

# Horizons Residential Care - Braeside House Care Home Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
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**Service provided by:**  
Horizons Residential Care Limited

**Service provider number:**  
SP201301211

**Service no:**  
CS2014334337

## About the service

Horizons Residential Care - Braeside House provides a care home service for three children and young people, both male and female, aged eight years to 18 years. At the time of the inspection only one young person was resident at the home. The care home 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, with bedrooms and bathrooms upstairs. The home is within close proximity to local amenities and public transport.

## What people told us

Only one young person was resident at the home at the time of the inspection. The young person did not want to speak with the inspector during the inspection. Therefore much of this report is based on review of documentation, discussion with staff and other stakeholders.

## How well do we support children and young people's wellbeing?

4 - Good

We evaluated this key question overall as good, with some aspects of very good. We observed significant strengths but with some areas for improvement. Whilst improvements were needed, the strengths evidenced directly led to positive outcomes for the young people.

The young person did not want to speak with the inspector during the inspection. Therefore much of this report is based on documentation, discussion with staff and other stakeholders.

The young person who was resident at the time of the inspection sometimes enjoyed time with staff having fun playing football and going for outings. Staff were aware of the young person's anxieties and ensured that planned activities took these into account. However sometimes the young person was disengaged and spend a lot of time in their bedroom. During these times we saw that staff tried to encourage and motivate them to participate or engage in useful experiences with varying levels of success. See area for improvement 1.

The child protection policy and procedure and child protection guidelines we were directed to were out of date. The manager was able to direct us to current documentation which was up to date. We suggested that out of date information should be discarded and this was done at the time of the inspection. Past protection incidents had been managed effectively through consultation with placing social workers and police where necessary. The incidents were appropriately recorded with a record of the decision making process. We saw that young people were fully supported throughout this process. We suggested that the documentation needed to include notifying the Care Inspectorate and the document was updated at the time of the inspection to include this.

External advocacy was provided through Who Cares. We saw situations where young people had successfully challenged review decisions through used of external advocacy.

Young people were encouraged to maintain contact with their families and the people who were important to them. Adults actively supported time with family and provided support to parents and carers to ensure that the time they spent together was as positive as possible.

A complaint concluded in March 2021 had resulted in a requirement (see complaints section of this report).

The service had developed a policy regarding admissions in line with the Care Inspectorate guidance. We looked at some of the matching paperwork and whilst this had improved we stressed the need to continue to develop assessment of the needs of current young people alongside the needs of prospective placements.

The adults had created a comfortable family environment where young people could relax. Staff spent time in the communal areas encouraging young people to join them. We saw evidence of meaningful and supportive discussions between young people and the adults during key time. Some of the young people had sustained education placements and had made significant progress in their education. The adults were very encouraging, praising achievements and promoting ambition. Other young people were more resistant to education and training. However the adults had been proactive in seeking opportunities which interested these young people, in order to give them purpose and increase their skills.

Young people were encouraged to take part in activities out with the home and in the past had successfully engaged in interests such as horse grooming, trampolining and football. Staff supported the young people providing praise and encouragement improving confidence and self esteem.

Whilst young people were able to make choices about their lives we saw limited evidence of participation at the time of the inspection. At feedback the manager discussed the use of a participation folder to evidence how young people are consulted and how their views and suggestions were put into practice. See area for improvement 2

Some staff demonstrated understanding of trauma informed practice, however some were new to this model of care. Further trauma based training was planned and we suggested that those staff who had firm understanding of this ethos present as role models to support learning. See area for improvement 3

Young people were appropriately registered with health care services and were fully supported to attend appointments. Young people were correctly referred to services to support mental health when necessary.

Young peoples dietary needs were well catered for and they had a variety of options to choose from. Whilst adults tried to set routines and rhythms of the day, young people were not always engaged in this and spent significant time in their rooms , missing meals.

In the main medication was stored and administered correctly. One instance of medication error was dealt with appropriately and processes put in place to minimise risk of repetition.

### Areas for improvement

1. In order for young people to get the most out of life the provider should increase planned activities to further involve and engage young people. They should consider how the use of young people's weekly planners could utilise adults skills to enhance the time spent with the young people

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22).

2. In order for young people to fully express their views and influence improvements, the provider should establish processes for seeking the views of young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

3. In order for young people to experience high quality, compassionate and nurturing relationships, the provider should promote a trauma informed approach used by all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).

## How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of leadership and how quality assurance supported positive outcomes for children and young people, therefore we evaluated this key question as very good.

Senior meeting minutes and staff meeting minutes evidenced that the senior team had a positive and supportive working relationship with each other which enabled clear communication between them and other staff. This ensured that staff had a sound understanding of their responsibilities in caring and supporting young people.

We saw that processes for quality assurance had been developed in relation to the functions of the house such as health and safety, food hygiene and upkeep of the environment. This ensured that young people lived in a home which was safe and comfortable. In addition the manager carried out audits of young peoples care plans, following this through with discussion at supervision to ensure care plans were meeting the needs of the young people and were being followed by staff.

A service development plan focused on immediate and long term goals. The manager had a vision for the development of the service and worked alongside other Horizons senior management to make improvements across the service in areas such as training and continued care.

Any complaints were taken seriously, investigated thoroughly and responded to appropriately.

Staff reported that they saw the manager regularly and felt well supported.

We saw evidence of high quality staff supervision and which identified individual support, developmental needs, and case work responsibilities. All staff including sessional staff received one to one supervision.

In the main the service provided appropriate notification information to the Care Inspectorate. At the time of the inspection they were familiarising with new notification guidance.

