

Elmbank House Care Home Service

Denny

Type of inspection:
Unannounced

Completed on:
7 November 2025

Service provided by:
FTS Care Ltd

Service provider number:
SP2009010432

Service no:
CS2009228597

About the service

Elmbank House is a service provided by FTS Care Ltd, a small private company which operates a further two children's houses in the central belt of Scotland. The house is located in the town of Denny, within the district of Falkirk in central Scotland.

It is registered to provide residential care to a maximum of four children and young people between the ages of 12 and 20 years of age. Further to a temporary variation of the service's registration, from 30 July 2024 until 31 March 2025 the service was able to be provided to a specific child who is below the age of 12 years. Falkirk Council continues to have an agreement as the sole commissioner of the service.

Due to the central location, young people can easily access local amenities and have access to good transport links. The house is spacious and decorated to a good standard. At the time of this inspection, the house was not fully occupied.

About the inspection

This was an unannounced inspection which took place between 3 November and 6 November 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this 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:

- spent time with two young people using the service
- spoke with seven members of the staff and management group (including two external service managers)
- observed practice and daily life
- reviewed documents
- spoke with three external professionals

We also considered MS Questionnaire responses from one young person, one parents/carer, four staff members and one external professional.

Key messages

- * Significant and repeated changes in management and staffing have impacted young people's sense of security and willingness to be meaningfully engaged with the service.
- * Young people have not always experienced respectful and compassionate care. We also followed up on an upheld complaint relating to this aspect of care and identified further issues of concern.
- * The current management and staff team are working hard to build positive, trusting relationships with young people.
- * The importance maintaining important relationships is recognised and supported.
- * Improvement work is underway at pace in a range of areas within the service but is in the early stages of implementation.

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?	3 - Adequate
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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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses at this time.

National guidance and good practice have been followed by the service when protection concerns have arisen and close multi-agency working acts to further ensure young people's safety and wellbeing.

Young people have access to, but are not currently involved, with any external advocacy services.

The provider continues to work to promote a trauma informed workforce through the provision of staff training and reflective opportunities. However, young people have not consistently experienced the benefits of this training being transferred into practice. A complaint in relation to this aspect of care was received by the Care Inspectorate and this aspect of the complaint was one of two upheld following investigation. Further issues were identified at the time of this inspection. Some young people had, at times, experienced a lack of respectful, compassionate and trauma informed care which has negatively impacted young people's relationships with supporting adults and led to poorer experiences and outcomes. (See Requirement 1)

External professionals are working closely with the service to provide support and maximise a consistent approach to engagement with young people, recognising the mixed experience and skills in the current staff team.

Significant and repeated changes in management and staffing have impacted young people's sense of security and willingness to be meaningfully engaged with the service. This is a barrier to care and support being effective in promoting positive outcomes in some areas. The management and staff team are working hard to build positive, trusting relationships with young people to improve this.

Although staff are working hard to provide support, encouragement and links with other agencies, young people are not currently engaged with, or working towards, positive destinations in relation to further education, training or employment.

Overall, the physical and mental health of young people is of high priority, monitored and supported. Input from health and specialist services are sought and progressed in a timely way to ensure young people's health and wellbeing.

The importance of maintaining important relationships is recognised and supported, enabling young people to remain and feel connected. This is also incorporated in transition and outreach work. Staff are mindful of, and supported to navigate, complexities and risks in this area by the management team and through close multi-agency working.

The current quality of care and support planning is not of a high standard and does not interface effectively with other key documents which inform care and support. Work is underway to review and improve this area. This was an Area For Improvement at the previous inspection which will be repeated and considered again at the time of the next inspection (See Area For Improvement 1).

Successful recruitment has taken place to achieve an increasingly appropriate level of staffing and mix of skills and experience. Stability in the leadership and staffing team will be a key component to effectively

driving forward ongoing improvement work and promoting positive outcomes for young people through the development of enduring, trusting relationships.

The new management team recognise the impact of this instability within the service on the staff team and are working hard to develop a supportive culture through which enhanced practice standards can be achieved and sustained.

