

Gate House Care Home Service

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Type of inspection:
Unannounced

Completed on:
11 April 2024

Service provided by:
Moore House School Ltd

Service provider number:
SP2003002628

Service no:
CS2017354207

About the service

Gate House is a care home service for up to four children and young people aged between eight and 18.

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. It is a single storey property with four single bedrooms for children, two bathrooms, a sitting room, playroom, games room and dining kitchen. There is also a small courtyard and garden area and children have occasional use of other outdoor areas in the wider grounds.

About the inspection

This was an unannounced which took place on 3, 4 and 5 April 2024 between 12:50 and 19:00, 09:05 and 18:00 and 09:00 and 13:20 respectively. 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 responses to electronic surveys from one young person, nine staff and one external professional
- spoke with two young people using the service and one family member
- spoke with nine staff and managers
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

During the inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care, and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Key messages

- Young people experienced safe care. Use of physical restraint had significantly reduced and staff responded appropriately to distressed behaviours.
- Young people benefitted from positive and nurturing relationships with the staff caring for them.
- The environment in the house was much improved and reflected a more respectful ethos.
- There was scope for improving policies, procedures and practices for promoting continuing care and enduring relationships for young people moving into early adulthood.
- Staff were well supported by confident leaders who had a clear vision and direction for the service.
- Despite some progress, there were continuing challenges in improving staff retention and reducing turnover.
- Quality assurance and assessment and planning processes had improved and were becoming embedded. They were having a positive impact on service delivery and young people's outcomes and experiences.

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** overall. This means there were a number of important strengths that, taken together, clearly outweighed areas for improvement.

Staff protected young people from harm and abuse and kept them safe, including supporting them to learn to recognise and reduce risk. In recent months, a significant reduction in the frequency of physical restraint had also reduced the likelihood of compromising young people's safety, dignity and sense of security. Staff recognised that these restrictive practices were a last resort. Young people instead experienced a more appropriate, nurturing response to distressed behaviours, and help to find alternative ways of managing strong feelings. Staff addressed inevitable tensions between young people and increased supervision where necessary.

Relationships between young people and staff were usually very positive, trusting and meaningful, and provided a buffer during difficult times. Staff spent time with young people: this familiarity meant they could confidently provide individualised care. Interactions demonstrated humour, fun and affection. An external professional told us the service had been 'incredible' and put the young person 'at the centre of what they do'. Staff were continuing to develop knowledge and skills for a fully trauma-informed approach, supporting young people to develop resilience.

The much improved environment included a new kitchen and refreshed décor, with thoughtful, homely touches and opportunities for young people to personalise their own spaces and choose colours for communal areas. The more settled situation and resulting reduction in damage contributed to a home that more closely reflected the service's vision and ethos.

Young people exercised a high level of choice in their daily lives and influenced how they experienced care in line with their preferences. They had access to advocacy and legal representation; managers were also responsive to their views, requests and concerns.

The support young people received from staff maximised their physical and emotional health. This included safe management of their medication. Very good support for maintaining connections with family members and friends contributed to promoting a sense of belonging, continuity and identity.

Some young people were developing important life skills in preparation for increased levels of independence. They had support to maintain individual interests, with added benefits such as improving fitness, though some required ongoing support from staff to widen their horizons and experiences. They benefitted from positive routines such as better sleep patterns and other lifestyle changes. Most young people regularly attended school and took part in learning: for some this represented real achievement in an area they had previously found very challenging. Others received support to develop employment skills.

The provider was reviewing its policy on 'continuing care' (aimed at empowering young people to stay in the service longer, to increase the likelihood of a successful transition into adulthood). We offered suggestions for ensuring these experiences become the norm for young people, and in particular for strengthening expectations of local authority partners, for example in relation to timely completion of young people's welfare assessments. In addition, the service's current conditions of registration only allow young people to remain until they reach their 19th birthday, which means a change will be required if they are to fully support continuing care provision. **(See area for improvement 1)**. However, young people to whom this applied were aware of their rights, though we suggested developing appropriate written information for them to refer to.

Each young person had a comprehensive assessment of their needs and strengths in all developmental areas. Individualised, SMART (specific, measurable, attainable, relevant and time-bound) plans provided a very effective foundation overall for achieving positive outcomes and experiences.

House managers were positive role models, provided clear direction and created a supportive ethos for the team, which had confidence in their leadership. There had been improvements in the assessment of the capacity and suitability of the service for young people for whom local authorities had requested care ('admissions' processes), but further work was needed in this area. In particular, we concluded that the rationale for decisions was not consistently well evidenced, and that more detailed exploration and analysis of known needs was required. Robust processes such as these can reduce the potential for disruption and other negative outcomes for young people.

The quality of the assessment of staffing arrangements was also more robust and therefore more likely to ensure appropriate arrangements for meeting young people's needs. It was clear that the service responded to changing need and risk by altering deployment of staff and increasing staffing levels. However, the assessment should cover the role of core agency staff since they are an integral part of the care team. The size of the core staff team had also continued to reduce, which was a very welcome change for young people's security of relationships. Nevertheless, addressing staff retention and turnover to ensure continuity and stability over the medium- to longer-term was an ongoing challenge for the provider.

Staff were well-supported to provide high quality care for young people. They had a varied programme of relevant learning and development opportunities. Outstanding mandatory training for some was scheduled later in the year, though extending some specific key training to all core staff would support the provider's aim of fully implementing a trauma-informed approach.

The service's quality assurance framework had continued to be embedded. It provided an ongoing process for identifying learning and was having a positive impact. In particular, better quality incident analysis informed staff's understanding of young people and allowed them to implement strategies for successfully meeting their needs. The service's development plan also supported improvement, though would benefit from specific timescales to create momentum and could more closely reflect the provider's impressive strategic plan. There was also scope for the views of parents and professionals such as social workers to inform self-evaluation and improvement planning.

Areas for improvement

1. To ensure that its commitment to providing continuing care is clearly stated and implemented, the provider should review relevant policies and procedures to reflect good practice, including admissions guidance and placement agreements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My human rights are protected and promoted and I experience no discrimination' (HSCS 1.2).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order that children and young people consistently experience nurturing and therapeutic care, the provider should support further development of staff knowledge and skills.

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) and '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).

This area for improvement was made on 17 May 2023.

Action taken since then

The service had continued to support the development of staff capacity and skills. For example, staff had taken part in development days and new team members had the benefit of coaching and mentoring.

Previous area for improvement 2

In order that children and young people benefit from a consistently nurturing and homely environment, the provider should develop and implement plans for continued improvement of the house.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

This area for improvement was made on 17 May 2023.

Action taken since then

There had been significant improvements to the interior of the house. This included a new kitchen and redecoration and sensitive redesign of the dining area. This had created a much more welcoming and respectful environment for young people.

Previous area for improvement 3

To ensure continuous improvement, support effective learning and meet young people's needs, the provider should maximise the effectiveness of their quality assurance processes.

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).

This area for improvement was made on 17 May 2023.

Action taken since then

Quality assurance processes had continued to improve. These were having a positive impact on service development and outcomes and experiences for children and young people.

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	5 - Very 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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