

Main House Care Home Service

Bathgate

Type of inspection:
Announced (short notice)

Completed on:
9 September 2021

Service provided by:
Moore House School Ltd

Service provider number:
SP2003002628

Service no:
CS2016349373

About the service

Moore House Care and Education is an independent organisation that provides child care and education services for children and young people who have additional support needs because of the social, emotional, and behavioural challenges they face. They provide care in a number of settings, as well as education on the campus at Bathgate.

Main House is registered to provide a care service to a maximum of five young people, aged between 15 and 20 years, for the purpose of continuing care for young people accommodated within the organisation. The organisation states: "Our main function is to provide therapeutic care, support, and direction to young people during their life journey into adulthood whose needs cannot be met within a family setting or their own tenancy. The emphasis of our work is on providing a safe, nurturing, and therapeutic environment for young people who have experienced adversities in childhood, supporting them to gain confidence, experiences, and skills required to become independent young adults".

Main House is situated in a residential area in Bathgate, set within spacious grounds. It is provided in a traditionally built large house. Main House is close to local shops, amenities, and convenient public transport routes.

Upstairs, each young person has a large study bedroom, decorated to their individual taste, and access to four bath/shower rooms which are exclusively for young people. There is a shared living room and games room, as well as kitchen and dining room, laundry room, and office on the ground floor.

At the time of the inspection there were four young people living in Main House; one aged 20, one aged 17, and two aged 18.

This service has been registered since 10 November 2017.

It should be noted that this inspection took place during the Covid- 19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances.

What people told us

We met individually with one young person during the inspection, and had some limited observation between other young people and the adults caring for them during the inspection. We spoke with the relative of one young person by telephone as part of the inspection.

The young person we spoke with had mixed views of staying at Main House and we highlighted some of these to the managers during our feedback. Their comments included their perception that they had not felt encouraged to invest in building relationships with the adults caring for them as the high staff turnover meant that they would just be leaving anyway. They were very happy with their room, and felt it was a definite positive from their stay : -"My room is really beautiful and there is tons of space." They were very positive about the support they had from other young people who were currently staying in Main House but felt that at times there had been young people placed there who had struggled and would have been better placed elsewhere.

The young person's relative we spoke with was very positive about the support they had been given by all the staff at Main House. They felt they could phone at any time and after speaking with staff would "feel a weight lift off my shoulders" as the staff understood their concerns and could offer practical advice as well as a listening ear.

They told us that "staff have been really supportive, offering help and practical guidance. They have been truly fantastic."

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

4 - Good

From discussions with staff and from records we looked at, we found that mostly positive relationships had been built up between young people and the adults caring for them. Adults spoke about young people with affection and showed respect, acknowledging the progress made by young people. This could be further enhanced by sustaining a consistent, skilled staff team. (We will discuss this further in Quality indicator 3.3) We saw that staff endeavoured to protect young people's dignity and confidentiality in their day to day interactions and in the records they made. Staff worked with other agencies to provide advocacy for the young people if they wished, and helped young people understand their rights. They tried to ensure that information was provided to the young people in a way that they could best understand, in accordance with their individual needs.

We heard about actions which had been taken to address issues raised by young people, such as the removal of institutional materials in the communal spaces, and changing the way that visitors accessed the premises. The service could further develop this progress through introducing a wider variety of ways for young people to participate, taking account of their age and stage of development.

We saw that young people were offered and supported in making positive choices. Staff were aware of young people's individual needs and abilities and offered choices to suit these. Young people were encouraged and supported to keep in touch with family, friends and people that were important to them. The service planned explore funding via the Promise Partnership to further develop this area.

Staff offered a wide range of activities for the young people. Some of the young people took advantage of the offers. We saw that this included singing and dancing, Duke of Edinburgh award, outdoor activities and holidays of their choice. They compiled memory books for the young people to take with them when they moved on from Main House. We found that there was a culture in place where success and effort was recognised and marked. Successes included awards such as Duke of Edinburgh, college placements and employment which had been made especially difficult due to the recent Covid - 19 restrictions. With staff support, some of the young people developed a range of skills which would help them in living independently and gaining employment. These included joinery, driving lessons and some cooking and budgeting.

When some past concerns regarding child protection were identified the service took appropriate action. A programme of child protection training was in place for staff so that they knew what they should do if they had any concerns.