Staffing and leadership changes have impacted the effectiveness of quality assurance within the service. External managers are clear about their roles and responsibilities however the significant issues impacting this service has limited their ability to achieve oversight and support aspects of quality assurance to the level they would plan to achieve. (See Requirement 2).

Due to the very early stage of developments within the service, it is not possible to fully assess the broad ranging improvements or their impact on promoting positive outcomes for young people. However, there is clear vision, strengthened leadership and commitment to this work.

Requirements

1. By 18 May 2026, the provider must seek to embed a stronger trauma skilled approach to ensure that children and young people benefit from consistently high quality, therapeutic care.

This should include but not be limited to:

- a) ensuring all staff have an opportunity to engage in reflective discussions about their practice to support learning and development
- b) increased management oversight of practice is achieved and regularly reviewed and that the views of young people living in the service are sought to inform this

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

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, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.2)

2. By 18 May 2026, the provider must ensure there are effective quality assurance processes in place. To do this, the provider must, at a minimum:

- a) ensure quality assurance systems are effective and reflect action taken once issues have been identified
- b) ensure audits undertaken by external management and the service's management team are effective in identifying areas for improvement, including in relation to care plans, risk assessments and incident recording

This is 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).

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

Areas for improvement

1. To effectively support positive outcomes for young people the service should improve its approach to care planning. This should include but not be restricted to ensuring identified needs and risk clearly inform care planning and support.

This is to ensure that the quality of care and support is consistent 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)

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

Requirements

Requirement 1

By 7 April 2025 the provider must ensure that the health needs of young people within the service are effectively met.

To do this the provider must as, as a minimum ensure –

- a) Young people's care plans comprehensively document all health needs and advice and that these are fully understood and followed at all times by all staff
- b) Ensure young people are supported to attend all health appointments and that all identified health needs are met effectively and without delay
- c) All health needs are effectively monitored and reviewed through robust quality assurance systems to ensure changing needs are communicated across the staff team and responded to appropriately.
- d) The service effectively communicate with relevant external professionals in a timely manner about young people's health needs.

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

This is to also ensure that the quality of 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)
and;

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24)

This requirement was made on 20 March 2025.

Action taken on previous requirement

The service has prioritised work in this area, developing individual health plans which detail comprehensively young people's health information, introducing competency assessments for staff administration of medication and this area of young people's support is monitored and supported to a good standard. This supported the staff team to have a shared understanding of young people's health needs.

Young people were supported to attend all necessary appointments with health professionals, including specialist services where required.

Communication with external professionals was noted to be effective and timely.

We assessed that this requirement has been MET.

Met - within timescales

Requirement 2

By 7 April 2025 children and young people's relationships with staff must be promoted with clear staff boundaries.

In order to achieve this the provider must, as a minimum:

- a) develop guidance on the processes to promote and address boundary issues.
- b) provide staff awareness training on that guidance.
- c) provide evidence to the Care Inspectorate that the awareness training has been successful.

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)

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This requirement was made on 13 May 2024.

Action taken on previous requirement

The service has developed appropriate guidance and training to staff. Unfortunately, high staff turnover has meant training and related work requires to be revisited with each new member of staff. The service acknowledges this and has ensured this areas is captured in induction processes within the service.

As a result this requirement is assessed as being MET.

However, since the time of the last inspection a number of practice issues have presented including some which have negatively impacted young people's experiences.

Complaints to service, SSSC and the Care inspectorate have been received and information was provided by young people and external professionals regarding poorer experiences resulting from staff approach/lack of trauma informed approach. As such, a new Requirement is being made - please see body of report.

Met - within timescales

Requirement 3

By 7 April 2025 the provider must ensure that comprehensive and effective quality assurance mechanisms support young people's needs being met.

To do this the provider must, as a minimum:

- a) carry out a review of quality assurance within the service in order to identify where gaps have occurred which have led to poor outcomes for children and young people
- b) put in place measures to address these findings
- c) provide the Care Inspectorate with the review outcomes and actions taken to address the findings

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

This is to also ensure that the quality of care and support is consistent with the 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 requirement was made on 20 March 2025.

