

Horizons Residential Care - Westhaven House Care Home Service

Westhaven House
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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:
CS2013318832

About the service

This service was registered with the Care Inspectorate on 11 October 2013.

Horizons Residential Care - Westhaven House provides a care home for children 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

We spoke with two young people during the inspection.

Young peoples comments included

"It's alright" and that it was "not bad".

"Most of the staff are nice and they show hey care by doing things like picking me up when I am out".

"They are good at helping me to keep in contact with family"

"I could be involved in my care plan but I'm not interested".

"It's really good"

"The staff are friendly and fun, but some are annoying"

"I would like the sitting room decorated it doesn't match"

"We get on ok" (about other young person)

"I chose the sofa"

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

4 - Good

Staff were skilled at engaging young people. They understood that relationships were key to helping young people make progress. Young people told us that staff demonstrated that they cared for them by doing things that made their lives better and offering praise and advice.

Young people had made significant progress during their time at Westhaven. This included better attendance at school and enrolment at college. As a result young people had improved learning experiences.

Young people benefited from care which is based on mutual respect and a staff group who enjoyed being with them. The staff were skilful at helping young people to negotiate and encouraged positive relationships between young people.

Visiting professionals describe the service as nurturing and felt that the approaches adopted by the staff were appropriate and individualised to meet young people's needs.

We found evidence that when young people moved on into adulthood, these transitions were managed positively and successfully and young people felt very supported.

There was strong evidence that young people make decisions and choices about their lives and how they spend their time. They enjoyed many activities both independently and with staff.

Staff had supported young people to access advocacy services in the past. The service should continue to develop the range and regularity of advocacy services available to young people and ensure they have external support.

Young people have access to a variety of health professionals including psychological services.

Staff actively promoted healthy lifestyles. Some young people played an active role in menu planning, budgeting, shopping for food and preparing meals and as a result learned about good nutrition, and healthy eating. One young person spends significant time out with the service and said they often went without food all day. The service needs to address this to ensure all young people's nutritional needs are met.

Staff are aware of medication and what it is used for. One discrepancy in medication was recorded in the medication log, however the form detailing medication errors was not completed. This needs to be done in terms of lessons learned and ensuring improvement. All other medication was appropriately administered.

We found that child protection incidents had been managed appropriately. However the child protection policy needed to be reviewed to provide better clarity to staff about the actions they should take and clearer identifications of the responsibility and actions of the child protection coordinator. We saw that this was identified within the service improvement plan. See area for improvement 1.

Areas for improvement

1. In order to ensure that young people are fully protected the provider should review the Child Protection policy and ensure that it complies with national guidance.

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).

This is to ensure that child protection practice is consistent with Scottish Government document National guidance for child protection in Scotland 2021

How good is our leadership?

4 - Good

There had been a recent change in the management structure both at director level and throughout the leadership team. The provider needed to provide clear job descriptions for all management posts and provide guidance as to roles and responsibilities. All of the leadership team need to be clear about the

channels of communication to ensure clarity for staff and young people. By doing this the provider should be able to audit progress and ensure targets are being met and young people have the best possible care and support.

At service level the named manager had a positive vision for the future of the service. She was clear as to where improvement needed to be targeted. Her initial plan was to get processes such as staff supervision and team meetings up to date and embedded in practice. She had already been successful in progressing this. Both the young people and staff told us that the manager was approachable and supportive.

External audits had been a recent introduction. The audits identified areas for improvement and had a detailed action plan to support improvement. We will consider the impact of this at future inspections.

Whilst we saw that young people were involved in making choices in their daily lives they needed to be better involved at the higher level to influence their care experience. See area for improvement 1.

Some of the incident forms were narrative and descriptive of incidents and lacked analysis. The incidents were signed off with no learning or ideas to reduce incidents. See area for improvement 2.

Areas for improvement

1. To promote inclusion and ensure young people's views are heard and acted upon the provider should develop further approaches to getting the views of young people and demonstrate how these are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

2. To ensure young people are kept safe and incidents are reduced the provider should review the incident reporting systems to provide analysis and learning from incidents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.' (HSCS 2.25).

How good is our staff team?

4 - Good

Staff rotas distinguished that there were enough staff on each shift to support the needs of the young people. However the identified staffing levels needed to be better evidenced through recorded assessment of needs and equivalent staffing levels. Rotas should also identify the person acting in the absence of the named manager as supernumerary to the identified staffing levels. See area for improvement 1

The service had a core group of staff who knew the young people well. They could call on regular sessional staff and support from other houses to supplement this. In order to provide consistency for young people movement of staff between houses should be kept to a minimum.

Staff had carried out some training in the past few months, however emphasis had been on Health and safety, First aid, Food Hygiene which whilst appropriate and necessary needed to be further supplemented with child specific training such as trauma based practice and areas specific to the young people being

cared for. IN addition the provider needed to ensure that all staff received training in de-escalation and physical restraint. See area for improvement 2.

We found some inconsistencies in recruitment files. However we recognised this to be an inherited situation and the new directors had made significant improvement to recruitment processes.

1. To keep young people safe the provider should develop a recorded analysis of the needs of the young people and how this equates with staffing levels.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

2. In order that young people receive care from appropriately trained and knowledgeable staff the provider should develop an analysis of training needs and identify how training needs will be met.

This is to ensure that 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).

How good is our setting?

4 - Good

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 local community. They encouraged young people to form positive relationships out with the home. They also worked with young people to broaden their horizons and enjoy new experiences in the community.

The favourable location of the home enabled young people to travel independently whilst the use of a cart ensured that young people could journey further afield.

The service should continue to look for opportunities to involve young people in the wider community.

The house was well maintained and progress had been made in carrying out some refurbishment and further refurbishment was planned. Some of the decoration of the house was mismatched and did not appeal to the taste of the young people. We urged the provider to consider these views when planning redecoration.

Young people had personalised their bedrooms to their own taste. One of the young people showed us their bedroom which was comfortable and provided privacy.

The service had sufficient systems in place to ensure that repairs, maintenance and safety issues were managed quickly and effectively.

How well is our care and support planned?

4 - Good

Care plans and risk assessments were in place for individual young people which provided some guidance for staff about how they could work with young people to help them achieve and keep them safe.

Through discussion with staff we were confident that staff knew how to work with the young people and keep them safe.

The management team recognised that they had not yet fully established care planning and committed to carrying this forward. In particular the care plan 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.

Some young people were fully engaged in their care planning, whilst others had little interest. By including more information about the young people's personality and what interests them rather than focusing on routines could promote more meaningful interaction between staff and young people. We encouraged the service to develop more accessible and child friendly care plans so that young people could be more involved with their care planning.

Whilst we saw evidence that some plans were regularly reviewed this was not always effective, however, as some of the information was out of date or there was no date available to make an assessment of the validity of the information. This could result in confusion for staff and lack of consistency for young people. In addition some of the language used in recording was negative and lacked empathy. See area for improvement 1.

Risk assessments clearly identified the risks to young people. However some of the strategies to mitigate risk were vague or lacked detail. See area for improvement 2.

Areas for improvement

1. To ensure that young people make progress and are cared for by staff who know their needs the provider should ensure that care plans are dated, up to date and written in language that has positive reflection.

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).

2. To ensure that young people are kept safe the provider should ensure that risk assessments clearly identify how to minimise risk.

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 because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

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 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?	4 - Good
2.2 Quality assurance and improvement are led well	4 - 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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