

Horizons Residential Care - Braeside House Care Home Service

83 Sheephousehill
Fauldhouse
Bathgate
EH47 9EN

Telephone: 01501 503883

Type of inspection: Unannounced
Inspection completed on: 4 November 2016

Service provided by:
Horizons Residential Care Limited

Service provider number:
SP2013012111

Care service number:
CS2014334337

About the service

This service was registered with the Care Inspectorate on 27 March 2015.

The service originally operated as 'Willow House' from premises in Alva, Clackmannanshire. Registration transferred to the current premises in Fauldhouse, West Lothian in April 2016. The service is now known as 'Braeside House' and referrals for young people were considered for admission from June 2016 onwards.

Horizons Residential Care - Braeside House provides a care home service for three children and young people, both male and female, aged eight years to eighteen years. It is operated by Horizons Residential Care Limited, providing residential care for young people who are assessed as requiring medium to long term care.

It is a detached building with public areas and an office on the ground floor, and bedrooms and bathrooms upstairs. The home is within close proximity to local amenities and public transport.

Horizons Residential Care mission statement includes.

'Horizons Residential Care will provide a nurturing and safe environment for the young people who will be respected and treated as individuals.

The care staff will encourage and support the young people to achieve their potential working together with the young person's family members and supporting agencies to achieve this.

The care staff will uphold and promote the rights and views of the young people.

The care staff will provide a positive living experience which meets the requirements of the National Care Standards and which is independently inspected by the Care Inspectorate.

To provide a safe place where young people have an opportunity to make positive changes, achieve their potential in life and find their place in the community'.

What people told us

During this inspection we spoke with two of the young people who were living at Braeside. The young people told us they liked staying there. They said that the staff were good. One young person said they had a difficulty with some staff but there were always staff around they could talk to. They said that they liked the places they went with staff such as ice skating and go karting. They said they like the food they get at Braeside.

We also received three completed Care Standards Questionnaires (CSQs). The young people who completed the CSQs were very positive about their experience at Braeside. In response to the statement 'Overall, I am happy with the quality of care I get here', two young people strongly agreed and one agreed.

Self assessment

The Care Inspectorate received a fully completed self assessment from the provider.

The provider identified what it thought the service did well and gave examples of improvement. The self assessment clearly identified some key areas that the provider thought could be improved and showed how the service intended to do this.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

Quality of care and support

Findings from the inspection

In the 2016/17 inspecting year the Care Inspectorate is scoping child sexual exploitation (CSE) practice in children and young people's services. This is part of our contribution to 'Scotland's National Action Plan to tackle Child Sexual Exploitation' and focusses on frameworks of CSE practice, staff understanding and care planning outcomes. Child sexual exploitation care practice and staff awareness were evident. The service could develop this further through continued training updates.

At the last inspection, which was at Willow House, we made a requirement. We said that the provider must ensure that all young people have a comprehensive care plan and risk assessment. At this inspection we found that all of the young people had clear and current care plans. The plans were linked to the SHANARRI indicators identified in the government strategy Getting It Right For Every Child. We saw that the plans were well organised making it easy for staff to find information, including daily routines and strategies to be used to support young people. We suggested that there could be a clearer link between daily records, risk assessments and care plans in order to identify progress and positive outcomes.

At the last inspection, which was at Willow House, we made a requirement. We said that the provider must ensure that incidents are recorded. At this inspection we saw that an appropriate system for recording incidents was in place and incidents were being recorded effectively.

We saw that the young people who were staying at Braeside had made progress in keeping themselves safe and better self direction. We spoke with a placing social worker during the inspection who also indicated that the placement for the young person was proving very positive.

In the main we saw very good relationships between staff and young people. We saw that when there were issues, they were dealt with effectively and plans made to provide opportunities to mend and improve relationships.

In practice we saw staff having encouraging conversations with young people where they sensitively provided

advice and direction whilst actively listening to the thoughts, opinions and ideas of the young people.

The young people told us that they enjoyed lots of activities both within Braeside and in the local community. Staff supported them in their chosen hobbies and offered new experiences whenever possible.

We saw that medication was managed effectively within the service.

At the last inspection, which was at Willow House, we made a recommendation. We said that the service manager should consider how the views of young people and their families could be systematically collated and provide evidence of how they impact on the day to day lives of the young people. All staff should demonstrate that they are mindful of young people's opinions and look for opportunities to respond positively to young people's requests. At this inspection we saw significant progress. We saw that staff were respectful of young people's opinions. Young people told us they felt listened to.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of environment

Findings from the inspection

Braeside is a beautiful house which has high quality furnishings and fittings and decoration. The house is very well laid out to provide spaces for young people to meet or spend time on their own if they wish.

Each of the young people had their own good sized bedroom which provides personal space. All of the bedrooms were ensuite providing a high level of privacy for young people. Young people were provided with a budget to personalise their room to their own tastes

Young people had access to a large established garden which was well used. Plans were in place to further improve the garden and offer young people experiences of planting and growing their own vegetables.

The house was homely and comfortable. We saw that young people could leave their possessions around whilst still keeping the house tidy. Favourite games, books and things made by young people were evident around the house. All of this helped young people to feel relaxed and encouraged them to feel at home.

Security was taken seriously in order to ensure the safety of young people. Access doors were locked and staff answered the door to visitors so they knew who was in the house at all times.

Transport was available to enable young people to get out and about and to keep appointments.

