

# Gate House Care Home Service

Bathgate

**Type of inspection:**  
Unannounced

**Completed on:**  
4 May 2022

**Service provided by:**  
Moore House School Ltd

**Service provider number:**  
SP2003002628

**Service no:**  
CS2017354207

## About the service

Gate House is a care home service for up to four children and young people. Conditions of registration allow the service to provide care for children aged between five and 15 years until 28 February 2023, at which point they will revert to the usual age range of eight to 18. The service is provided by Moore House School Ltd, which has a total of eight registered care home services in West Lothian, Fife and Perth and Kinross.

The house is located in an urban area of West Lothian, close to bus routes and a range of local amenities. It is a single storey property with four single bedrooms for children, two bathrooms, a sitting room, playroom and dining kitchen. There is also a small courtyard and garden area and children have occasional use of other outdoor areas in the wider grounds.

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

## About the inspection

This was an unannounced inspection which took place over three days from 14 April 2022, with two visits extending into the early evening. Two inspectors carried out the inspection. To prepare for it we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation, we:

- spoke briefly with three children
- spoke with a parent
- spoke with staff and managers
- spoke with an external professional
- observed practice, the environment and daily life
- reviewed documents.

## Key messages

- Managers need to provide a more consistent, stable team of staff with the right skills and training to enable them to form positive, trusting relationships with children.
- Children had not experienced consistent care, limits and routines from an early enough stage, which contributed to a prolonged period of distressed behaviours.
- Staff had on occasion used restrictive practices without agreement and had not recorded them to allow opportunities for reflection and external management oversight.
- A core group of staff had showed commitment and motivation in difficult circumstances.
- The environment in the house required significant improvement.
- Management arrangements had not been stable and effective enough, particularly in the crucial initial stage following children's arrival.
- Self-evaluation and quality assurances processes had not consistently resulted in improvements to service delivery and children's experiences and outcomes.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

|  |          |
|--|----------|
| How well do we support children and young people's rights and wellbeing? | 2 - Weak |
|--|----------|

Further details on the particular areas inspected are provided at the end of this report.

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

### 2 - Weak

We made an overall evaluation of **weak** for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We concluded that managers had underestimated children's needs and should improve the quality of assessment before accepting children. **(See area for improvement 1)** The service should also have established from an earlier stage the foundation for physical safety and emotional containment that is necessary for a trauma-informed approach. This is likely to have contributed to a more prolonged period of distressed and harmful behaviours and use of physical restraint. Nevertheless, staff were alert to concerns about children's welfare and brought them to the attention of managers, who liaised with the local authority about protective action.

When restraints occurred, they usually involved staff using agreed techniques, following which they provided emotional support and repaired connections with children. However, staff had also used a form of restrictive practice that had not been risk assessed and agreed or recorded. This was very concerning and we brought it to the managers' attention: they began an investigation and assured us that this practice is no longer in use. On occasions, clearer limits and routines might also have prevented children's emotional distress becoming out of control. In addition, children had not had the benefit of a stable, predictable staff team. This had had an impact on their ability to form trusting relationships with the adults involved in their care. However, greater trust was beginning to emerge in relationships with a smaller number of 'core' staff, who showed compassion, empathy and motivation. We would therefore expect to see a reduction in potentially distressing and harmful restrictive practices. We also found some reassuring signs of improvement, for example with regards to more appropriate, nurturing bedtime routines. Staff now need to build on and embed this approach. **(See requirement 1)**

Aspects of the environment in the house fell well below an acceptable standard in most areas. We were concerned enough to issue an immediate requirement to the provider. Managers have forwarded details of how they have addressed this and we will monitor progress at future inspections. **(See requirement 2)**

Staff supported connections with parents to help promote a sense of belonging and ease the experience of separation. We would now expect the service, in agreement with the local authority, to consider how they can support other disrupted family relationships and reflect this in assessments and plans.

Staff supported children to attend primary health care appointments to ensure they remained in good health though we asked managers to raise access to dental care with appropriate professionals. Staff were alert to signs of emotional distress, provided reassurance and liaised with specialist staff. Children had opportunities for rest, play, energetic activity and fresh air though safety concerns sometimes prevented the latter from taking place. The service needs to further develop this aspect of care practice to ensure that routines and transitions throughout the day have maximum benefits. Staff should also be more proactive in planning individual work with children to build resilience and emotional wellbeing. **(See area for improvement 2)**

None of the children had been in formal education until very recently. This had compromised their potential for learning and limited access to important opportunities such as social contact with other children. The service now needs to advocate strongly with the placing authority without further delay.

