

Main House Care Home Service

Bathgate

Type of inspection:
Unannounced

Completed on:
25 August 2023

Service provided by:
Moore House School Ltd

Service provider number:
SP2003002628

Service no:
CS2016349373

About the service

Main House is a care home service for up to five children and young people. The house is located in the town of Bathgate, West Lothian, close to bus routes and a range of local amenities such as shops, parks and schools. The premises is a Victorian house with accommodation for young people over two storeys. It has five single bedrooms with a mixture of en-suite and shared bathrooms. There is an entrance hall, two lounges, a dining room and a kitchen. The house has a rear garden and young people also have occasional use of other outdoor areas in the wider grounds.

About the inspection

This was an unannounced inspection which took place on 15, 16 and 17 August 2023 between 12:50 and 19:00, 09:20 and 18:10 and 07:20 to 13:00. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service, we:

- reviewed survey responses from six staff
- spoke with two young people using the service and two family members
- spoke with 10 staff and managers
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Children and young people experienced care practices that provided safeguards and reduced the risk of harm and abuse. A reduction in the use of physical restraint further minimised risks.
- Young people benefitted from a nurturing culture and positive relationships with staff.
- The provider had made significant improvements to some communal areas of the house and further environmental work was planned. They had involved and listened to young people in this process.
- Whilst there were a number of new staff, a successful recruitment process meant vacancies had been filled. If these improvements can be sustained, it should mean increasing stability of care and security of relationships for young people.
- The staff team was highly motivated and felt well-led and supported by managers.
- Managers should address outstanding areas for improvement in relation to assessment of referrals for admission of young people to the service and staffing needs.
- Quality assurance and assessment and planning processes supported improvement. Further development in some areas should maximise wellbeing and service quality.

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?	4 - Good
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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?

4 - Good

We evaluated this key question as **good**, which means there were a number of important strengths which taken together, clearly outweighed areas for improvement. Strengths had a significant positive impact on young people's experiences and outcomes.

Staff identified risks to young people and put appropriate safeguards in place to minimise harm and abuse, and supported them to develop an understanding of the impact of risk-taking behaviour. They had a good understanding of their professional responsibilities and responded appropriately when concerns about young people's safety and wellbeing arose. There had been a recent reduction in the use of physical restraint, which decreased the likelihood of compromising young people's dignity and physical wellbeing. During incidents of distressed behaviour, staff provided support and reassurance and then helped young people to reflect on and learn from events. We look forward to reviewing the impact of the provider's restraint reduction project at future inspections.

Staff spent time with young people and prioritised positive and trusting relationships. These promote improved emotional wellbeing and provide a buffer during difficult times. We concluded that the care young people experienced was respectful and showed them they were valued. This was also demonstrated by the improvements made to the environment, which had created a very pleasant, welcoming and comfortable main hall and lounge. Development of the large garden was also underway. Young people had spacious rooms and plenty of space for relaxation or group activities or for seeing visitors. A clear plan with timescales for extending these positive improvements to the whole house would be a welcome next step.

Young people had access to advocacy and they were encouraged to attend meetings so they could influence decisions and experience care that better reflected their wishes and feelings. They exercised a high degree of choice in day-to-day life and had also been included in things like selection of new staff and planning décor in communal areas, and had personalised their own rooms. Providing a meaningful say in how they experience their care helps young people feel valued and that their views matter. The service should now ensure that they obtain and record young people and others' views on the use of door alarms.

Staff ensured young people received primary care and contributed to maximising health outcomes, including persevering in encouraging them to keep appointments. The specialist psychological services and interventions team played an important role in both individual work with young people in specific areas of need and in supporting staff learning. Whilst planned training was not taking place until later in the month, improvements in managing young people's medication, including regular audits, had reduced the likelihood of adverse outcomes. We offered suggestions for some additional improvements to processes but will not repeat the area for improvement in this report.

