

# The Farmhouse Care Home Service

Molmontend Farm  
Newmilns  
KA16 9LS

Telephone: 07996232444

**Type of inspection:**  
Unannounced

**Completed on:**  
20 May 2024

**Service provided by:**  
New Futures (Scotland) Limited

**Service provider number:**  
SP2023000102

**Service no:**  
CS2023000153

## About the service

The Farmhouse is a care home service for up to four young people. The home is a detached property over one level with gardens and ample parking. It has four ensuite bedrooms for young people, a kitchen/diner, two large communal living rooms, and further communal spaces.

The Farmhouse is in a rural setting on the outskirts of the village of Galston in East Ayrshire, which has some access to public transport links and local resources. A wider range of facilities and amenities is available in Kilmarnock, approximately eight miles away.

## About the inspection

This was an unannounced inspection which took place on 13 May 2024 between 11:00 and 21:00, and 14 May 2024 between 9:30 and 20:00. The inspection was carried out by two inspectors.

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:

- spoke with three young people using the service and two of their family members
- spoke with three staff and management and reviewed three staff responses to questionnaires issued to the service prior to the inspection
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

A complaint was made on 8 April 2024 to the Care Inspectorate and was being investigated by a Complaints Inspector during the period this inspection was taking place. The findings of this complaints investigation were finalised and published on 31 May 2024. The service's progress at meeting the requirements made as a result of both the complaint investigation and this inspection, will be reported on at the next inspection of the service.

## Key messages

- Young people experienced caring relationships with staff who they trusted.
- Safety in the service had been compromised due to risk not being fully understood or responded to effectively.
- Restraint did not promote therapeutic care that supported emotional wellbeing first and foremost.
- Children's rights were not consistently promoted and upheld.
- Staff felt well supported by managers.
- Arrivals were poorly planned, and this resulted in young people experiencing unnecessary upset or trauma.
- The service required to develop staffing analysis.
- Development was required in the service to promote a cohesive approach to trauma informed care, which was supported by effective managerial oversight.

## 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.

Young people told us they feel safe in the service and had at least one staff member they could confide in. However, young people's safety had been compromised because the service did not have a full understanding of risk, and did not effectively assess how risk may present in a rural setting.

Risk management overly focused on environmental controls and restraint rather than therapeutic approaches when responding to distress. Early indicators of distress were not consistently identified or responded to, which often led to reactive responses from staff and resulted in young people experiencing restraint that did not follow best practice. **(See Requirement 1)**

Young people had been offered opportunities to engage in life space interviews after incidents, but we found the focus of these was not always trauma informed and were not utilised to reflect or review care and support. This resulted in care that was not guided by young people's views or learning from incidents.

Advocacy links required further development to ensure young people had access to independent support to inform them of and uphold their rights, as well as be a voice for them if required.

Young people experienced spontaneity and fun with staff through the activities they accessed and resources in the service. Young people clearly felt comfortable in their home and with staff, where there was lots of laughter and jokes. Young people had been involved in the decoration of the home, not just in their own rooms, but in the communal areas as well.

The service collaborated with Police and Social Work when young people were missing from home or there were safeguarding concerns. However, there were some instances where collaboration with partners was limited, which resulted in different approaches by multiagency partners and had resulted in unnecessary upset for young people.

Best practice in child protection, including child sexual exploitation was not consistently followed. Although staff knew how to report concerns of this nature, further clarification was required in relation to wider roles and responsibilities once this had been reported to the safeguarding lead.

Young people were supported to engage with health services, including the Child and Adolescent Mental Health Service. Medication errors were identified, and it was recommended that the service review their auditing systems in this area. **(See Area for Improvement 1)**

We observed warm and caring relationships between young people and staff members. Staff had compassion for young people and the trauma that they had faced. However, care and support was not always guided by a full understanding of the impact trauma can have on behaviours and development. This resulted in young people experiencing care that focused on compliance and rules rather than care that supported recovery and resilience.

We found inconsistencies in young people being fully engaged in their care and support. Young people were not consistently involved in developing or reviewing their personal support plans or risk management plans, which meant they were not guided or informed by young people's views.

Staff told us they felt well supported by the management team and that they worked well together to support young people. There were some differing views within the management team regarding the approach to care. This meant that young people experienced inconsistent care and support that was not always trauma informed.

