

Torcroft Care Home Service

Raeburn Crescent
Whitburn
Bathgate
EH47 8HQ

Telephone: 01501 678 040

Type of inspection:
Unannounced

Completed on:
23 June 2021

Service provided by:
West Lothian Council

Service provider number:
SP2003002601

Service no:
CS2007150524

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

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

Torcroft is a care home for children and young people which can accommodate up to six children and young people.

It was one of a range of residential options provided by West Lothian Council. At the time of the inspection West Lothian Council were undertaking a review of their residential services.

Torcroft is situated in a residential area in Whitburn, close to local amenities and public transport routes.

The conditions of registration are as follows;-

Service to be provided: Care Home service for a maximum of six children and young people.

The service will be provided at Torcroft, Raeburn Crescent, Whitburn, EH47 8HQ.

Any temporary accommodation for children in excess of the stipulated number of places must be notified to the Care Inspectorate and follow the Care Inspectorate's stated policy on emergency relaxation of conditions on numbers.

At the time of the inspection there were three young people staying at Torcroft,

At the time of the inspection the registered manager was absent and an interim manager had taken responsibility for the service.

We also spoke with the group manager during the inspection, and gave feedback to the group manager and interim manager.

What people told us

We met informally with two young people during the inspection. One of the young people showed us their room. We observed their interactions with the adults caring for them throughout our inspection. Both young people told us they were looking forward to having new beds (these were planned for purchase in the near future) and then decorating their rooms. There were plans for them to choose wallpaper, paint colours and soft furnishings. Both commented they did not like the staff changes and not seeing staff who were important to them. They also both commented that they liked the chef and the meals that were prepared for them. One of the young people commented that they would much prefer to stay in one of West Lothian Council's other premises.

We spoke with one advocacy support worker and one placing social worker as part of the inspection. Both raised concerns about the lack of consistent staffing and access to keyworkers for the young people, and the lack of a current care plan for one of the young people.

We discuss these issues in the body of the report.

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

2 - Weak

During our visits we saw that the young people had positive relationships with some of the adults caring for them. Due to the current circumstances, there had been many changes in the staff team and the young people had found this unsettling. One young person was actively seeking to change keyworker and another had no contact with their keyworker due to their being deployed elsewhere. We were aware of the negative impact for the young people as a result, and the difficulty they experienced in passing on their views. We noted this at our last inspection and identified an area for improvement which is repeated here.(see area for improvement 1) However, young people were relaxed and confident towards staff during our visits, shared jokes and spoke of shared experiences.

Children/young people were treated with respect in all their interactions with adults, and were encouraged to treat each other with respect. Adults set an example for the children/young people to follow, in the way they spoke with each other and towards the children/young people. Children/young people had some opportunities to express their wishes and choices in their day to day arrangements, for example in planning activities and discussing holidays. However, these were sometimes limited by whether there were staff available to support them. We saw that this led to frustrations for young people during our inspection. While we saw that the adults caring for the children/young people established clear daily routines, they needed to provide more structure for those who were not engaged in education. To do this, the service needed to fully identify the needs of each child/young person, and complete an assessment of the staffing levels required to meet these needs, taking account of changing circumstances such as appointments, school attendance, family meetings or contact including travel. We made a requirement about this at our last inspection and while there had been some progress in some aspects of the requirement it was not met fully and we repeat it here.(see requirement 1)

Information about the service was available to let young people know about the service when they arrived. However this was not up to date and needed to be reviewed. The process for admissions was due to be reviewed by the Provider. They intended to find ways to minimise the disruption to the current group of young people from emergency short term placements. These placements also meant that there was little opportunity to identify the needs of the new young person and assess the skills, experience and staff numbers necessary to meet the needs of all the young people safely so that living at Torcroft was a positive experience for all. (see area for improvement 1 and requirement 1 below)

Children/young people had well balanced, healthy meals prepared on the premises by a dedicated chef. They told us he knew their likes and dislikes and created meals to suit their preferences. They were supported to become involved in food preparation and learning how to cook. This helped them to learn about food and nutrition, and through their relationships with the chef young people were encouraged to join in meal times.

Both of the young people we spoke with had independent support and advocacy through Who Cares, which helped to ensure that they had a means to have their views heard. One young person did not have a current care plan which meant that their views could not directly influence planning for their care (we will discuss this further in the section 'How well is our care and support planned?')

Young people were supported to keep in touch with family and friends, where appropriate, and had opportunities to visit and stay overnight. Staff had been given training in Child Protection and knew what they should do if they had concerns about a young person's wellbeing. They had access to training on Child Sexual Exploitation via online courses. Since our last inspection most staff had taken part in training on Trauma Informed Practice so that they had a better understanding of the impact of early childhood experiences on the behaviour of the young people they were caring for. However, there was scope for improvement in being more proactive in keeping young people safe both emotionally and physically, linking with other agencies where appropriate.

