

Torcroft Care Home Service

Raeburn Crescent
Whitburn
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Telephone: 01501 678 040

Type of inspection:
Unannounced

Completed on:
15 November 2024

Service provided by:
West Lothian Council

Service provider number:
SP2003002601

Service no:
CS2007150524

About the service

Torcroft is a Care Home provided by West Lothian Council and is registered by the Care Inspectorate to provide care to a maximum of six children and young people.

Torcroft is situated in a residential area in Whitburn, close to local amenities and public transport routes. The building is all on ground level. It comprises of six bedrooms, a living room, kitchen, and an arts and multi-use room.

About the inspection

This was an unannounced inspection which took place on 31 October, and 1 November 2024. The inspection was carried out by an 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:

- spoke with four people using the service and two of their representatives
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- All young people we spoke with reported that they felt safe both emotionally and physically.
- During inspection we were concerned about the service's ability to identify and respond to safeguarding and protection concerns due to staff members reporting large gaps in their training.
- Staff and managers need support to ensure that care planning goals are smart, and routinely reviewed
- Educational outcomes for young people were strong. The service worked well with educational settings, creating bespoke educational packages for young people.
- Young people were negatively impacted by poor maintenance within the service by the provider. This requires swift attention.
- The service must formalise its assessment of staffing, ensuring the correct levels, skills and experience are in place to meet the social, emotional and behavioural needs of young people.
- All staff we spoke with told us they felt supported by the managers within the service.
- The service should review its staffing rotation arrangements, considering whether this meets the needs of young people.

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 made an evaluation of adequate for this key question. Several important strengths were evident and these just outweighed weaknesses. Some improvement was needed to maximise wellbeing and outcomes for young people.

Quality Indicator 7.1 Children and young people are safe, feel loved and get the most out of life.

All young people we spoke with reported that they felt safe both emotionally and physically. It was clear that the provider had made some improvements to the processes that they use to assess their ability to meet the needs of young people. Whilst the process was in place we suggested the service further consider how it records its assessment, including how it assesses the potential impact on young people already using the service, as well as the young person coming to the service.

During inspection we were concerned about the service's ability to identify and respond to safeguarding and protection concerns, due to staff members reporting large gaps in their training. Senior managers were able to provide some evidence of training input, and mitigating steps to address this. The provider's safeguarding policy was up-to-date, but it was clear that staff and managers required further training and support to ensure this area of practice was robust. This will be further addressed in quality indicator 7.2.

All young people had support plans, staff in general had good awareness of these. We did find that some support plans, including how staff should respond to risks or needs for young people were insufficiently detailed. We highlighted the need to ensure that all staff, including managers, have an ability to write SMART (specific, measurable, achievable, realistic, and timely) objectives. Advances and barriers in achieving these goals should be kept under regular review by managers. **(See Area for Improvement 1)**

The service was aware of the importance of advocacy in supporting the rights of young people. Some advocacy arrangements were in place, and staff also advocated for young people. Despite this we found that arrangements were not consistent for all young people, and suggested the service formalise arrangements to ensure these are accessed regularly.

Educational outcomes for young people were strong. The service worked well with educational settings, creating bespoke educational packages for young people. For some young people this meant attending school regularly for the first time in a long time.

Staff and managers within the service made efforts to keep the service in a good, homely condition. This was at times challenging as the needs of young people rightly took priority. We heard that efforts to improve the service, such as getting painting, or repairs undertaken by the provider was difficult. At the time of inspection there was a strong sewage smell within one part of the house, this was very noticeable and affected several young people's bedrooms. This had been an issue for a period of months. The provider had not addressed this appropriately, and this requires immediate action, with further ongoing assessment of living conditions within the service. **(See Requirement 1)**

Young people's right to family life was promoted. The service had good links with families and would support young people to stay in touch with those close to them. Staff were attuned to the sensitivity around visits to those close to them and had a good understanding of how to support young people's emotional needs, before and after these visits.

Quality Indicator 7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights.

There was a warm nurturing culture within the service, managers led this. We found relationships within the house to be warm and trusting. Staff and managers had received training in trauma informed practice, and staff told us they could always discuss practice with managers, which helped further their learning.

The service did not have formal staffing needs analysis in place. We heard consistently during inspection that staffing levels at times were difficult to meet the needs of young people. Managers regularly supported staff and young people, which meant that time to undertake important managerial duties was compromised. There were gaps in key training aspects for the staff team, in addition, management awareness and oversight of these gaps was limited. We also found limited assessment of additional training required to ensure staff could confidently support the needs of all young people. **(See Requirement 2)**

Recruitment processes were robust and followed safer recruitment protocols. The provider reported that recruitment within the area was strong. Young people and staff told us that staff rotation between the provider's other care home meant that relationships between young people and staff were impacted. Staff efforts to maintain relationships whilst in alternative setting varied and left young people with feelings of loss at times. We suggested that the provider consider this arrangement and the impact it has on young people experiencing secure relationships. **(See Area for Improvement 2)**

All staff we spoke with told us they felt supported by the managers within the service. We found that formal arrangements such as supervision frequency varied. Some quality assurance systems were in place, and where they were these were largely effective, such as medication storage and administration. The service needs to further develop quality assurance processes, ensuring that managers and external managers have full awareness of key indicators within the service.

The provider had a service improvement plan, this aimed to formalise the plans in place and resources needs to improve themes within the service. We highlighted the importance of keeping this under continual review and including SMART (specific, measurable, achievable, realistic, and timely objectives).

Requirements

1. By 31 March 2025 the provider must improve the environment within the service, to ensure the placement meets the young people's needs and keep them safe.

