

## The Manse 38 Alloa Road Care Home Service

38 Alloa Road  
Carron  
Falkirk  
FK2 8EP

Telephone: 01324 430210

**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

FTS Care Ltd

**Service provider number:**

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**Service no:**

CS2017362452

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service registered with the Care Inspectorate on 30 July 2018.

The Manse 38 Alloa Road is the third residential care home provided by FTS Care Ltd and is based within the Carron area of Falkirk. It has been registered with the Care Inspectorate for the purpose of providing a care service for a maximum of four children and young people, aged between eight to 18 years of age.

The Manse is centrally located within a residential area offering easy access to local amenities and public transport.

The service's aims and objectives state 'Our aim is to ensure the children and young people in our care grow up with the ambitions, opportunities and skills they need to make a positive difference to their lives'.

## What people told us

During the course of the inspection, we met with all three young people currently residing within The Manse and one young person who had very recently moved on. All young people expressed that they felt safe and happy during their time there.

We also met with two parents who expressed that they were very happy with the care and support that was provided.

## 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 wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	2 - Weak
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 wellbeing?****3 - Adequate**

Children and young people were seen to have positive relationships with staff and described feeling safe and well cared for within The Manse. All young people we met with spoke warmly about staff members and were comfortable and confident in their interactions with them, which we observed to be respectful and compassionate during our time there. They were clear that they were able to express their views without reprisal, that they would be listened to and their views would be taken into account.

Parents we met with during the course of the inspection expressed that they were very happy with the service and the care and support both they, and their child, were receiving from the service. Visiting advocacy professionals also highlighted that young people presented to them as feeling secure and settled. The advocacy workers suggested that this may be supported by the warm and welcoming atmosphere within the service.

We noted that a focus on collating evidence of meaningful participation is in the early stages of development within the service and we look forward to seeing how this has progressed at the next inspection.

The staff are aware of needs and vulnerabilities and attempted to use this knowledge to guide compassionate care. Young people experience staff who care about them and wanted to help them make daily plans and support self-care and development. However, we noted that this was not always successful.

Where appropriate, there have been some attempts to identify reasons for, and improve opportunities to address, social isolation. However, in one young person's case, their daily routine did not reflect the identified and agreed plans and there was also limited evidence of monitoring of communication with others via online platforms to ensure safety and wellbeing. Staff we spoke with appeared frustrated and unsure of how to make progress in these areas and accepting that, until specialist external supports could be introduced, their impact would be limited. Efforts to address these issues were proving unsuccessful and were not supported by up-to-date care plans or risk assessments.

(See key question 5, area for improvement 1)

We acknowledge that staff are working with children and young people who have experienced significant trauma and who continue to experience significant levels of distress which, for some, have been identified as requiring at times the use of physical intervention. We noted some inconsistencies when considering incidents where young people had been held safely within the service and would encourage the service to consider the issue of 'safe holding' as a staff group. This is to ensure that there is a shared understanding of expectations around recording processes, language use and tone in recordings, the importance of debriefing (and full recording) of young people and staff in a meaningful way which will inform future practice and promote more positive outcomes for young people.

(See area for improvement 1)

We met with one young person who had recently left the service, who showed us her 'Journey book'. This was provided to her by the service and documented her time and shared experiences there through the use of photographs and comments. This was an item of great value to the young person and we were pleased to note that it is planned that all young people who live at The Manse will receive one. We look forward to seeing the development of this practice at the next inspection.

Young people spoke to us about their experiences of various activities and holidays which they had enjoyed. These trips offered young people the opportunity to have new experiences and build their confidence and

relationships with other young people and staff. We saw many photographs that had captured these events and were advised that the service plan to use these in the household and also within young people's journey books.

The service makes clear efforts to keep young people in touch with their family, supporting regular contact and facilitating home visits in line with agreed plans. We saw that this had had a positive impact on contact frequency and quality for young people within the service.

There was evidence of the efforts of staff to ensure that young people have positive experiences throughout their week. The responsibility of staff is particularly significant in situations where there is the absence of other educational resources. We noted that the efforts were not always effective and, for most young people, a significant amount of time was spent in the house with staff. Staff also appeared immobilised and unclear as to what else could be undertaken to promote positive outcomes in this area.

As a result, we found less positive outcomes for some young people in the service. Whilst we acknowledge that some decisions which have been taken around education resources are outwith the direct control of the service, and noting their perseverance in advocating on the behalf of young people, we did not see an escalation of this advocacy to more strategic levels or see a framework of innovative strategies in place to support young people in their preparedness for taking the journey into future education provision. We encouraged the service to develop these and link them directly with care planning in order to ensure that young people have positive learning experiences, achieve their goals and aspirations and reach their potential.  
(See areas for improvement 2 and 3)

Young people were seen to have access to primary and specialist health services and to be supported by staff to access these. The service was also seen to advocate on behalf of young people where delays in accessing health services developed and to recognise the impact of these delays on achieving positive outcomes in a range of areas.