Children/young people were registered with local health service and referred for specialist healthcare where necessary. Staff were aware of young people's fluctuating moods and were sensitive to particular issues for some young people, providing reassurance.

At our last inspection we made a requirement about the need for more effective systems to be in place for the management of medication. Since then a member of staff had been identified to take responsibility for medication. They carried out audits so that any issues could be identified and action taken to rectify these. Medication training was provided online and all staff were expected to complete this. In further developing the systems the manager planned to review and update the medication policy, including procedures for the disposal of medication. We heard during feedback that updated medication policies and procedures had been drawn up by the provider. In addition, the manager needed to ensure that audits were routinely carried out and recorded. We will monitor progress on these issues at our next inspection.

Requirements

1. In order to ensure that the service provides sufficient staff on each shift to meet the needs of each child/young person, by 1st August 2021 the Provider must:-
 - a) Keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual.
 - b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.
 - c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it. This is in order to comply with SSI (2011) 210 -4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users.

It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15) and in order to fully support the young people's human rights to ensure that children and young people can access resources such as Educational Psychologists which state "I am assessed by a qualified person, who involves other people and professionals as required." (HSCS 1.13)

Areas for improvement

1. 1. In order to ensure that children/young people have continuity of care, and clarity about who will be looking after them, the manager and provider should establish a consistent staff team providing opportunities to enhance positive relationships between young people and the adults caring for them. This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support." (HSCS 3.11) and "My care and support is consistent and stable because people work well together." (HSCS 3.19)

How good is our leadership?

3 - Adequate

There were some systems in place to monitor quality of the service provided. There had been a recent change of group manager. The new group (external) manager visited the service and provided an overview. While the manager and assistant manager were absent, an interim manager had taken up position, however they had also been absent for a period prior to the inspection. Staff we spoke with confirmed that the last year had been difficult for the team. However they felt that management support was now in place but as the service was under review this was a source of additional anxiety for them. Some quality assurance systems were not as effective as they could be at the time of the inspection. We acknowledged that the service was in a period of transition, which had made an impact on staff morale. This, combined with staff shortages due to illness, and restrictions due to Covid - 19, had resulted in staff having limited time for planning or time to reflect on issues and their practice. Self evaluation using bench marking was under developed, and the extent to which self evaluation led to improvement planning and improved outcomes in service delivery was not evident. While we acknowledge that the current circumstances, in addition to the global pandemic, had caused disruption to the service, the pace of change to implement improvements needed to increase so that the quality of the service improved sooner.

The manager had drawn up revised aims and objectives for the service. These now needed to be shared and embedded in the culture so that the staff team were aware of the ethos and used this to inform their practice.

When we looked at records we found that there were incidents which we would have expected to be notified to the Care Inspectorate. It was evident that significant events in young people's lives, which had potentially detrimental effects, had not been recorded as incidents. In accordance with legislation, a provider must record and notify the Care Inspectorate of all accidents, incidents or injuries to a person using a care service. We made a requirement about this at our previous inspection. We discussed this with the manager and since that time notifications to the Care Inspectorate have increased. We advised that in order to learn from incidents and look at ways to prevent recurrence, an effective system of analysis and overview was needed. This would also help identify any trends or patterns which could help minimise their occurrence through taking proactive actions. We will continue to monitor progress on this at our next inspection. In addition, a system of debrief should be implemented following all incidents, allowing for the staff involved

to reflect on their practice. (See area for improvement 1)

At our last inspection we found that staff supervision had not been taking place and we made a requirement about this. The manager confirmed that the staff team had been given supervision and there were plans to introduce group supervision. However, due to circumstances supervision was not as frequent as planned. As the service was going through a period of change, supervision could form an integral part of support for change management and provide opportunities for the staff team to discuss anxieties and clarify future roles and responsibilities, as well as identifying training needs and a means for evaluating their practice. We will continue to monitor progress on this at our next inspection.

Areas for improvement

1. In order to ensure that care is provided safely and best practice is followed, an effective system of debrief should be implemented following all incidents. In doing this, a system of overview and analysis must be in place so that any trends or staff training needs can be identified and staff have opportunities to reflect on their practice.

This is in order to ensure that care and support is consistent with Health and Social Care Standards 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

Members of the staff team we spoke with showed a strong commitment to the wellbeing of the young people they cared for. They were motivated towards providing high quality care. However, due to the extended period of uncertainty, transition, the global pandemic and staff turnover, staff morale was low. Some staff were employed temporarily and were unsure whether they would continue to be employed. They confirmed that once the service review was concluded and the future was clearer they would have less anxiety about the service.

