

Gardenhouse Care Home Service

Lockerbie

Type of inspection:
Unannounced

Completed on:
5 February 2025

Service provided by:
Common Thread Ltd

Service provider number:
SP2005007437

Service no:
CS2007148153

About the service

Gardenhouse is set in the countryside and can accommodate up to three young people. The nearest town would be a short drive away. The house is nicely decorated, and has a good garden space.

About the inspection

This was an unannounced inspection which took place on 28 and 29 January 2025. The inspection was carried out by one 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 one person using the service and two of their family/friends/representatives
- spoke with seven members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- There was a lack of promoting safe risks for young people.
- The provider needed to invest in embedding a trauma informed approach to care.
- Staff had good relationships with the young people.
- Quality assurance processes were not effective.
- The provider had not taken into consideration the needs of young people or staff when they moved into the service.

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 some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made four requirements for the service to address.

Young people's physical and emotional safety had at times been compromised. There had been a number of incidents where young people had not been safe, and the support provided at these times was not clear. This led to a lack of promoting positive risk taking for young people with restrictive practices being implemented following these events and not regularly reviewed.

We found the child protection policy and procedure needed to be updated. We found there was a lack of clarity regarding who would investigate any concerns and when the lead agency would be informed. The service was working on an adult protection policy, however, this was not yet in place. These policies require to be clear and in place to ensure the protection of the young people using the service. **(See area for improvement 1.)**

A trauma informed approach to care was not embedded within the service. We found at times responses to young people were not understanding of their needs and at times escalated the situation. This led to young people feeling misunderstood. The service had plans to create further opportunities of training for staff to help their practice develop.

Staff had good relationships with the young people. Young people told us, "The staff are good." We observed staff to have fun with the young people, offer cuddles and provide nurture. There had been opportunities for young people to go on holiday, where they made lifelong memories.

There was a focus on using restrictive practices to manage risk within the service. Young people had multiple restrictions in place, and we found regular reviews to reduce these practices were not in place. This reduced the ability to educate young people and enable them to take safe risks. This compromised the young people's rights and was not in line with 'The Promise'. **(See requirement 1.)**

Young people were supported to spend time with family and their views taken into consideration. Staff told us, "We were so proud to support them to a family event". We found staff were committed and advocated on young people's behalf when they wanted to spend more time with family. This helped young people to feel included and listened to.

There was a commitment from staff to support young people with education. Staff understood the importance of their relationship with the young people and used this to encourage and support them at school. For those not attending school, staff were encouraging of opportunities which arose such as college, work or employability courses to create routine and opportunities to achieve.

The aims of the service needed to be updated to reflect continuing care. We advised the service to develop a policy alongside this, to ensure that young people were aware of their right to continuing care. **(See area for improvement 2.)**

Care plans and risk assessments needed to be more detailed and SMART (Specific, Measurable, Achievable, Realistic, Timebound.) We found a lack of clear strategies in place to support the young people with risk. Goals within the care plan needed to be SMART and meaningful. This had the potential to lead to inconsistent care, which could impact on the safety of young people. **(See requirement 2.)**

There was a lack of leadership and clear direction in the service. The service had not had a manager in place for nearly one year. This led to a lack of support for staff, and morale had been low within the team. We were pleased to hear a manager had recently been recruited and hoped this would create stability for the team.

We found there was quality assurance processes in place, however, these were ineffective. Training records were out of date, and there was a lack of clarity around what training had been undertaken. Audits also failed to recognise duplication of strategies within risk assessments and the lack of updated information. These processes are key to ensuring staff are skilled to support young people and have the correct information to care for them. **(See requirement 3.)**

The provider had not considered the needs of the young people or staff when considering new admissions. There had been decisions made to take more young people into the service despite significantly low staffing levels, and staff struggling to meet the needs of the young people in the service. This had led to poor outcomes, and potential to impact the safety of the young people. **(See requirement 4.)**

The service struggled to recruit which had a significant impact on the team. We found a number of staff had left and the service had been unable to recruit to these roles. This left staff feeling vulnerable, and working alongside agency members of staff. Morale in the team had started to improve with the hope of upcoming interviews that the vacancies would be filled. This would provide more consistency for the staff and young people.

Requirements

1. By 1 April 2025, the provider must ensure they support risk enablement for young people.

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

- a) ensure if restrictive practice are implemented these are reviewed regularly
- b) young people are involved in the decision making
- c) focused work is conducted to help young people understand risk.

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

'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24); and

'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

2. By 30 April 2025, the provider must ensure that the risks young people present within the service are assessed. To do this, the provider must, at a minimum ensure that:

- a) the risks young people present are recorded accurately and include proactive strategies, along with primary and secondary strategies to support the young people
- b) risk assessments are updated following incidents
- c) all potential risks are included in the risk assessment.

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:

'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies' (HSCS 3.24).

3. By 30 April 2025, the provider must ensure there are effective quality assurance processes in place.

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

- a) ensure quality assurance systems are effective in recording up to date training
- b) audits are effective in identifying areas for improvement in care plans and risk assessments.

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 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).

4. By 1 April 2025, the provider must ensure the admissions process considers the ability of the service to be able to meet the young person's needs and keep them safe. In particular the provider must:

- a) ensure there is a comprehensive assessment of the needs of the young people using the service, underlining how the service will meet these needs and evidence regular reviews of the assessment
- b) ensure there is an assessment of the impact on young people in the service and the referral, when a new admission is considered.
- c) ensure the service has the staff skills and training to meet the needs of the young person.

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 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).

Areas for improvement

1. To support children's protection and safety, the provider should ensure that the child and adult protection policy and procedure is updated.

This should include, but is not limited to, a clear procedure which is consistent with the policy and national guidance. Alongside a separate adult protection policy and procedure.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. The service should develop a continuing care policy to set out its responsibilities to provide continuing care to young people and how it will ensure that young people are aware of their right to continuing care up to the age of 21. They should also update the aims and objectives of the service to reflect this.

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

'As a child or young person I feel valued, loved and secure' (HSCS 3.5); and

'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

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 support children's wellbeing, learning and development, the provider should ensure care plans are regularly updated and have SMART (Specific, Measurable, Achievable, Realistic, Timebound) goals. This should include, but is not limited to, care plans having the most up to date information and having SMART GOALS.

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 30 August 2023.

Action taken since then

Goals in care plans were still not SMART, and needed to be developed further.

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	3 - Adequate

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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