## How good is our staff team?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

Horizons Residential Care - Braeside had closed during the pandemic for refurbishment. The reopening of the home had been a challenging time with, in the main, a newly recruited staff team. Some core staff remained and in order to maintain consistency an additional team member was added to the core staff total.

So whilst it was evident that there were sufficient staff in numbers to care for the young people there had been almost a complete change of staff since the last inspection. As a result some of the new staff were inexperienced in residential care and had not yet started training for qualifications. Whilst we recognise that this is currently an issue throughout the care sector at the moment we urged the provider to consider how they could better retain staff.

There were two staff vacancies at the time of the inspection , one full time and one part time. These gaps were filled with sessional staff, however new staff had been recruited and their employment was imminent. During this past year an incident had occurred when a member of staff was alone with a young person who presented unsafe behaviours. The outcome of this incident had been considered and had resulted in better consideration of young people's needs and staff deployment.

We looked at safe recruitment as part of the inspection. Initially we found some gaps in employment history , however full employment histories were available through CV's rather than on the application forms. All fit person checks and references were appropriate.

Training had taken place prior to reopening of the service. This training covered elements of care practice such as care planning, The Promise, recording and reporting, behaviours and incident scenarios and administration of medication. Additional training was planned in relation to trauma informed practice and crisis intervention (CALM).

All staff were appropriately registered with the Scottish Social Services Council (SSSC)

## How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

This key question was assessed in the context of the global pandemic of COVID-19 and the associated restrictions. The organisation has drawn up suitable guidance for staff regarding COVID-19, and supplied appropriate personal protective equipment (PPE) if necessary. Staff were confident that they followed the procedures in place.

The staff team had worked hard to ensure that young people stayed connected with their family, friends and their own local community. They encouraged young people whenever possible to form positive relationships out with the home. Some of the young people who had lived at Braeside had not had a positive experience in the community where the home is located and this had resulted in them moving on more quickly than planned.

Staff supported and encouraged young people to make use of community resources such as trampoline centre membership and local parks.

Young people could stay in contact with the wider world through TV, games consoles and safe use of the internet and social media.

The planning of activities sometimes lacked incentive or were not followed through. The recent introduction of a planning board with identified staff commitment is intended to use staff skills to enhance time spent with young people. We would hope to see the impact of this at future inspections.

The house was furnished and decorated to reflect the personalities and interests of the young people living there. We observed nice photographs of young people during recent activities as well as personal items and others for general use. The furniture appeared to be of a good standard and the home was well decorated.

The service had sufficient systems in place to ensure that repairs, maintenance and safety issues were managed to a good standard.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good. We found that important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

We looked at the care plan for the young person who was living at Braeside and also the care plans for some of the young people who had moved on.

Care plans and crisis management plans were generally up to date. Some crisis management plans identified triggers and strategies to reduce risk. However, many of the documents used to guide staff were repetitive and needed to be made more concise. The care plans could be improved by applying SMART (specific, measurable, achievable, realistic and timebound) targets. This would support staff in their engagement of young people and help young people to recognise their achievements. Whilst some goals were identified, as the young person was reluctant to engage the achievement of the goals were limited. The service now needs to develop systems to measure progress and identify if strategies are working or if changes are needed. See area for improvement 1.

Whilst we found evidence of families contributing to care plans there was limited evidence of young people being involved in their care planning. See area for improvement 2

## Areas for improvement

1. In order to ensure that the service can consistently achieve positive outcomes the provider should adopt a SMART approach to care planning

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "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." (HCS.1.15)

2. To enable young people to be fully involved in all decisions about their care and support the provider should consider ways of involving young people in their care planning and evidence this in their care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "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." (HCS.1.15)

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

### Requirements

#### Requirement 1

The Provider must ensure that children and young people receive quality care and support from a service that has considered sufficient relevant information to make an informed decision about a suitable match. In order to achieve this the provider must ensure that: - they gather all relevant information prior to deciding on the suitable match - ensure that a suitable checklist of information is completed for all young people to improve matching decisions - consultation takes place prior to admission with relevant staff, including House Managers and / or Seniors - systems are in place for minuting meetings and following up on information gaps - quality assurance systems are improved before final decisions on placements are decided.

**This requirement was made on 25 March 2021.**

#### Action taken on previous requirement

The provider has developed a proforma for gathering relevant information prior to placement. Managers are consulted about all placements and have the final decision regarding placements. The service had used the Care Inspectorate Admissions Guidance for Residential Services [https://www.careinspectorate.com/images/documents/5954/Admissions Guidance for Residential Services.pdf](https://www.careinspectorate.com/images/documents/5954/Admissions%20Guidance%20for%20Residential%20Services.pdf)

**Met - within timescales**

#### Requirement 2

The Provider must ensure that children and young people receive quality care and support from a service that has been formally identified as suitable to meet their needs. In order to achieve this the provider must: - develop matching guidance that incorporates the assessment of children and young people's needs in relation to the skills and experience of staff - ensure that in all cases a matching assessment is completed for the child or young person prior to the placement starting.

**This requirement was made on 25 March 2021.**

#### Action taken on previous requirement

The provider had developed matching guidance, including assessment of young persons needs. We saw that the matching assessments had been completed for new admissions.

**Met - within timescales**

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support children and young people's wellbeing?	4 - Good
1.1 Children and young people experience compassion, dignity and respect	5 - Very Good
1.2 Children and young people get the most out of life	4 - Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.3 Children and young people can be connected with and involved in the wider community	4 - Good
How well is our care planned?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good



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