The service's approach did not sufficiently focus on children and young people's rights. Young people's support plans utilised approaches that risked unnecessarily restricting their liberty. Support plans were not always fully transparent about approaches to care, and this impacted on consistent collaboration with young people. **(See Requirement 2)**

Arrivals were poorly planned and did not fully consider the risks, vulnerabilities, and needs of young people being referred to the service, or how the service would support their needs. There was little consideration for how the needs and risks of young people arriving at the service may impact on those young people already living there, and as a result, children and young people experienced unnecessary upset or trauma. **(See Requirement 3)**

Young people told us they trusted staff, and this had allowed them to enjoy positive relationships with them. Personal plans were not consistently followed and this resulted in harm occurring. The service did not have staffing analysis in place to evidence how staffing arrangements met the needs of young people. **(See Requirement 4)**

There was a disparity between what the service told us about therapeutic relationships and trauma informed practice being central to children's care and support and what we saw in the service. Risk management strategies often focused on control and compliance, which impacted on young people's rights and liberty.

Staff were consistently safely recruited and registered. We did not see evidence of children and young people being actively involved in this process, and this may be something that the service wishes to consider moving forward.

Some systems were in place to monitor aspects of service delivery and the quality of the setting, but we found that these lacked the critical analysis and reflection required to promote the best possible care to young people **(See Area for Improvement 2)**

Staff told us they felt there had been some progress for young people in relation to outcomes, however, opportunities for children and young people to achieve the best outcomes were limited, as personal plans did not fully inform practice and were not guided by risk.

## Requirements

1. **By 2 September 2024**, the provider must ensure that no young person is subject to restraint unless it is the only practicable means of securing the welfare and safety of that or any other service user.

In particular you must:

- a) ensure de-escalation strategies are consistently implemented, trauma informed and do not focus inappropriately on environmental controls;
- b) ensure young people's personal plans comprehensively guide staff on de-escalation strategies and practice;
- c) ensure that restraint practices are effectively overseen by management to maintain compliance with training standards; and
- d) ensure that an analysis of incidents, where restraint has been required, is analysed and reviewed by management to decipher any patterns and to ensure good practice.

This is in order to comply with Regulation 4(1)(c) 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:

'My care and support meets my needs and is right for me' (HSCS 1.19)

and

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

2. **By 2 September 2024**, the provider must implement an approach to care that effectively upholds children and young people's legal and human rights.

To do this, the provider must, at a minimum:

- a) ensure that all young people have access to responsible adults outside the service who always act in their best interests, including advocacy;
- b) promote a transparent and collaborative approach to care and support that offers children and young people the opportunity to participate meaningfully and easily in decisions affecting them; and
- c) inform all young people of any changes to their legal orders and ensure their views are recorded and shared with relevant external professionals.

This is in order to comply with Regulation 4(1)(c) 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:

'I am supported to understand and uphold my rights' (HSCS 2.3)

and

'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6).

**3. By 2 September 2024**, the provider must carry out effective matching analysis to ensure that all arrivals are in the best interests of all young people.

To do this, the provider must, at a minimum:

- a) ensure that the service can legally fulfil the care and support being requested based on their conditions of registration;
- b) provide a detailed assessment of how the service plans to support identified risk or need for young people referred to the service; and
- c) provide an analysis of how the arrival of any new young person may impact on young people already living in the service, and how this will be supported.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) 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:

'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

**4. By 2 September 2024**, the provider must evidence effective assessment around the decisions and provision of staffing levels to meet the needs of children and young people in your care.

To do this, the provider must, at a minimum:

- a) ensure that staffing assessments appropriately analyses changes in staffing levels;  
and
- b) ensure that there are processes in place to conduct a staffing needs assessment before a young person is admitted to the service.

This is in order to comply with Regulation 15 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 the Health and Social Care Standards (HSCS) which state:

'My needs are met by the right number of people' (HSCS 3.15)

and

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

## Areas for improvement

1. To ensure the safety and welfare of children and young people, the service should review the current auditing and oversight systems of medication so that it effectively identifies and resolves errors.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To promote the best possible care for children and young people, the service should ensure there are effective quality assurance systems in place which are supported by analysis, reflection and self-evaluation. These systems should be used to inform improvements, developments and changes required in the service.

This should include, but is not limited to, regular auditing of young people's risk assessments, care plans and outcomes.

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

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

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	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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