Action taken on previous requirement

The service undertook a review of the areas of concern presenting at the time the requirement was made and implemented measures to address the areas identified. These were communicated to the care inspectorate.

Further work has been undertaken to ensure a more comprehensive approach to quality assurance in respect of young people's health needs and this was evident in young people's key health documents.

As a result this requirement is assessed as being MET.

However, gaps in quality assurance within the service remain in some areas and this will form a new requirement - please see body of the report.

Met - within timescales

Requirement 4

By 7 April 2025 the provider must ensure that care and support needs of young people within the service are effectively met through clear and effective communication.

To do this the provider must as, as a minimum –

- a) Ensure information is consistently and effectively communicated across the staff team and to external professionals
- b) Ensure all staff work professionally and collaboratively with external professionals

c) Ensure that the quality of communication is effectively monitored through robust quality assurance systems and where concerns are raised these are appropriately addressed.

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

This is to also ensure that the quality of 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) and;

"If I am supported or cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity" (HSCS 4.17)

This requirement was made on 20 March 2025.

Action taken on previous requirement

The service has taken clear action to address areas identified in this requirement including -

- an email for the house has been set up to ensure things are not missed
- the manager and team manager are modelling and encouraging email communication
- close multi-agency communication and working is evident
- external agencies commented on the improvements in this area

As a result this requirement is assessed as being MET.

Met - within timescales

Requirement 5

With immediate effect the provider must ensure that robust safer recruitment practices are in place and consistently applied to ensure the safety and wellbeing of people using the service.

To do this the provider must, as a minimum:

- a) ensure the internal management team have clear understanding of their roles and responsibilities in this area and are confident in processes;
- b) implement external management and HR assurance processes to support safer recruitment practice;
- c) ensure suitable reference checks have been undertaken and received prior to commencement of employment; and
- d) ensure robust recording relating to recruitment practices.

This is in order to comply with: SSI 210 (2011) 9 (1)- a regulation that a 'provider must not employ any person in the provision of a care service unless that person is fit to be so employed.'

This is also to ensure that staffing is consistent with the Health and Social Care Standards which state:

'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

This requirement was made on 28 May 2024.

Action taken on previous requirement

Staff recruitment information was considered as part of inspection core assurance work and found to be consistent with safer recruitment practices.

Ongoing development work to further enhance this aspect of the organisation is planned.

As a result this requirement is assessed as being MET.

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

To effectively support positive outcomes for young people the service should improve its approach to care planning. This should include but not be restricted to ensuring identified needs and risk clearly inform care planning and support.

This is to ensure that the quality of care and support is consistent 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)

This area for improvement was made on 20 March 2025.

Action taken since then

The service commenced review and development work in this area however this has only recently commenced and current care and support documentation is of a variable quality which needs improvement to effectively support care and support for young people.

This Area For Improvement was not found to have been met and will be repeated - please see body of report.

Previous area for improvement 2

The service should support positive experiences and outcomes through a consistent, innovative and aspirational approach to meeting young people's needs.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that people are encouraged to be innovative in the way they support and care for me.' (HSCS 4.25)

This area for improvement was made on 20 March 2025.

Action taken since then

Although it was clear that significant changes within the service have impacted young people's sense of security and willingness to be meaningfully engaged with the service, examples where young people have been successfully engaged in positive experiences were evident. These were individualised, meaningful to the young people and offered the opportunity for new, enjoyable experiences.

This Area For Improvement was found to have been met.

Previous area for improvement 3

To ensure that complaints are consistently, transparently and effectively addressed, the service should improve its approach to investigating, responding to and recording concerns raised.

This is to ensure that the quality of care and support is consistent with the 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 20 March 2025.

Action taken since then

Since the time of the last inspection a complaint was received and investigated by the care Inspectorate - 2 parts of complaint were upheld, one of which related to concerns raised by staff were not always addressed effectively, which could lead to poor outcomes for young people.

However, during this inspection consideration of complaints made directly to the service since that time confirmed that these were responded to and addressed appropriately. Notifications were also provided to the care inspectorate.

This area will be continue to be monitored through inspection of core assurances.

This Area For Improvement was found to have been MET.

Complaints

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

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	3 - Adequate

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