Maintenance was of a high standard and there was no evidence of damage to the house.

At the inspection we stressed the importance of maintaining the current standard of the environment.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

Being a relatively new service the staff team were in the early stages of coming together. However we saw they were making very good progress in gelling as a team. We saw that there was appropriate challenge to practice balanced with respect for other people's views. The manager had introduced strategies in supervision to help staff make progress and reflect on their practice. The manager also planned to include young people in staff appraisal.

We saw staff working very positively with young people and found that the staff we met during the inspection were knowledgeable about the young people's needs.

We looked at rotas which evidenced that enough staff were available to meet the needs of the young people in line with the commitment from the service to provide a 1:1 ratio of staff to young people.

Staff files were very well organised. They evidenced good practice in relation to recruitment, selection and induction.

All staff were registered with the Scottish Social Services Council (SSSC). Most staff held appropriate qualifications. Plans were in place to help staff achieve qualifications in order to meet conditions on their registration with SSSC to attain full registration.

Staff had carried out core training such as child protection and CALM (Crisis and Aggression, Limitation and Management). Child sexual exploitation awareness was included in child protection training. In addition staff had identified areas of interest where they would take the lead within the staff group.

Staff had access to a range of appropriate policies and procedures to inform their practice such as whistle blowing and codes of practice.

A regular staff meeting was held that allowed for discussion and planning.

We saw that most staff had very positive relationships with the young people.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

At the last inspection, which was at Willow House, we made a requirement. We said that the provider must ensure that effective systems of management are in place. In doing this they must ensure that consistent, high quality care is provided throughout the service. At this inspection we saw that good management processes were in place and the manager was very confident in her role and had a very good overview of the service.

At the time of the inspection there were about to be significant changes within the senior management team. The provider discussed this with us at inspection and had clear plans for the future management structure for Horizons Residential Care services.

The manager had a significant presence within the home and was readily accessible to young people and staff. We saw that the manager had very good relationships with the young people. She led by example and was a very good role model for staff.

Whilst the service had been operational for a short length of time, the manager had developed a quality assurance tool kit which was beginning to result in action plans for improvement.

The staff we spoke with during the inspection told us they felt supported by the management team.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

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

Previous requirements

Requirement 1

The provider must ensure that all young people have a comprehensive care plan and risk assessment. In order to achieve this the provider must:

- review the format of care plans
- provided training and guidance for staff on forming care plans and risk assessments
- evidence from supervision records that senior staff have an overview of care plans and risk assessments
- evidence a management overview of staff practice and feedback to staff about practice.

This is in order to comply with:

Scottish Statutory Instrument 2011, 28 4(1) (b) notifications No 210, Regulation 4(1)(a). Children's welfare - a regulation which ensures proper provision for the health, welfare and safety of children.

Timescale for implementation: To be started on publication of this report and concluded within eight weeks.

This requirement was made on 19 January 2016.

Action taken on previous requirement

This requirement was made when the service was operating as 'Willow House'. At this inspection we found that the service had established a care planning system.

Met - within timescales

Requirement 2

The provider must ensure that

It is a requirement that the Provider ensures that incidents are recorded appropriately. In order to achieve this the provider must:

- ensure that staff have a good understanding of the circumstances under which an incident report should be made
- develop and implement systems to audit incident recordings to ensure these are made and completed appropriately
- develop and implement a system to ensure that appropriate notifications are made to the Care Inspectorate
- the Provider must be able to demonstrate how they have achieved this to the Care Inspectorate.

This is in order to comply with:

SSI (2011) 210 -4 (1)(a) - a regulation that a Provider must make proper provision for the health, welfare and safety of service users

Timescale for implementation: within four weeks of the publication of this report.

This requirement was made on 19 January 2016.

Action taken on previous requirement

This requirement was made when the service was operating as 'Willow House'. At this inspection we found that the service had a system in place to manage incidents effectively.

Met - within timescales

Requirement 3

It is a requirement that the Provider must ensure that effective systems of management are in place. In doing this they must ensure that consistent high quality care is provided throughout the service. In order to achieve this they must:

- implement the planned revised management structure
- undertake a review of their management systems
- implement systems of quality assurance and evaluate these regularly to ensure they are effective.
- implement systems of staff supervision which include observed practice, support and guidance by managers.
- draw up an action plan detailing how improvements to quality assurance will be implemented within given timescales, and submit this to the Care Inspectorate.

This is in order to comply with:

SSI (2011) 210 4(1)(a) - a regulation that a Provider must make proper provision for the health, welfare and safety of service users

Timescale for implementation: within 4 weeks of the publication of this report

This requirement was made on 19 January 2016.

Action taken on previous requirement

This requirement was made when the service was operating as 'Willow House'. At this inspection we found that effective management systems were in place.

Met - within timescales

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

Previous recommendations

Recommendation 1

The service manager should consider how the views of young people and their families could be systematically collated and provide evidence of how they impact on the day to day lives of the young people. All staff should

demonstrate that they are mindful of young people's opinions and look for opportunities to respond positively to young people's requests.

National Care Standards for care homes for children and young people Standard 18: Concerns, comments and complaints

This recommendation was made on 19 January 2016.

Action taken on previous recommendation

This recommendation was made when the service was operating as 'Willow House'. At this inspection we found that staff were respectful of young people's opinions and systems were in place to get the views of young people and their families.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
21 Oct 2015	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 4 - Good 3 - Adequate 3 - Adequate

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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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