Staff confirmed that there had been very little training and professional development since our last inspection but recently they had attended training on Trauma Informed Practice. The manager had established links with the Promise Lead Officer in the local authority. Through this they hoped to look at how the service could embed The Promise into their practice. The provider and manager need 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.

The Provider used safer recruitment practices for the employment of new staff. The manager was sent confirmation of new staff's suitability before they took up their post. They had systems in place to confirm PVG (protection of vulnerable groups) checks and recheck these routinely. Staff were appropriately registered with the SSSC and there was a system in place to make sure that registrations were renewed as necessary.

Staff meetings had not been held in the months prior to the inspection but had recently been restarted. In order to support the staff team through the period of transition, the management team should ensure that staff meetings continued to be held and were further developed to allow staff to reflect on their practice and embed the service agreed aims and ethos.

How good is our setting?**3 - Adequate**

The manager confirmed that as the premises were in need of redecoration, plans were in place for this to go ahead. The house and garden appeared to be in need of this and we welcomed the plans. The young people were in the process of choosing paint, wallpaper and soft furnishings for their rooms, and were due to be provided with new beds. Young people were encouraged to take care of their bedrooms and possessions, and take some responsibility for keeping them clean and tidy. Some of the bedrooms had ensuite bathrooms, and others shared bathroom facilities however as there were fewer young people resident at the time of the inspection, this meant less young people needed to share.

Systems were in place to carry out fire safety checks, Legionella checks, PAT (portable appliance testing) tests for electrical equipment, games consoles and appliances. Routine repairs and maintenance were carried out through the local authority, and vehicles were kept roadworthy.

Staff we spoke with confirmed that they had access to suitable Personal Protective Equipment (PPE) and cleaning materials to ensure that preventative measures were in place to minimise possible Covid -19 infection.

The chef carried out checks on fridge and freezer temperatures and followed Food Safety practices.

How well is our care and support planned?**2 - Weak**

Care plans were in place for two of the young people. However one young person had a care plan from a previous stay in the 'sister' service and despite having returned to the service more than two months before the inspection, no new plan had been drawn up. This meant that they had no opportunity to influence how their care was provided, and as their keyworker was deployed elsewhere, no means to have their views recorded. (see requirement 1 below)

There was evidence the other two care plans were reviewed regularly and updated following changes in circumstances and needs. They linked with useful chronologies which were compiled for each child/young person, outlining significant events and dates/anniversaries in children/young people's lives. Children/young people's strengths and potential were acknowledged in their care plans, which meant that they could inform staff practice and approach through staff knowing what was in the plans.

Requirements

1. The Provider should ensure that the system for assessment, planning and review is fully implemented for all children and young people in order to meet their needs and provide positive outcomes. This should include :

- (1) Ensuring that essential information is provided to develop an outcome focused initial personal plan
- (2) Ensuring that plans accurately reflect all identified needs and assessment outcomes

(3) Comprehensively review and record progress against agreed outcomes and actions (using SMART targets) at all reviews (or equivalent) including the effectiveness of interventions
This is to ensure that care And support is consistent with Health and Social care Standards , which state that "My personal plan (sometimes referred to as 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) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14)
And in order to comply with SSI 2011/210 – a regulation that" Subject to paragraph (3) a provider must, after consultation with each service user and,
where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met.

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

Requirements

Requirement 1

1. In order to ensure that children and young people have the education they need and are entitled to, and are not disadvantaged through the lack of education, the provider must put in place arrangements for appropriate education for each young person.
To do this, a thorough assessment of each young person's needs and abilities must be carried out by 20 January 2020 and arrangements made for education accordingly.
This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "My human rights are protected and promoted and I experience no discrimination" (Health and Social Care Standards 1.2) and "I am supported to achieve my potential in education and employment if this is right for me" (Health and Social Care Standard 1.27). It is also necessary in order to comply with Regulation 4 (1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 20 November 2019.

Action taken on previous requirement

Action taken Meetings with education staff had been set up 4 weekly, in order to discuss and plan young people's access to education. The manager confirmed that these had been beneficial and had resulted in better links, which in turn had helped in ensuring young people had access to education. The meetings had ceased during Covid-19 lockdown, but had very recently restarted and it was planned for these to continue regularly.

Met - within timescales

Requirement 2

2. In order to ensure that the service provides sufficient staff on each shift to meet the needs of each child/young person, by 20th January 2020, the Provider must:-

a) Keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care.

Record this in each care plan as this will inform the direct care hours for the individual.

b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of

the building, staff training and staff supervision needs.

c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

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

It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15) and in order to fully support the young people's human rights to ensure that children and young people can access resources such as Educational Psychologists which state "I am assessed by a qualified person, who involves other people and professionals as required." (HSCS 1.13)

This requirement was made on 20 November 2019.