Healthy eating and lifestyle choices were promoted and modelled within the service and young people were encouraged to engage in meal preparation which many expressed they regularly did and enjoyed. This offered the opportunity to young people to engage in activities which they enjoyed while increasing their skills and confidence, and provided a sense of pride and achievement.

The social aspect of meal times was reinforced through eating together with young people and staff or family and visitors. This was not a forced practice and, while participation was encouraged, this was dependent on young people's wishes, arising opportunities and circumstances.

There was clear evidence from previous placements that staff had been able to support young people with significant health needs sensitively and effectively throughout their stay. This involved close working relationships being established and maintained with specialist health professionals to enable staff to meet the young person's needs.

While there was evidence of the service's previous success in supporting young people in terms of their health and development, this was more limited at the time of this inspection as a result of recent and ongoing circumstances for young people. Again, whilst acknowledging that ultimately, decisions which have been taken resulting in delays in accessing specialist resources are outwith the direct control of the service, and noting their perseverance in advocating on the behalf of young people, we did not see an appropriate escalation of this advocacy to more strategic levels.  
(See area for improvement 4)

## Areas for improvement

1. The service should, as a team, revisit the issue of physical restraint in order to ensure a shared understanding across all staff of good practice, culture and the expectations of their role.

This is to ensure that care and support is consistent with the HSCS which state that 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I receive high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

2. The service should ensure that young people's rights regarding access to education are strongly advocated for and appropriately escalated where necessary.

This is to ensure that care and support is consistent with the HSCS which state that 'I am supported to understand and uphold my rights' (HSCS 2.3) and 'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative'. (HSCS 4.22)

3. In the absence of appropriate resources, an innovative framework of strategies to meet young people's needs should be developed by the service in collaboration with appropriate parties, implemented and reviewed as appropriate.

This is to ensure that quality of care and support is consistent with the HSCS which state 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27) and 'I am confident that people are encouraged to be innovative in the way they support and care for me'. (HSCS 4.25)

4. The service should ensure that young people's rights regarding access to specialist health resources are strongly advocated for and appropriately escalated where necessary.

This is to ensure that care and support is consistent with the HSCS which state that 'I am supported to understand and uphold my rights' (HSCS 2.3) and 'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative'. (HSCS 4.22)

## How good is our leadership?

### 3 - Adequate

Through discussion with the manager of the service, it was apparent that there was a motivation to develop the service and to work towards achieving positive outcomes for children and young people.

It was noted that the manager was actively involved in day-to-day practice which offered an opportunity to model consistency in good practice and establishing warm, respectful relationships with young people. Young people and their parents spoke highly of the manager and were clear that she is available, approachable, listens, is responsive and that they have developed positive relationships with her.

Staff similarly commented positively on their experience of management within the service reiterating the manager's approachability, availability and commitment to the young people and development of the service as

key strengths. They experienced regular supervision, which they found useful and was a positive opportunity to support developments within the service.

An operations manager has been appointed in recent months, who we found to provide strong support to the manager and service and also maintained effective links with the provider. This leadership role offers effective support and guidance to the manager of the service, which had not been available until this point due to staffing changes within the organisation. This has been greatly welcomed within the service and there is clear confidence amongst the existing management team that this will support improvement and development.

We have seen the manager of the service swiftly implement improvements (new care plans, admissions assessment), use these to meet the needs of children and young people and provide direction to the team regarding their implementation. These are very recent changes and we look forward to seeing these being embedded in practice at the next inspection.

Through discussions with the manager of the service, it is clear that there is a motivation and, with the appointment of the operations manager, it appears there is a greater capacity for improvement due to the increased appropriate support this structure offers. The service has a clear statement of aims and objectives which has very recently been compiled by the operations manager.

At the time of this inspection, we found some quality assurance mechanisms in operation within the service; however, these were not robust or being used effectively. As a result, a number of inconsistencies in relation to key information (such as care plans, risk assessments, incident and key time recording) were not being identified and addressed, accurate and up-to-date overviews of key areas (training, PVG and SSSC checks, and outcomes for young people) were not available and storage of key information was not effective. (See requirement 1)

The operations manager provided us with a new framework and system for quality assurance and monitoring which will be being implemented imminently. A more robust, structured approach to quality assurance and improvement will support good practice development within the staff team, service development and achieving positive outcomes for children and young people.