To do this, the service must, at a minimum, but not exclusive to:

- a) Ensure that identified issues with the drainage system within the service are addressed and resolved with the highest priority. The provider must inform Care Inspectorate of progress relating to this issue.
- b) Ensure that all damages or repairs are repaired swiftly ensuring impact on young people is minimal. Dates of completion should be noted to allow for assessment of completion timeframes.
- c) Create a building improvement plan, which identifies planned works, and upgrading as identified by the service. This should include programme of paint works in public rooms, and bedrooms for young people.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

2. By 31 March 2025 the provider must ensure the correct numbers, experience, and skills mix are working within the service at all times. This should include but is not limited to:

a) Recording their assessment of staffing needs in accordance with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.' This should also include management time and availability.

b) Undertaking a retrospective training needs analysis of the staff team and managers. Ensuring that all staff have the skills and training required to fully undertake their role and support the young people currently residing in the service. Copy of this assessment should be shared with the service's action plan, along with steps taken to address any gaps.

c) Considering their ability to meet the needs of new and existing young people prior to new young people coming to the service. This should include assessment of staffing levels, and training needs.

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

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

Areas for improvement

1. To support the young people's wellbeing, outcomes, and choice the service should review their care planning, and risk assessment processes. This should include but is not limited to:

a) Ensuring that all care plans and risk associated documentation is fully reflective of the needs, views and wishes of young people.

b) Ensuring that goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these.

c) Ensuring that staff are fully aware of their roles in supporting young people, and that quality assurance systems ensure that these are regularly reviewed and updated to include relevant information.

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

'My personal plan (sometimes referred to as 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

2. To support the young people's wellbeing, outcomes, and choice the service should review their staffing rotation arrangements ensuring that any provision benefits young people using the service.

This is 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 by people I know so I experience consistency and continuity.' (HSCS 4.16)

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

Requirements

Requirement 1

By 30 April 2024, the provider must ensure the safety and wellbeing of young people, by improving:

- a) security of the front entrance; and
- b) security of all windows.

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

'My environment is secure and safe.' (HSCS,5.17).

This requirement was made on 25 March 2024.

Action taken on previous requirement

The provider made some immediate changes to the window locking system, and front door security within timescales. During this inspection there continued to be some issues with the door which was escalated by senior managers, and the provider had taken steps to resolve this.

Senior managers gave assurance that the longevity of repairs will be monitored and any issues will be swiftly resolved.

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 experience positive outcomes, the provider should consider obtaining and recording the views of young people and their families prior to decisions being made to accommodate them in Torcroft. The provider should also include information for the young person and their family about what the service can offer them, and how it will make a difference to their lives. Additionally, a chronology of recent significant events would help to inform the assessment.

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

'I have the time and any necessary information to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me' (HSCS, 1.18)

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 area for improvement was made on 25 March 2024.

Action taken since then

The provider had introduced a new recording system which allowed a chronology of events for young people to be recorded. Where possible, staff worked with placing Social Workers to involve families prior to admission. Staff also took time to inform young people of the supports they could receive.

We suggested the service would benefit from updating handbooks for young people, ensuring that these are more reflective of the current supports they could expect.

Previous area for improvement 2

To ensure young people's ability to achieve positive outcomes, personal plans (wellbeing plans) should be SMARTer. Importantly, plans should be achievable, with the correct balance of expectation in relation to each SHANARRI indicator. Too many objectives may be unrealistic and lead to young people feeling they have failed.

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

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

and

'I am fully involved in developing and reviewing my personal plan, which is always accessible to me.' (HSCS, 2.17).

This area for improvement was made on 25 March 2024.

Action taken since then

The provider's new recording system is in place, including where care plan targets sit. Whilst there is a platform to record these, the service has not yet met this area for improvement. Further work is required to ensure that both managers and staff are confident in writing SMART (specific, measurable, achievable, realistic and timely) goals.

This area for improvement will be continued.

Previous area for improvement 3

To ensure young people's voices inform food choices, the provider should implement menu planning. This will provide clear opportunities for all young people to actively contribute to their views.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS, 1.33).

This area for improvement was made on 25 March 2024.

Action taken since then

The service had made efforts to improve young people's views on menu planning. Whilst this was beneficial in gaining views, young people still felt that the options available were not always reflective of their views.

Managers within the service had plans in place to work with the service's chef to further address these points.

Previous area for improvement 4

To ensure young people experience a positive living environment, the provider should routinely monitor aspects of quality and cleanliness throughout the house.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS, 5.22).

This area for improvement was made on 25 March 2024.

Action taken since then

The staff and managers within the service had gone to lengths to keep on top of the cleanliness of the service. Whilst these efforts were important the provider needs to further consider its offering to the young people using the service.

On this inspection there were some other environmental factors that we considered negatively impacted on young people, and as a result we will place a requirement reflecting this.

Previous area for improvement 5

To ensure young people are supported and protected consistently, and by a team which collaborates on agreed practices, the provider should address silo working functioning within the service.

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

'My care and support is consistent and stable because people work well together' (HSCS, 3.19).

This area for improvement was made on 25 March 2024.

Action taken since then

Managers within the service had worked closely with staff teams to help to create more partnership working. This had made some progress in this area.

We heard from staff that staff rotation across houses meant that stability and consistency was always going to be difficult. We suggested the provider further consider staffing arrangements and how this benefits young people.

Previous area for improvement 6

To ensure young people receive the best possible care and support, the provider should ensure that managers have the capacity to drive and fully record improvement.

This is to ensure that care and support is consistent with 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 25 March 2024.

Action taken since then

It was clear that managers worked hard to create an inspiring culture and offer feedback on practice and supports. Whilst this was a strength this inspection highlighted gaps in management oversight and analysis of key areas within the service.

The provider needs to further develop oversight, analysis and ongoing supports to upskill managers to fully undertake their roles.

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?	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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