

Elmbank House Care Home Service

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Type of inspection:
Unannounced

Completed on:
11 May 2023

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 is a small private company which operated 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 11 and 20 years of age. 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, education and training. The house is a spacious, comfortable environment which is well presented and furnished to a good standard. Young people have their own ensuite facilities and also access to an additional shared bathroom. At the time of this inspection, the house was fully occupied.

About the inspection

This was an unannounced inspection which took place between 4th and 9th May 2023. The inspection was carried out by two inspectors 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:

- engaged with 4 young people using the service and one family member
- spoke with 8 staff and management
- observed practice and daily life
- reviewed documents.

Unfortunately, we received no responses to our questionnaires from external professionals and were only able to make direct contact with one external social work professional within the timeframe of the inspection.

Key messages

- Actions had been taken to address concerns identified at the previous inspection however improvements had not been as significant as would have been hoped
- Young people welcomed an increase in positive interactions with staff
- Staff continue to express commitment to providing good quality care and support for young people living in Elmbank
- The manager and staff should continue to build nurturing, therapeutic relationships to support positive outcomes for young people
- Internal and external quality assurance processes were insufficiently robust to ensure the safety and wellbeing of young people
- Improvements are required in planning and risk assessment to assist the provision of high quality care and support and positive 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
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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?

2 - Weak

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

We identified areas of concern at the time of this inspection which have the potential to compromise the safety, wellbeing and outcomes for young people living in the service. In addition, we are aware of imminent changes to external management which have the potential to increase vulnerability. Whilst recognising that the service has made efforts to address previously identified issues, improvement in these areas has not been as significant as would have been hoped.

Protection matters within the service had been responded to appropriately however we found that recording and storage of key information was not sufficiently robust in relation to the only safeguarding matter which had taken place. This meant information could not be easily accessed or analysed to inform safeguarding practice, scrutiny and reflection. This was linked to other identified deficits in quality assurance within the service and is considered in Requirement 5.

At the time of the last inspection a Requirement was made regarding ensuring appropriate scrutiny and reflection is consistently undertaken in response to safeguarding situations. We identified that this had not fully been met. That Requirement is therefore continued. (See Requirement 1).

The primary health needs of young people were met and they had access to specialist services where required. Processes for the management of medication were in place and where appropriate young people were involved in the self-management of medication, supported by appropriate risk assessments. However, we identified some issues in relation to this aspect of care provision which increased potential risks to the safety and wellbeing of young people within the service. (See Requirement 2).

We identified instances of poor communication between staff members. These resulted in staff confusion, inconsistent practice and negatively impacted young people's experiences. One of these instances led to unnecessary police involvement and related distress of the young person. These experiences had the potential to further erode trusting relationships.

The service had met a number of the requirements issued at the last inspection and we assessed this was beginning to contribute to improvements in daily practice routines and would offer increased opportunities for relationship based care. However, the impact of this was at an early stage and some young people continued to choose to spend time outwith the service or chose to spend very limited time outwith their room. This highlighted limitations in progress achieved since the last inspection.

Some young people commented on the quality of relationships with staff with one stating "things are better...staff speak to us and don't ignore us now" and another commenting "all the staff are happier...and when they're happy it makes us happy". We concluded this illustrated the importance of the manager and staff continuing to build supportive, nurturing, therapeutic relationships with young people. (See Requirement 3).

We found some positive outcomes had been achieved, particularly for one young person who has recently moved into Elmbank. For others however, who had lived there for a considerable period, progress had remained limited since the previous inspection. This meant that some young people continued to experience

very poor outcomes in key areas of their lives.

Staff continued to recognise the importance of, and encouraged, family time for young people, including where complex family arrangements existed. This supported young people's sense of identity and enabled them to maintain important family relationships.

Practice had shifted to allow young people to spend time with friends/partners within the service if they so choose. This meant that young people felt that important connections could again be maintained in the way they wished and that their individual rights were being respected.

Changes in the service meant that young people were again being offered some opportunities to enjoy activities of their choice and gain new experiences. We identified this would support young people's confidence, social skills and enjoyment. Where supported directly by staff these events also offered opportunities for positive experiences to be shared.

Following the previous inspection, several staff had raised concerns to external management around practice within the service. We were concerned that there had been a lack of confidence prior to this point in raising concerns within the organisation. At this inspection several staff were reticent in speaking with us to share their experiences and views. We concluded that these factors potentially indicated a culture where staff did not feel secure or empowered in raising concerns.

