

Gate House Care Home Service

21 Edinburgh Road
Bathgate
EH48 1EX

Telephone: 01506 652 312

Type of inspection:
Unannounced

Completed on:
17 April 2023

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 inspection which took place on 3, 5 and 6 April 2023 between 12:50 and 19:15, 09:50 and 17:25 and 08:55 and 15:40 respectively. Two inspectors carried out the inspection. To prepare for it we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation, we:

- reviewed responses to electronic surveys from four staff and three external professionals
- spoke with three children and young people and one family member
- spoke with staff and managers
- spoke with an external professional
- observed practice, the environment and daily life
- reviewed documents.

Key messages

- Children and young people experienced care practices that provided safeguards and reduced the risk of abuse. A significant reduction in the use of physical restraint further minimised risks.
- Young people benefitted from positive and supportive relationships with a number of staff, though some had also experienced the negative impact of high staff turnover.
- Managers should support further staff learning in trauma-informed care to ensure children experience practice that is consistently nurturing and attuned to developmental needs.
- The pace of environmental improvements should be increased to fully reflect the service's vision and ethos.
- Children benefitted from regular, varied opportunities for physical activity, stimulation and play. Improved attendance and engagement in school also supported positive progress in achieving their potential.
- The high proportion of newer staff meant most had not completed the full training programme and created additional challenges for managers.
- Overall, quality assurance and assessment and planning processes were supporting improvement but needed further development in some areas to maximise service quality.

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 overall evaluation of **adequate** for this key question. The service had some strengths, but these just outweighed weaknesses. Strengths had a positive impact but key areas of performance should be addressed.

Effective responses to concerns, including collaborative work with other agencies, helped keep young people safe from harm and abuse. However, managers should ensure that all care staff have relevant training, and should keep up to date records to support effective monitoring. There had been a significant reduction in the frequency of physical restraints and other restrictive practices since the last inspection, and staff had not used these for several months. This reduced the likelihood of children's wellbeing and dignity being compromised.

Some young people had only recently arrived, but their relationships with staff were developing well, and sensitive, individualised support was helping them manage this significant transition. Positive, warm and trusting relationships with some staff were a buffer during difficult times and probably accounted for a reduction in certain distressed responses over time. We also received some very positive feedback from a young person about their experience so far. Nevertheless, these did not fully mitigate the continued impact of high staff turnover. Stability and continuity of care are an essential foundation for children's healthy emotional development. Repeatedly having to end important relationships with primary carers and form new ones is very challenging and is likely to have adversely affected the pace of progress. Whilst we concluded that the care children experienced was usually respectful and responsive, on occasions some staff did not implement a developmentally appropriate approach to children struggling to cope with distress and frustration (**see area for improvement 1**). Managers explained that they were in the process of supporting staff with record-keeping as part of implementing a fully trauma-informed ethos, which should help to address practice issues.

Young people received support to exercise choice. Staff informed them about their rights, including the right to complain if they were unhappy, and they had access to advocacy or legal representation to influence decision-making. The provider had also resumed young people's involvement in recruitment of new staff. This meant they experienced care that better reflected their preferences.

Most of the environmental improvements noted at the last inspection had been maintained. One child was actively engaged in planting the outdoor area and took pride in making it more welcoming. Inside, most of the house was comfortable and well-maintained, and provided plenty of room for relaxation and enjoyment. Young people had contributed to personalising their rooms to foster a sense of belonging and reflect their interests and preferences. However, some shared spaces were rather impersonal (though there were plans to add photos), the kitchen-dining room was dated and neglected in appearance, and facilities for handwashing could be more child-friendly. We concluded that these did not fully reflect the provider's ethos and aspirations and that the pace of improvement needed to increase (**see area for improvement 2**).

Children's physical health was generally good and their diet was becoming more balanced and varied. Staff managed their medication safely and effectively overall, though we offered suggestions for improving recording practice. Staff awareness of sensory needs reduced overstimulation, which was more conducive to creating safety and security. Young people had beneficial, nurturing and predictable routines that had a positive impact on mental health. One took advantage of lots of opportunities for energetic activity, play and fresh air: these kept him stimulated and provided learning. Whilst some challenges remained, school attendance had become more of a norm and represented real progress since young people's arrival. Engagement in learning contributed to improving young people's life chances, confidence and social development. Support to maintain and develop family relationships where this was in young people's best interests promoted a sense of worth and belonging.

