

Elmbank House Care Home Service

Denny

Type of inspection:
Unannounced

Completed on:
12 March 2025

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, a small private company which operates 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 12 and 20 years of age. Further to a temporary variation of the service's registration, from 30th July 2024 until 31st March 2025 the service may be provided to a specific child who is below the age of 12 years. 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. 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 26th February 2025 and 3rd March 2025. 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:

- spoke with 3 people using the service and considered 2 questionnaire responses received
- spoke with 7 members of staff and management and considered 7 questionnaire responses received
- observed practice and daily life
- reviewed documents
- spoke with 3 placing local authority allocated workers and 2 children's rights and participation workers

During our 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

- * Health needs were not appropriately met resulting in extremely poor outcomes for some young people.
- * Young people were supported to maintain important relationships but this was not always managed effectively.
- * All young people had access to external advocacy which supported their voices being heard.
- * Outcomes for young people were impacted by inconsistent communication within the team and with external professionals.

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?	1 - Unsatisfactory
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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?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

Staff in the service were appropriately trained in child protection which ensured that areas of concern were responded to appropriately in line with national guidance and best practice.

External consultancy had improved staff understanding of trauma-informed and therapeutic approaches in the service and this had received positive feedback from the staff team. However, varying staff skills and experience limited the effectiveness of this being implemented in practice and young people did not receive consistent trauma informed care.

Young people were supported to maintain important relationships but this was not always managed effectively by the service resulting in poorer experiences for some young people.

We were significantly concerned about the impact of health needs not being appropriately met for young people in the service which resulted in extremely poor outcomes in relation to physical and emotional wellbeing (**see Requirement 1**).

Young people were engaging in some form of education and training opportunities. Staff were seen to provide practical support, advice and encouragement to promote positive outcomes in this area.

All young people had access to external advocacy through a children's rights and participation service. This ensured young people's views were heard. Support had also been provided to the service to inform recording, language and practice through a children's rights lens.

Young people were more involved in the development of care planning however identified risks and needs were not incorporated in care planning goals and were not monitored. This increased risks and reduced the effectiveness of care and support provided (**See Area For Improvement 1**).

At the time of the last inspection an Area for Improvement was made in relation to the service providing a consistent, innovative and aspirational approach to meeting young people's needs. This was not found to have been met and will be repeated (**See Area For Improvement 2**).

Since the time of the last inspection a complaints investigation was carried out by the Care Inspectorate. A Requirement was made in relation to children and young people's relationships with staff being promoted with clear staff boundaries. Although work had been undertaken towards meeting this requirement, it was assessed at the time of this inspection that this Requirement had not been met and will be repeated (**See Requirement 2**).

The ability of children and young people to form enduring trusting relationships was impacted by staff turnover. Issues relating to staff skill mix and experience had led to a number of practice concerns linked to poor outcomes for children and young people in the service.

Quality assurance oversight was not effective in alerting the service to practice issues which resulted in extremely poor outcomes for some young people.

The service must ensure effective quality assurance is in place to monitor outcomes. **(See Requirement 3).**

Young people benefitted from a more comprehensive and considered approach to matching. This was also reflected in improved quality of transition experiences into the service for young people and more settled living experiences.

Outcomes for young people were impacted by inconsistent communication within the team and with external professionals. This significantly compromised the service's ability to provide high quality, holistic care and support to young people and to take a multi-agency approach **(See Requirement 4).**

The service did not consistently and transparently manage complaints which compromised their ability to respond in an appropriate and timely manner to concerns. This increased risks to young people **(See Area For Improvement 3).**

At the time of the last inspection a requirement was made in relation to safer recruitment practice. This was not found to have been met and will be repeated **(See Requirement 5)**

Whilst some improvements have been made since the time of the last inspection, and we recognise the responsiveness of the service in relation to the most recent concerns, significantly poor outcomes were experienced by some young people.

Requirements

1. By 7 April 2025 the provider must ensure that the health needs of young people within the service are effectively met.

To do this the provider must as, as a minimum ensure –

- a) Young people's care plans comprehensively document all health needs and advice and that these are fully understood and followed at all times by all staff
- b) Ensure young people are supported to attend all health appointments and that all identified health needs are met effectively and without delay
- c) All health needs are effectively monitored and reviewed through robust quality assurance systems to ensure changing needs are communicated across the staff team and responded to appropriately.
- d) The service effectively communicate with relevant external professionals in a timely manner about young people's health needs.

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

This is to also ensure that the quality of 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;

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24)

2. By 7 April 2025 children and young people's relationships with staff must be promoted with clear staff boundaries. In order to achieve this the provider must, as a minimum:

- a) develop guidance on the processes to promote and address boundary issues.
- b) provide staff awareness training on that guidance.
- c) provide evidence to the Care Inspectorate that the awareness training has been successful.