The service had a stated ethos of building positive relationships through which to support young people. Due to staff turnover some of these relationships were stronger than others. Staff had worked hard to build on relationships with family members to assist young people's relationships with their families. Through identifying the impact of past trauma on young people's behaviour, staff had some understanding about the challenges the young people faced and the impact on their development and understanding. Staff demonstrated a caring attitude towards the young people and clearly knew them well. Staff had been given training to help them use strategies to reduce anxiety and agitation for young people, and calm situations. We saw evidence that young people were offered appropriate support to help them when they had suffered loss and staff were aware of the impact this would have for the young people.

When changes were planned for young people staff provided information and support appropriately. The service now needed to build on this progress to further develop staff skills in this area. We suggested that the staff team could benefit from support and consultation from their Psychological Services Intervention (PSI) team colleagues in developing therapeutic practice. (see Area for Improvement 1)

Young people were encouraged to develop healthy lifestyles. This included encouraging healthy diets. Fresh fruit was always available and they were encouraged to benefit from the social aspects of sharing meals together, although some chose not to take up the opportunity. Some of the young people were supported to develop meal plans and budget for these. Due to young people's choices their uptake of the support offered was limited. They were provided with useful information regarding drug and alcohol use, which had resulted in some reduction in their drug use. We found however, that all of the young people smoked tobacco and while there had been some information given to the young people about smoking cessation, they had not taken up the offer of support to stop smoking. We advised this was an area the service could continue to work on to ensure that their commitment to being a 'non smoking campus' was embedded throughout. We heard about the service's previous engagement with Lothian Health in a project looking at smoking in care services, and hypnotherapy offered to the staff team to help them stop smoking. We followed up on a requirement we made about this at our last inspection. While we could see that some work had been carried out to meet this requirement, it was evident that more could be done in this and we will repeat the requirement here. (see requirement 1)

Systems were in place for the effective management of medication. These were regularly audited so that any errors or inaccuracies could be identified. There were few medication records due to young people keeping good health and having little need for medication, however we were satisfied that the systems in place would be effective.

Requirements

1. To improve the health of young people the service must ensure it is doing all it can to encourage young people to stop smoking. This will involve the development of a coherent cessation plan and require the commitment of all staff. We will consider the implementation and impact of this plan at the next inspection.

This requirement is made to ensure that the service meets the expectation of Health and Social Care Standards (HSCS), which state that 'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.' (HSCS 1.28).

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland

(Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas 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. Staff would benefit from opportunities to reflect on their practice in order to help them continue to learn and develop best practice

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)

How good is our leadership?

4 - Good

Since the previous inspection, there had been several changes in the management arrangements. An interim manager had been in post after the previous manager had left, and the current manager had been in post just over a year. We acknowledged that this had led to disruption for the young people and the staff team, and had an impact on the progress made since our last inspection.

Since that inspection the service had developed an improvement plan which incorporated their revised aims and objectives. Areas in the plan which the management identified as achieved were highlighted in green. However we found that this was aspirational rather than the reality and it was not evident that all these areas had in fact been completed. For example:- 6 monthly appraisals had not been carried out and team meetings were not actually held monthly as their frequency was less regular. Young people's meeting were not held every two weeks. While we could see that there had been reasons for these we advised that the service should only indicate areas as being achieved once they had actually been actioned. (See area for improvement)

Staff took responsibility for areas of quality assurance such as environmental audits, first aid supply audits; case file auditing ,medicine checks and legionella checks. The service had identified that this needed to be further developed so that the checks were still carried out if the member of staff responsible was not there when they were due to be carried out. In addition, they need to build on the quality of auditing to ensure that these include timescales and confirmation when achieved.

We suggested that the staff team work with the Director for the Environment to agree a shared understanding of the standards required to maintain a high quality environment throughout the premises. They could also discuss this as an agenda item at team meetings

While we acknowledged to difficulties presented by the global pandemic of Covid - 19 and the several changes of manager, the Provider now needed to support an increased rate of change, build on the progress made and show this can be sustained. (see area for improvement)

There had been a change in the external manager arrangements since our last inspection. The current external manager had a visible presence within the service and was known to all the young people. They were accessible on a regular basis to both the staff team and the young people, providing support to the manager. The manager and external manager were aware of the areas where improvements could be made. Young people used informal systems effectively to pass on their views and suggestions. We saw examples of where these were acted upon.

Areas for improvement

1. The service should further develop their systems for self evaluation against best practice examples, benchmarking against appropriate frameworks.