Aspects of leadership needed strengthening to ensure more consistent, high-quality standards of practice and positive outcomes. The absence of the former manager at crucial periods in the early stages following the children's arrival was particularly unfortunate, though the provider had put additional management support in place. **(See area for improvement 3)**

Staffing arrangements fell significantly short and did not meet children's needs, though the provider had increased staffing numbers and taken steps to appoint staff with more appropriate skills and experience. However, the substantial number of staff involved created considerable barriers to implementing consistent care practices and development of trusting relationships and it was too early to measure impact with any confidence. **(See requirement 3)**

The service's staffing assessment was not sufficiently robust or reliable. As an important tool for determining staffing arrangements, it was therefore potentially less effective in meeting children's needs. **(See area for improvement 4)**

There were gaps in core training provision. In particular, the staff team had recognised early on the need for more staff to have corporate training in de-escalation and physical restraint. Whilst the provider had recently taken steps to fill some of these, it meant there continued to be a skills deficit in caring for these particular children. **(See requirement 4)**

Some of the service's quality assurance and monitoring processes had had limited impact. For example, periodic incident monitoring lacked analysis to help improve children's experiences. Managers should also monitor records of incidents as they occur more promptly to ensure learning is applied without delay. **(See area for improvement 5)**

Children's plans reflected all national wellbeing (SHANARRI) outcomes to support positive progress and experiences. However, they would benefit from having more specific and measurable outcomes to work towards: this would also make evaluation of progress towards agreed goals easier and more effective. There was also scope for providing specific detail about how staff should progress planned work with individual children to provide greater focus and momentum. **(See area for improvement 6)**

Managers had not consistently notified the Care Inspectorate of all significant events. **(See area for improvement 7)**

## Requirements

1. The provider must ensure that children always experience safe, therapeutic care.

To do this, the provider must at a minimum:

- a) by 16 May 2022 ensure that, where possible, staff do not use restrictive practices without risk assessment and formal agreement
- b) by 16 May 2022 ensure that all instances of restrictive practices are recorded without delay
- c) by 17 May 2022 ensure that records of restrictive practices are monitored without delay by managers, who provide opportunities for staff discussion and reflection, ensure children receive the necessary support and take any other action they deem appropriate
- d) by 23 May 2022, following discussion with staff and relevant external professionals, review incidents and develop a plan aimed at promoting a culture of positive relationships and ensuring children are not subject to physical restraint and other restrictive practices unnecessarily.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. By no later than 2 May 2022, the provider must ensure that children always experience a high quality, therapeutic and homely environment that supports them to feel nurtured and respected and to meet their potential.

To do this, the provider must, at a minimum, implement systems and assign resources that proactively ensure:

- a) the home is clean, tidy and free from odours every day, and for the duration of every day
- b) repairs, maintenance and replacement of key items and equipment occur without delay
- c) walls and other surfaces throughout the home are of a high standard, including painting and decorating
- d) all furnishings and home contents are fit for purpose in terms of children's needs, and always in good condition
- e) effective and accountable monitoring of the quality of the environment and that action is taken as appropriate.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

3. By 10 June 2022, the provider must ensure the service has stable, consistent staffing arrangements that promote the development of secure and trusting relationships for children.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My needs are met by the right number of people' (HSCS 3.15).

4. By 24 June 2022, the provider must meet children's needs by ensuring that all core staff receive appropriate training, including mandatory training.

This is to comply with Regulation 15(b)(i) (staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is 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 and organisational codes' (HSCS 3.14)

### Areas for improvement

1. In order to ensure young people have the service that is right for them, the provider should ensure that decisions about admissions are fully informed by a robust, clearly evidenced assessment and matching process.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

2. In order to meet children's need for stimulation, reassurance and feelings of safety, the provider should develop and implement plans and routines for daily life.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

3. In order to support and empower staff to deliver high quality support and therapeutic care, the provider should ensure that there is sufficient management capacity in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

4. In order to meet young people's needs, the provider should implement an effective system for assessing the staffing levels and skills that are required in all parts of the service throughout the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My needs are met by the right number of people' (HSCS 3.15).

5. To ensure continuous improvement, support effective learning and meet young people's needs, the provider should improve the effectiveness of their quality assurance processes. This should include, but not be limited to, periodic analysis of incidents.

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

6. In order that young people have the best possible outcomes and experiences, the provider should ensure that the service develops high-quality, effective plans.

This is in order to comply with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a 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)

7. To support effective external scrutiny of the service, the provider should ensure that managers submit notifications of significant events in accordance with guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This is to ensure that practice is consistent with 'Records that all registered children and young people's care services must keep and guidance on notification reporting'. (Care Inspectorate, January 2022)



## 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

In order to provide safe and consistent care, the Provider should address the issues of staff shortage as soon as possible.

This is in order to provide care consistent with the Health and Social Care Standards 3.14 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."

And 3.11 "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 in who provides my care and support."

And 3.19 "My care and support is consistent and stable because people work well together."

**This area for improvement was made on 23 December 2021.**

#### Action taken since then

The provider had continued to experience difficulties in ensuring suitable staffing arrangements that can meet children's needs. We have therefore made a relevant requirement in this report.

#### Previous area for improvement 2

In order to ensure care planning and care provided was of continued high quality, and matched the stated aims and objectives of the service, the Provider needed to ensure that aims and objectives for the service were reviewed to reflect the service currently provided. In addition, quality assurance and development plans should be in place to allow for reflection and benchmarking against best quality standards.

This area of improvement is identified to ensure that the service meets the expectation of Health and Social Care Standards (HSCS) which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS4.19)

**This area for improvement was made on 23 December 2021.**

#### Action taken since then

The provider had reviewed the service's aims and objectives. They had also developed a corporate improvement plan though the addition of timescales and identification of areas of responsibility would be helpful in maintaining momentum. Improvement planning should also be tailored to the specific needs of this service as well as corporate priorities.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

|   |          |
|---|----------|
| How well do we support children and young people's rights and wellbeing?  | 2 - Weak |
| 7.1 Children and young people are safe, feel loved and get the most out of life   | 2 - Weak |
| 7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights | 2 - Weak |

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