The service currently have no development and improvement plan and we were advised that the operations manager has, during the course of the inspection, supplied a template and will support this task to be undertaken within the service. This will allow the service to benchmark progress and outcomes, further informing service delivery. We have encouraged the service to consider meaningful participation of young people, family members and stakeholders in informing the creation and review of this document.

## Requirements

1. The provider must ensure that quality assurance systems are robust and used effectively in order to identify and address areas for improvement and to ensure the safety and wellbeing of young people.

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

This is also to ensure that management and leadership is consistent with the HSCS which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS4.19) and 'I use a service and organisation which is well led and managed'. (HSCS 4.23)

Timescale: By 13 December 2019.

## How good is our staff team?

### 2 - Weak

Staff recruitment within The Manse is a combination of internal appointment from elsewhere within the FTS organisation and external appointment. During the course of the inspection, we considered safer recruitment processes within the service and sampled from both external and internal appointments.

We identified a number of issues during this process which identified that safer recruitment processes and practice were not being undertaken to an appropriate level, some aspects of practice which had the potential to present unacceptable risks to children and young people within the service.

(See requirement 1)

We noted that recruitment and selection is not informed or enhanced by children and young people's views or active involvement and we encouraged the service to consider meaningful participation of children and young people in future recruitment processes.

We noted that induction timescales did not reflect the expectations stated in related documents. We found that no post induction appraisals were carried out for any staff members, even though this was clearly stipulated in the induction documentation and the template was available. This would offer a valuable tool to support development within the team, particularly given the variations in skills and experience, and in turn support positive outcomes for children and young people. As such, we would strongly encourage the service to implement these in line with their own procedures.

We also found that some policies and procedures relating to recruitment would also benefit from update and review and were assured by the operations manager that this would be undertaken alongside the broader review and update of policies and procedures within the service which was currently underway.

Staff were commented positively upon by the young people who we met with who had clearly developed positive relationships with them. Positive relationships and communication with staff were also described by parents and professionals we spoke with during our visit.

We spoke with staff who expressed confidence in their colleagues and there was a clear sense of good working relationships in the interaction which we observed during our visit. This was also observed to be the case in staff interactions with parents and external professionals.

Team meetings were noted to take place; however, these were not as regular as would be hoped and there appeared to be challenges ensuring sufficient numbers for attendance. The manager advised that they have been giving consideration to this matter to identify a route to address this issue. We suggested that the team meeting forum could be used to strengthen the developing team and also to provide an opportunity for focussed practice reflection and development. We will consider the regularity and development of team meetings at the time of the next inspection.

We found that sufficient staff numbers were normally in place to support young people and that additional staff were identified when necessary. However, we noted some instances where there had been significant challenges within the household and all staff have required to provide direct support to one young person. During these periods, it was not clear what supports were in place for the other young people within the service and clear expectations around such situations were not evident within those young people's care plans we considered.

The relationship between the operations manager and the service was noted to be positive and effective working practices were observed and described by various parties throughout the period of our visit.

We were aware that a number of staff recruited to the service had no previous experience of working within a residential childcare setting and had, as yet, not begun working towards required qualifications. The complex needs of the young people currently in placement meant that assessment of staff skill mix when planning support was crucial to increase the ability of staff to ensure that young people's needs are met and that they are safe. In discussions with the manager, we noted that staff skill mix was not always taken into consideration when rotas were planned and that, in rare instances, this had meant that inexperienced staff had been the sole workers within the service. We discussed with the manager the need to undertake a staff skill audit to better inform staff rota planning and service delivery and that up-to-date information around training would also be required to support this.

(See requirement 2)

Although positive working relationships between the operations manager and the service were clear, lack of communication of information around a key matter was noted to exist which meant that the manager of the service was not in receipt of important information regarding a member of staff which had the potential to negatively impact their capacity to effectively support and monitor the individual.

## Requirements

1. The provider must ensure that robust recruitment practices are followed and reviewed regularly. This should include:

- The development and adherence to clear internal recruitment policies and procedures
- Suitable PVG checks must have been undertaken and received prior to commencement of employment
- Suitable reference checks must have been undertaken and received prior to commencement of employment
- Routine SSSC checks should be undertaken and recorded during the process of recruitment
- The development of a structured system of overview for routine SSSC checks within the service for ongoing registration requirement of employees.

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 HSCS which state that 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'.(HSCS 3.20)

Timescale: Immediately upon receipt of this report.

2. The service must undertake a staff team skill mix and training audit which should directly inform rota planning and service delivery.