This area for improvement is identified to ensure that the service meets the expectation of 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?

4 - Good

A system had been developed to consider, on a monthly basis, young peoples' needs and circumstances alongside staff skills, training and experience. They used assessment information for individual young people to identify how many staff were needed to meet their needs, taking account of staff experience. During our inspection there were fewer young people present in the service and they were engaged in independent activities so were not in a position to assess whether the system was effective. We were told that using the system meant that there were enough staff on each shift to provide safe care for the young people, however we also heard from staff that there had been staff shortages. As we were not shown the rotas during the inspection we could not verify this information.

Since the last inspection a more consistent staff team had been established with fewer changes, and regular relief staff were employed to cover absences. They had introduced a system of mentoring, so that more experienced staff would work with newer staff to help them develop their skills. This was in the early stages of introduction and we will monitor progress on this at our next inspection. The staff team was now composed of a mix of older and younger staff, male and female staff, and those who were more experienced as well as those who were newer to care profession.

In the interactions we observed during the inspection, staff were warm and friendly towards the young people and tried to set a homely atmosphere. While it was clear that there were positive relationships between staff and the young people, the service had identified that this could be enhanced through increased contact between them. One young person commented that staff sat in the office with the door closed all the time. This indicated that, while this was only one young person's perception, this was how they experienced living in Main House and we agreed that the service could do more to promote more direct contact between young people and the adults caring for them.

Most staff appeared happy in their work and felt well supported. We acknowledged that there had been many changes for the staff team. We advised that in supporting change management the service prioritised their programme for one to one support, supervision and appraisal. In addition, through ensuring that regular staff meetings took place, where staff could be encouraged to reflect on their practice, the service could build a staff team providing good quality, consistent care for the young people. This should link with the service's staff training plan. We advised that the quality of supervision and staff meetings could be worked on so that staff were supported in their professional development, became confident in sharing good practice and accepting where they could continue to improve. We heard about the Provider's plans to implement a revised supervision format in the near future. **See area for improvement**

The provider and manager needed to implement a programme of staff training, fully 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. The organisation aimed for all staff to have training in Dynamic Development and Practice (or Psychotherapy) (DDP). This is a psychotherapeutic treatment method for families which have children with symptoms of emotional disorders, including complex trauma and disorders of attachment. Most staff had benefitted from the introduction to DDP and had attended level one training. The service now needed to take the next step so that the staff team achieved a higher level of skills in this area.

The provider organisation used safer recruitment practices for the employment of new staff. They had systems in place to confirm PVG (Protection of Vulnerable Groups) checks and recheck these routinely. Staff were also appropriately registered with the SSSC (Scottish Social Services Council), and there was a system in place to make sure registrations were renewed as necessary.

1. In order that high quality care is provided and staff become consistently skilled and competent, the service should support staff in their professional development through an effective , high quality programme of supervision, appraisal and staff meetings. Through doing this staff should be encouraged and enable to develop their practice using best practice guidance and in consultation with others who are experienced in DDP. They should be encouraged and enabled to reflect on their practice.

This is in order to ensure that care and support is consistent with 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 and organisational codes. (HSCS 3.14)

How good is our setting?

4 - Good

This key question was assessed in the context of the global pandemic of COVID-19 and the associated regional restrictions. We also acknowledged that due to the age and stage of development of the young people, they were engaged mainly in individual activities with their friends or relatives and less likely to be involved in the local community.

In the limited interactions which we observed during our inspection, staff modelled the example of respectful behaviour towards the young people. We saw that there was a focus on carrying out family work and linking with other services and professionals who may be in a position to provide support for the young people who were moving on from the service. We advised that the service could do more to encourage young people's involvement and strengthen community links, developing support networks and throughcare links . Young people took up college placements and work experience placements . We saw that the service had systems in place to make sure the premises were safe and suggested that they could consider using the environment more effectively to encourage more effective interactions with young people.

How well is our care and support planned?

4 - Good

We saw that there was an effective system of assessment of young people's needs in place. This informed the development of care plans. For example, through identifying previous trauma and the consequent impact on the young person's development and behaviour. There were regular multiagency meetings to update care plans (known as Young Adult Development Meetings or YADMs), which took account of the views of professionals involved and set targets with timescales. Each young person's progress against the GIRFEC (Getting It Right For Every Child) wellbeing indicators was identified and recorded. While there were examples of plans made around the young person, this could be further developed so that all young people felt ownership of their plans. Plans were written in plain language so that they were more accessible for young people. However we suggested that the service gives consideration to the way that the scoring against GIRFEC wellbeing indicators is discussed to be sure it reflects positive progress. In addition, the service could further develop ways to capture the views of the young people, showing how they have been involved and how decisions will be shared with them.