We noted that the manager was now operating as supernumerary. We would however encourage the manager to vary their shift pattern as this would allow them to further support staff development and would increase opportunities to engage with young people to build relationships.

We found safer recruitment practices had not been consistently and rigorously followed and lacked a robust approach at various stages of the process. This also highlighted the absence of additional scrutiny and quality assurance from external management and HR within the safer recruitment process. We concluded these deficits had the potential to compromise young people's safety and wellbeing within the service. (See Requirement 4).

Staff expressed commitment to providing a high quality of care and support however there appeared to be a feeling of impotence in contributing to positive change for some young people. Most had a good knowledge of the young people within the service however we noted that development of this this had not consistently been supported or adequately monitored in recent staff induction (this is considered within Requirement 5).

Quality assurance processes within the remit of the internal and external leadership team were not consistently effective. Staff training and induction was not robustly monitored by managers to ensure all staff had the right training and skills to meet the needs of young people. This increased risk to safety and wellbeing for both young people and staff members within the service. (See Requirement 5).

We recognise that plans to implement staff wide training in relation to care planning and risk assessment have been delayed due to events within the service. However, we found that the quality of these, and other key documents, did not reflect a good standard. Young people did not experience SMART care planning that robustly reviewed outcomes, documents contained out of date information and it was not clear how goals were identified or reviewed. Language used in some recordings continued to lack evidence of a respectful, trauma informed approach. As a result, we concluded these did not consistently act to support improved outcomes being achieved or adequately inform current risk and vulnerabilities, therefore continuing to compromise positive experiences for young people. (See Requirement 6).

Requirements

1. By 21st June 2023 the provider must ensure appropriate scrutiny and reflection is consistently undertaken in response to safeguarding situations .

To do this the provider must, as a minimum:

- Undertake a retrospective lessons learned activity in response to the incident highlighted at feedback.
- Review procedures to ensure this practice is consistently applied in response to safeguarding matters to identify any actions required to ensure the best interests of children/young people and/or staff.

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

This 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' (HSCS4.11) and;

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. By 13th June 2023 the provider must ensure the safety and wellbeing of young people relating to medication practices within the service. To do this the provider must, as a minimum:

- ensure that only staff that have received the appropriate training and support administer medication
- ensure explicit, clear guidance in relation to specific individual medication practices are in place, are accessible and that the staff team have a shared awareness and understanding of these.

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

This is also to ensure that staffing is consistent with the Health and Social Care Standards 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.' (HSCS 3.14) and;

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

3. By 21st June 2023 the provider must ensure appropriate support is provided to the manager and staff to enable the ongoing development of supportive, nurturing, therapeutic relationships with young people.

This may include but should not be restricted to:

- Provision of training opportunities which will enhance understanding and skills to provide trauma informed, therapeutic care
- Mentoring opportunities for all staff
- Opportunities for practice reflection and development in this area through supervision and team development opportunities

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

This is also to ensure that staffing is consistent with the Health and Social Care Standards which state: 'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

4. 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:

- Ensure the internal management team have clear understanding of their roles and responsibilities in this area and are confident in processes
- Implement external management and HR assurance processes to support safer recruitment practice.
- Ensure suitable reference checks have been undertaken and received prior to commencement of employment.
- 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).

5. By 21st June 2023 the provider must ensure robust monitoring and quality assurance processes are in place to ensure the safety and wellbeing of young people and effectively support the provision of high quality care and support.

To do this the provider must, as a minimum:

- Ensure new staff members receive appropriate support and guidance to ensure they are gaining essential knowledge, skills and undertaking the mandatory training required to meet the needs of young people and that this is monitored effectively
- Ensure staff training is effectively monitored and core training is progressed as a priority
- Undertake a staff team skill mix audit and individual training needs analysis which should directly inform rota planning and service delivery
- Ensure that tasks being undertaken by staff reflect their skills, training and experience
- Implement robust record keeping and storage, particularly in respect of safeguarding matters to allow ready access and analysis of information.

This is to comply with Regulations 4(1)(a) (Welfare of users) and 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards 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.' (HSCS 3.14); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

6. By 21st June 2023 the provider must ensure that key documents are effective in directing young people's care and support and promoting positive outcomes being achieved. To do this the provider must, as a minimum:

- Ensure staff are provided with the skills, knowledge and support to enable effective care planning and risk assessment
- Ensure staff are familiar with these documents
- Review care planning and risk assessment documents to ensure these are SMART, reflect current circumstances and enable the effective delivery and review of care, support and outcomes
- Ensure language contained within key documents is reflective of a respectful, trauma informed approach to practice and recording.