This is in order to comply with: SSI 210 (2011) 15 (a) - a regulation that a provider must 'ensure that at all times suitably qualified and competent persons are working in the care service in such numbers that are appropriate for the health, welfare and safety of service users; and (b) 'that those persons employed in the provision of the care service receive training appropriate to the work they are to perform'



This is to ensure that staffing is consistent with the 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 and 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)

Timescale: By 13 December 2019.

## How good is our setting?

### 4 - Good

Children and young people commented positively on their living environment which was found to be spacious, decorated to a very high standard and offered a relaxed space for young people to live. There was ample space for young people to spend time independently or socialise, all having had friends or family visiting. Young people were seen to take pride in their environment and have a sense of ownerships and belonging.

The service is centrally located within the local community with ready access to local amenities, transport, schools and health practices. We saw evidence of young people having been encouraged and supported to be involved in activities within the local community; however, noted that this had reduced recently in line with changing circumstances and engagement of young people.

The location meant that young people were able to maintain contact with family members and socialise with peers either independently or supported by staff. Both friends and family were encouraged to spend time and visit within the service. This was seen to take place regularly and both young people and family members were observed to be comfortable with these arrangements and may be one factor in situations where an increase in positive family contact was being experienced by young people.

The service was keen to establish and maintain positive links with neighbours and the immediate community and planned to implement feedback questionnaires (which had been used within another FTS service successfully) to support this.

Daily and weekly environmental checks were in evidence and we noted that maintenance repairs were identified and addressed quickly. We signposted the service to the HSE website to ensure that they could access and implement the full range of appropriate checks in relation to legionella as, while checks were being undertaken, these were not sufficiently robust.

## How well is our care and support planned?

### 3 - Adequate

We noted the introduction of a new admission assessment which clearly considers the needs of the young person being referred and also those of the existing group of young people in order to identify the appropriateness of a placement. We saw examples of how this had been used effectively to inform decision making.

The service work to ensure that the views of young people are clearly represented and encourages their involvement in the process of care planning. We noted that young people's views were evident in relevant documents and that the service have very recently introduced a new format for young people's plans which further supports this. While this is a very new development and staff are only beginning to use the template,

they described it as being effective in supporting the process of engaging young people to be involved in their care planning, being more targeted and outcomes focussed.

We noted the incorporation of GIRFEC (Getting It Right For Every Child) and SHANARRI principles and guidelines in young people's documentation and would suggest that this could be more embedded in assessment and recording of young people's outcomes (e.g. through key time recording).

Young people were seen to be involved in daily discussions and in more formal meetings around their care. The involvement of independent advocacy was a regular occurrence for most young people and we observed a number of visits by advocacy workers to young people during the course of our visit. We also noted that staff encourage and support young people to access these services where they were not already involved.

We found that the service worked closely with the allocated social worker and other professionals involved with young people which should support a clear understanding across the professionals about the challenges faced and the progress of plans.

Care plans and risk assessments we considered were not consistently robust enough in content and quality and did not identify clearly enough strategies staff should use to help young people make progress or to minimise risk to keep them safe. We found that care plans and risk assessments were not always being updated timeously, even after significant events having taken place, which meant that they did not accurately and robustly reflect current circumstances and risks. We encouraged the service to ensure a shared understanding across the team as to the important relationship between these documents.

(See recommendation 1)

We also found one instance where an initial risk assessment had not been undertaken for a young person who had moved into the service and discussed with the manager the need to effectively use information available to undertake this piece of work at the point of admission.

The quality of recording was found to be variable and lack of evidence of effective quality assurance meant that this was not identified in order to ensure consistency in the quality and standard of recording by the staff group.

A number of concerns were expressed by staff at all levels about the appropriateness of a current placement and whether it continued to meet the needs of a young person. We discussed with the manager that in such circumstances a clear assessment as to whether a placement continues to meet a young person's needs/what support would be required in order to meet a young person's needs, should be undertaken as appropriate and shared with placing authorities to inform decision making. Associated risk assessments, including for staff, should be undertaken as a priority and updated and reviewed as appropriate and also shared. (See recommendation 2)

## Areas for improvement

1. The service should ensure that care plans and risk assessments are robust, reflect the current needs of young people, are updated regularly and timeously following any significant events in order that care and support can effectively meet emerging needs.

This is to ensure consistency with the 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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

2. To identify whether the placement continues to be able to meet a young person's needs and ensure their safety and wellbeing, robust assessments and actions should be undertaken by the service timeously.

This is to ensure consistency with the HSCS which state 'My care and support meets my needs and is right for me' (HSCS1,19) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20)

## 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 wellbeing?	3 - Adequate
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	3 - Adequate
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?	2 - Weak
3.1 Staff are recruited well	2 - Weak
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?	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 and support planned?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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