In line with their wishes, young people had support to maintain positive connections with some family members to promote a sense of belonging. Staff encouraged them to develop individual interests and take part in activities to provide stimulation, enjoyment and social contact, though for some this was just starting to be sensitively explored as they settled into Main House. School and college placements were either planned or underway so they had opportunities to develop new skills, obtain vocational qualifications and reach their potential.

Staff described being well led by managers in a supportive culture aimed at achieving positive experiences for young people. Our observations and review of relevant records attested to this. External managers provided essential oversight of practice and contributed to these improving outcomes. However, whilst we found no evidence of adverse impact on young people, we concluded that admission assessments did not readily demonstrate good quality analysis of referral information or show a clear rationale for decisions about the capacity of the service to meet their needs. Similarly, the assessment of staffing needs and arrangements had scope for further development, though staffing numbers reflected young people's needs. We will include these in an amended area for improvement. **(See area for improvement 1)**

There were a number of inexperienced new staff who were in the process of developing skills in trauma-informed care, though there was clear evidence of a nurturing approach. Staff turnover had also been relatively high, nevertheless it was positive to see that the recruitment process had been successful and all vacancies recently filled. After a period of frequent change, the manager had been in post for about 12 months and with the assistant manager had introduced a much-needed element of stability of leadership. These created the potential for greater consistency of care and security of relationships for young people, though an evaluation of sustained improvement is tentative. The staff team was motivated and enthusiastic and felt well-supported by a combination of reflective supervision, team meetings and relevant learning and development opportunities.

A range of quality assurance processes supported improvement in service performance. This included improved analysis of and learning from incidents over time. An impressive strategic development plan was underpinned by the Promise (made to care experienced young people) but the effectiveness of the Main House plan would be improved by specific actions and timescales to add momentum.

National wellbeing outcomes provided a good foundation for assessment and planning processes for young people and informing practice, outcomes and experiences, and had a number of strengths. Moving forward, staff should make sure that young people's voices are explicit in risk assessments and plans as part of an increasing focus on promoting rights and choices. The service should also maintain detailed information on young people's brothers and sisters and other key relationships. This should contribute to promoting familiarity, continuity and a sense of belonging, regardless of current plans, since these may evolve over time.

Areas for improvement

1. To ensure young people have the service that is right for them and can meet their needs, the provider must ensure that:

- (i) admission decisions are informed by a clearly evidenced and recorded assessment and matching process
- (ii) there is an effective system for assessing and recording the staffing levels, skills and deployment that are required in the service throughout the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am in the right place to experience the care and support I need and want' (HSCS 1.20) and 'My needs are met by the right number of people' (HSCS 3.15).

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 keep young people safe and to ensure their health needs are met, the provider should ensure that quality assurance of medication records is effective. Staff should receive further training in the administering and recording of medication increasing their confidence in this practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 30 March 2023.

Action taken since then

Whilst some new staff had taken part in medication training during their induction, refresher training for other members of the team had not taken place in line with the action plan submitted by the service following the last inspection, though was scheduled for later in the month. Nevertheless, management of medication in areas such as security, storage, recording and auditing had improved. Assessments of staff competence in this area of practice contributed to reducing the risk of adverse outcomes to young people's health.

Previous area for improvement 2

To ensure that young people are valued, respected and feel secure, the provider should consult with and encourage participation of young people to implement improvements to the environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishing and equipment' (HSCS 5.24)

This area for improvement was made on 30 March 2023.

Action taken since then

Following discussion with young people, the service had made significant improvements to some communal areas of the house and supported them to personalise their bedrooms.

Previous area for improvement 3

To make the best possible decisions about their capacity for meeting young people's needs, the provider should ensure that admissions processes robustly consider staffing arrangements, skills and experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19)

This area for improvement was made on 30 March 2023.

Action taken since then

The quality of assessment of the suitability of the service to meet the needs of young people being referred by local authorities was not well-evidenced in the records we reviewed, hence we will repeat the area for improvement in this report. However, there was no evidence to indicate that this had led to any negative outcomes.

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 rights and wellbeing?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
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DD1 4NY

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