This is in order 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 Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

3. By 7 April 2025 the provider must ensure that comprehensive and effective quality assurance mechanisms support young people's needs being met.

To do this the provider must, as a minimum:

- a) carry out a review of quality assurance within the service in order to identify where gaps have occurred which have led to poor outcomes for children and young people
- b) put in place measures to address these findings
- c) provide the Care Inspectorate with the review outcomes and actions taken to address the findings

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

This is to also ensure that the quality of 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)

4. By 7 April 2025 the provider must ensure that care and support needs of young people within the service are effectively met through clear and effective communication.

To do this the provider must as, as a minimum –

- a) Ensure information is consistently and effectively communicated across the staff team and to external professionals
- b) Ensure all staff work professionally and collaboratively with external professionals
- c) Ensure that the quality of communication is effectively monitored through robust quality assurance

systems and where concerns are raised these are appropriately addressed.

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

This is to also ensure that the quality of care and support is consistent with the Health and Social Care Standards (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 or 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)

5. 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:

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

Areas for improvement

1. To effectively support positive outcomes for young people the service should improve its approach to care planning. This should include but not be restricted to ensuring identified needs and risk clearly inform care planning and support.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (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)

2. The service should support positive experiences and outcomes through a consistent, innovative and aspirational approach to meeting young people's needs.

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

'I am confident that people are encouraged to be innovative in the way they support and care for me.' (HSCS 4.25)

3. To ensure that complaints are consistently, transparently and effectively addressed, the service should improve its approach to investigating, responding to and recording concerns raised.

This is to ensure that the quality of 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)

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

Requirements

Requirement 1

By 28 June 2024 the provider must improve its approach to admissions to ensure that children's needs can be effectively met.

To do this the provider must as a minimum: Ensure that, through comprehensive admission, and ongoing, assessments, the service has the ability to meet the continuing needs of service users entering and placed in the service.

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

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

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14); and

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

This requirement was made on 28 May 2024.

Action taken on previous requirement

We saw evidence of improved admissions and matching documentation and processes. These were more comprehensive and were being used to promote more considered and appropriate matching and admissions to the service.

This requirement was found to have been met.

Met - within timescales

Requirement 2

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; and
- 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).

This requirement was made on 28 May 2024.

Action taken on previous requirement

Although some processes had been implemented to promote safer recruitment practices within the service we identified an instance where this had not been effective.

As a result, this requirement was not found to have been met and will be repeated - please see the body of the report.

Not met

Requirement 3

Children and young people's relationships with staff should be promoted with clear staff boundaries. In order to achieve this the provider must:

- a) develop guidance on the processes to promote and address boundary issues.
- b) provide staff awareness training on that guidance.
- c) provide evidence to the Care Inspectorate that the awareness training has been successful.

To be completed by: 05 July 2024

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This is in order 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 requirement was made on 13 May 2024.

Action taken on previous requirement

Prior to this inspection a complaints investigation was carried out by the Care Inspectorate and the above Requirement was made.

In response guidance was developed by the service and training provided with evidence of this provided to the complaints inspector in timely fashion. However, the service has experienced turnover of staff and we found that new staff had not been provided with this training.

There was evidence of an increased awareness and appropriate response to some matters of this nature which had arisen however an incident of serious concern had also presented.

As a result, this requirement was not found to have been met and will be repeated - please see the body of the report.

Not met

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

By 28 May 2024 the service should implement a consistent and proactive approach in relation to escalation of concerns with key partners, including the placing social worker and commissioning authority.

This is to ensure that the quality of care and support is consistent with the 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 28 May 2024.

Action taken since then

The service evidenced a proactive and consistent approach to escalation of concerns with key partners. Where appropriate, improved links with external advocacy services were used to support escalation of concerns raised by young people.

Previous area for improvement 2

By 28 May 2024 the service should support positive experiences and outcomes through a consistent, innovative and aspirational approach to meeting young people's needs.

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

'I am confident that people are encouraged to be innovative in the way they support and care for me.' (HSCS 4.25)

This area for improvement was made on 28 May 2024.

Action taken since then

Although there was some evidence that the service was aspirational in its hopes for young people, there was more limited evidence around an innovative approaches being implemented. Concerns around consistency of practice and poor experiences and outcomes for some young people meant that this Area For Improvement was not found to have been met and will be repeated - 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?	1 - Unsatisfactory
7.1 Children and young people are safe, feel loved and get the most out of life	1 - Unsatisfactory
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	1 - Unsatisfactory

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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