Action taken on previous requirement

From care plans could see that assessments of need were carried out against GIRFEC indicators. Did not see direct correlation between this and assessed staffing levels. There was evidence that some of the current group of young people had been accessing education/college at some times recently, however there was no plan for one young person who was not attending school and no evidence of alternative strategies being sought..

Not met

Requirement 3

In order to ensure that medication systems were safe and used effectively, the Provider must review practice and quality assurance systems, taking account of best practice guidance.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24) and "I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11) and

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

This requirement was made on 20 November 2019.

Action taken on previous requirement

The manager confirmed that medication training had been provided online for staff. One member of staff had been identified to oversee medication and carry out audits. The manager advised that from doing this, issues had been identified and addressed. It was agreed that the system needed to be further developed to include routine audits which were recorded, The policies for medicines and disposal of medicines also needed to be updated to reflect current best practice.

Met - within timescales

Requirement 4

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 January 20th 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 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)

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

(c) a requirement to ensure that persons employed in the provision of the care service receive-

(i) training appropriate to the work they are to perform;

and

(ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

and

In order to comply with the Scottish Social Services Council 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)

This requirement was made on 20 November 2019.

Action taken on previous requirement

Staff confirmed that they had been offered some training recently, via online training resources. They agreed that training had not been available previously and while Covid -19 restrictions were in place. Staff meetings had recently been reintroduced and there were plans to make use of these to provide group discussions around specific themes to support staff training. Training had been provided on Child Sexual Exploitation and Trauma Informed Practice and further training sessions were planned. While there was some improvement the Provider needed to build on this and ensure that training continued to be prioritised.

Met - within timescales

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

We advised that each child/young person should be cared for in a way which offered skills and strategies to assist them in better understanding; coping with; and processing emotions and memories tied to experiences from early childhood. In doing this they should be enabled to create a healthier and more adaptive meaning of the experience that took place.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that "I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect." (HSCS1.29)

This area for improvement was made on 20 November 2019.

Action taken since then

Staff confirmed that they had been offered some training recently, via online training resources. They agreed that training had not been available previously and while Covid -19 restrictions were in place. Staff meetings had recently been reintroduced and there were plans to make use of these to provide group discussions around specific themes to support staff training. Training had been provided on Child Sexual Exploitation and Trauma Informed Practice and further training sessions were planned. While there was some improvement the Provider needed to build on this and ensure that training continued to be prioritised.

Previous area for improvement 2

. In order to ensure that children/young people have continuity of care, and clarity about who will be looking after them, the manager and provider should establish a consistent staff team providing opportunities to enhance positive relationships between young people and the adults caring for them.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I know who provides my care and support on a day to day basis and what they are expected to do.

If possible, I can have a say on who provides my care and support."(HSCS 3.11) and "My care and support is consistent and stable because people work well together." (HSCS 3.19)

This area for improvement was made on 20 November 2019.

Action taken since then

There had been many changes within the staff team as a result of closures of other services, Covid -19 pandemic, illnesses/isolations and staff turnover. It was evident that these factors had been significant in preventing continuity of care. The manager confirmed that they were now aiming to provide a more consistent staff team.

Previous area for improvement 3

The Care Inspectorate had not been notified of any incidents, accidents or missing young people for the last year.

When we looked at the service's records of incidents, it was evident that 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 and 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 area for improvement was made on 20 November 2019.

Action taken since then

: When we carried out an inspection visit, we noted that there were many more occasions when incidents were recorded which we would have expected be notified of, than had been the case. We highlighted this to the manager and since then have received notifications appropriately. The service should continue to inform the Care Inspectorate in accordance with legislation.

Previous area for improvement 4

As we have discussed, it was evident that the service was going through a period of transition. We advised that they should use this opportunity to draw up a statement of aims and functions, and following this a dynamic improvement plan based on self evaluation and quality assurance processes.

This is to ensure that care and support is consistent with Health and Social Care Standards 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 area for improvement was made on 20 November 2019.

Action taken since then

The service continued to be in a period of transition. The manager had completed a statement of aims and functions and shared this with The Care Inspectorate. The Provider was in the process of reviewing their residential services and the outcome of the review was likely to have an impact on the provision of the service, as well as the processes in place for self evaluation and quality assurance. We will continue to monitor progress on this.

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?	2 - Weak
1.1 Children and young people experience compassion, dignity and respect	3 - Adequate
1.2 Children and young people get the most out of life	2 - Weak
1.3 Children and young people's health benefits from their care and support they experience	3 - Adequate

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?	3 - Adequate
4.3 Children and young people can be connected with and involved in the wider community	3 - Adequate

How well is our care planned?	2 - Weak
5.1 Assessment and care planning reflects children and young people's needs and wishes	2 - Weak

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