being involved in any cooking or baking activities. It was at some distance from the room where the dining table was situated which presented another hazard while hot food was carried through. The kitchen extractor did not work.
- There was evidence of poor practice in the prevention of the spread of infection and staff were not knowledgeable about the steps they should take to minimise the spread of infection.
- There was no doorbell at the time of the inspection however we were advised that one was ordered.
- There was insufficient space available for the wide range of ages of the children/young people living there to take part in age appropriate activities separately.
- Office space was very cramped and prevented staff from having access to computers in order to make records and plans effectively.
- There were numerous keys. Staff were unfamiliar with which key corresponded with each lock which could hinder them in case of emergency.
- New doors had been installed on some of the bedrooms, however these had been left unpainted which did not present an attractive, homely impression. **(See requirement 1.)**

## Requirements

### How well is our care and support planned?

### 3 - Adequate

Care plans were in place for each child/young person. These were reviewed regularly and usually updated following changes in circumstances and needs, however as we have discussed earlier in this report, staff had limited access to computers to enable them to make prompt changes. Care plans were usually linked with useful chronologies which were compiled for each child/young person. In these significant events, dates, and anniversaries were outlined so that these could be taken into account when planning care. We advised that arrangements should be made so that staff were enabled to keep all plans and records up to date without detracting from their providing direct support.

Staff were aware of individual children/young people's strengths, likes, personalities and potential and planned day-to-day routines accordingly. The staff team were beginning to link formally with the multidisciplinary team involved with each child/young person to carry out an assessment of their needs, and use this in drawing up plans for their care. As this process was in the early stages it was too soon to see the impact from it for most of the young people, however we could already see how this had resulted in progress made for one individual and advised the service continued to build on this and embed the process in their practice.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support children and young people's wellbeing?	3 - Adequate
1.1 Children and young people experience compassion, dignity and respect	4 - Good
1.2 Children and young people get the most out of life	3 - Adequate
1.3 Children and young people's health benefits from their care and support they experience	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	3 - Adequate

How good is our setting?	2 - Weak
4.1 Children and young people experience high quality facilities	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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