We could see that keyworkers met with young people when the opportunity arose, given the young people's independent lifestyles. The way that this was recorded could be developed to show the impact of the work carried out in the sessions and the next steps identified. We heard during feedback that this was an area the Provider had identified for action throughout all their services.

All About Me forms and Behaviour Support Plans had been drawn up to summarise the plans. These were informative and effective in guiding staff about what was needed from them in supporting young people. The individual young person had input in deciding which information was important for staff to know, in order to best help them.

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

Requirements

Requirement 1

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This requirement was made on 17 September 2019.

Action taken on previous requirement

We discussed this in the body of the report. While there had been strategies implemented to reduce smoking, these had been affected by Covid - 19 restrictions which meant that young people could not leave the campus. All of the young people living in Main House smoked and their perception was that staff also smoked on the premises. There was a smell of cigarette smoke in the premises.

Not met

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

To ensure that young people experience the nurturing care the service aspires to provide the provider should ensure that all staff are supported to communicate in a way which is consistently respectful, compassionate and understanding. This should also be evident in the records the service keeps about incidents.

This area for improvement is identified to ensure that the service meets the expectation of Health and Social Care Standards (HSCS), which state that 'I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.' (HSCS 1.1), 'I am supported to be emotionally resilient, have a strong sense of my own identity and address any experiences of trauma or neglect.' (HSCS 1.29) and 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8)

This area for improvement was made on 17 September 2019.

Action taken since then

We looked at records of daily contact, keytimes, meetings and incidents. We found that staff were respectful in the way they made these recordings. While some of the staff were less experienced and the managers agreed the quality of some recordings could be improved, there had been progress made towards addressing the issues raised at the previous inspection.

Previous area for improvement 2

To build on some recent progress the service should consider how it systematically evaluates its work. Self evaluation must include consultation with young people and others with an interest, and the development of a coherent improvement plan. This plan should include areas for improvement identified at this inspection.

This area for improvement is identified to ensure that the service meets the expectation of 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).

This area for improvement was made on 17 September 2019.

Action taken since then

We discussed this in the body of the report - there had been some progress made and an improvement plan had been created. However there was little evidence of the service benchmarking their service delivery against best practice indicators in self evaluation, and reflecting accurately where progress had been made and improvements achieved.

Previous area for improvement 3

To ensure that young people experience predictable and stable care, the service must do all it can to have the right number of staff to meet the needs of young people whilst minimising the number of adults involved in their care. The service should also consider what else it does to minimise the use of physical restraint.

This area for improvement is identified to ensure that the service meets the expectation of Health and Social Care Standards (HSCS), which state that 'My needs are met by the right number of people.' (HSCS 3.15) and 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

This area for improvement was made on 17 September 2019.

Action taken since then

We saw that the service had implemented a system of assessment of young people's needs and linked this to a staffing assessment. However we were not shown rotas which could have verified actual staff numbers. The young people currently living in Main House led mainly independent lifestyles requiring less staff input. However the service still needed to ensure that they had sufficient staff on each shift to meet the changing circumstances of the resident group and we will continue to monitor progress on this at our next inspection.

Previous area for improvement 4

To ensure that young people are safe in the local community the service should consider how it works together with others to address ongoing concerns. Any new service improvement plan should include a focus on safety in the community, minimising risk to individual young people and the impact this has on the service.

This area for improvement is identified to ensure that the service meets the expectation of Health and Social Care Standards (HSCS), which state that 'I am helped to feel safe and secure in my local community.' (HSCS 3.25).

This area for improvement was made on 17 September 2019.

Action taken since then

Due to the restrictions of Covid - 19 the involvement of young people in the local community had been severely limited. There were also some reasons which meant that their involvement needed to be discouraged. However the staff had linked with support groups, local colleges, local police and drug and alcohol services in order to build up community links.

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	4 - Good
1.2 Children and young people get the most out of life	4 - Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.3 Children and young people can be connected with and involved in the wider community	4 - Good
How well is our care planned?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good

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