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

This 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)

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

Requirements

Requirement 1

By 10 February 2023 the provider must ensure stability for young people through sufficiently robust and considered practice relating to potential new admissions.

To do this the provider must, as a minimum:

Ensure that when assessing new admissions to the service, the needs of young people currently using the service are fully considered and inform decision making.

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

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18) and;

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This requirement was made on 8 February 2023.

Action taken on previous requirement

The service evidenced more robust admissions processes including consideration of those other young people using the service through matching and risk assessment mechanisms. The commissioning local authority was also closely involved in the most recent admissions processes.

Met - within timescales

Requirement 2

By 10 February 2023 the provider must ensure young people feel safe, nurtured and experience positive, meaningful relationships with those people who provide their care.

To do this the provider must, as a minimum:

- Ensure that staff prioritise and have the time and opportunity to build and sustain meaningful relationships with young people in order to support their identified needs, including opportunities to engage in activities outwith the service.

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

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can build a trusting relationship with the person supporting

and caring for me in a way that we both feel comfortable with' (HSCS 3.8)

and;

'People have time to support and care for me and to speak with me' (HSCS 3.16).

This requirement was made on 8 February 2023.

Action taken on previous requirement

* Appropriate staffing numbers been implemented to enable young people to engage in activities with staff outwith the service individually or as a group.

* Staff availability and prioritisation of engagement with young people meant increased opportunities for individual time to take place.

* Both young people and staff reported improvement in this area.

* Positive changes had been made to the physical environment since the time of the last inspection designed to encourage staff and young people to spend more time within the wider environment

* Progress in this area has commenced however ongoing work is required as impact at this time remains limited

Met - within timescales

Requirement 3

With immediate effect, the provider must ensure safe staffing levels within the service which are appropriate for the health, welfare and safety of service users.

To do this the provider must, as a minimum:

- Undertake an analysis of staffing levels needed to meet the individual needs of each young person in the service. This should take account of risk assessments, care plans and dynamics within the service.

- Ensure sufficient staffing numbers are in place at all times to meet the assessed needs of individual children and young people in order to keep them safe. These levels must not include the manager who must be supernumerary to these numbers.

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

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

"My needs are met by the right number of people" (HSCS 3.15) and;

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This requirement was made on 31 January 2023.

Action taken on previous requirement

- * Provider ensured manager operates as supernumerary.
- * Staffing needs analysis undertaken considering individual staffing need for each young person and risk assessment.
- * This requirement found to be met however issues were identified in relation to this practice area – a separate requirement in relation to this has been made in respect of this. Please see body of the report.

Met - within timescales

Requirement 4

By 22 March 2023 the provider must ensure appropriate scrutiny and reflection is consistently undertaken in response to safeguarding situations.

- To do this the provider must, as a minimum: Undertake a retrospective lessons learned activity in response to the incident of highlighted at feedback.
- Review procedures to ensure this practice is consistently applied in response to safeguarding matters to identify any actions required to ensure the best interests of children/young people and/or staff.

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

This 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' (HSCS4.11) and;

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 8 February 2023.

Action taken on previous requirement

Reflective activity was undertaken as required and we provided guidance regarding how to improve further in such activities.

However, we did not have sight of a reflective account in respect of a recent safeguarding incident which had taken place to provide assurance that this practice was being consistently applied in response to safeguarding matters.

This has therefore not been fully met and will inform a continued requirement (See Requirement 1).

Not met

Requirement 5

Within 24 hours the provider must ensure consistent practice in relation to required notification to relevant authorities and professional bodies.

To do this the provider must, as a minimum:

- Consistently make timeous, appropriate notification to relevant authorities and professional bodies, including but not restricted to the Care Inspectorate.

This should include in relation to all allegations relating to child and adult protection and staff misconduct.

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

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18)

and;

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 8 February 2023.

Action taken on previous requirement

- * E forms guidance for staff was created.
- * Clarification regarding protection and misconduct notifications has been disseminated to all FTS services.
- * All members of the management team within the service now have access to e forms to enable timely notifications.
- * Notifications to the Care Inspectorate since the time of the last inspection were found to be appropriate.

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 ensure young people benefit from a trauma informed approach, staff should apply their training in practice and evidence unconditional positive regard throughout their interactions with young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'As a child or young person I feel valued, loved and secure' (HSCS 3.10)

This area for improvement was made on 8 February 2023.

Action taken since then

We identified that evidence of a trauma informed approach was not consistent throughout young people's key documentation, including care planning and risk assessment which inform their care experience. Please see body of the report.

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?	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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