Staff in new leadership posts were positive role models and were making some progress in implementing a nurturing, therapeutic vision for the service, though the large proportion of new staff created additional challenges. External managers had a visible presence in the home and senior staff found their support very beneficial. However, they need to ensure the admissions process is a more accurate and realistic reflection of the staffing situation, including how shortfalls are to be addressed. Nevertheless, staffing numbers throughout the day met children's needs.

There were a number of gaps in core and mandatory training, though this reflected the fact that many staff were new. Some agency staff were approaching the deadline for key training and it was not clear when it would take place. Staff described feeling well-supported and some commented on their very positive experience of learning and development.

Staff turnover and retention, which had been a recurring feature, remained a barrier to improvement, though is a challenge for a number of providers. Only one member of the core team had been at Gate House for more than 10 months, five had been appointed since January, and this was the service's third manager in a 13-month period. Lack of stability of staff compromises children's ability to build trusting relationships, and leadership changes affect the momentum of improvement. The impact had largely been felt by one child, though there was a potential for it to be felt more widely. There were early indications that retention was improving, and the provider had recently increased salary rates following a review, but it was too early to be confident about the impact and we will continue to monitor progress at inspections.

Quality assurance processes had begun to have a positive impact on service delivery and children's experiences and outcomes. There was, however, scope for improving analysis of behaviour logs and incidents to identify learning. In addition, to strengthen existing processes, the provider should review systems for identifying delays in new staff submitting applications to register with the Scottish Social Services Council. An impressive strategic development plan was underpinned by the Promise (made to care experienced young people) but its effectiveness would be improved by specific actions and timescales (**see area for improvement 3**).

National wellbeing outcomes provided a good foundation for assessment and planning processes for young people, and informing practice, outcomes and experiences, and had a number of strengths. Suggestions for improvement included developing staff confidence in evaluating children's progress, more explicit consideration of relationships with brothers and sisters, and ensuring that all interventions are as specific and detailed as possible to guide staff in their work.

Areas 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).

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).

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).

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 to ensure young people have the service that is right for them, the provider should ensure that decisions about admissions are fully informed by a robust, clearly evidenced assessment and matching process.

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

This area for improvement was made on 29 June 2022.

Action taken since then

The admissions process had continued to improve, though we have detailed how further developments can be made in the body of this report.

Previous area for improvement 2

To ensure continuous improvement, support effective learning, and meet young people's needs, the provider should improve the effectiveness of their quality assurance processes. This should include, but not be limited to, periodic analysis of incidents.

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 29 June 2022.

Action taken since then

At the inspection in July 2022, we had concluded that children's experiences and outcomes overall were improving as a consequence of more effective quality assurance processes and better standards of care and support. However, we noted that there was scope for more comprehensive analysis of incidents and identification of learning, with timescales for action. We also suggested that managers should continue to support staff to reflect on the use of terminology in children's records to ensure this is always respectful and trauma-informed.

The service did not provide evidence of analysis of incidents for this inspection so we were unable to fully evaluate progress in this area. However, the manager had been reviewing 'behaviour logs' with the aim of identifying any significant patterns and had identified some learning to improve outcomes and experiences for children. We suggested managers review how this information is recorded and shared with the team, though understand discussions had been taking place at team meetings.

Previous area for improvement 3

In order that young people have the best possible outcomes and experiences, the provider should ensure that the service develops high-quality, effective plans.

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 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).

This area for improvement was made on 29 June 2022.

Action taken since then

At the last inspection we concluded that plans needed continued development to ensure that all outcomes were as specific and measurable as possible and provided detail about how staff can achieve these. We suggested that reviews of progress would also benefit from more detail in some areas such as learning and that records of individual work and support ('key time' records) more clearly link to and reflect the objectives detailed in plans.

Development of personal planning processes had continued since the previous inspection to further support the achievement of positive outcomes and experiences. The manager had identified the quality of 'key time' records as an area for improvement and there had been some progress, though work was ongoing. We have included suggestions for building on existing strengths in the body of this 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?	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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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