

# Midlothian Residential Service for Young People

## Care Home Service

23 Ladybrae  
Gorebridge  
EH23 4HT

Telephone: 0131 270 7500

**Type of inspection:**

Unannounced

**Completed on:**

19 July 2018

**Service provided by:**

Midlothian Council

**Service provider number:**

SP2003002602

**Service no:**

CS2003011085

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was registered with the Care Inspectorate on 01 April 2011.

Midlothian Residential Services consist of two purpose-built houses in Penicuik and Dalkeith, with a third, traditional house, in Gorebridge.

The service is provided by Midlothian Council and is registered to provide a care service to a maximum of ten young people, both male and female, aged 10 years to 21 years across the two purpose-built houses. At the time of inspection, a time limited variation was in place to provide care to one additional young person within the house at Gorebridge.

## What people told us

We received three completed Care Standards Questionnaires from young people prior to the inspection. Two young people agreed that they were happy with the quality of care received at Midlothian Residential Services, one young person strongly disagreed.

During the inspection, we spoke with four young people individually and informally chatted with other young people during meal times and whilst receiving a tour of each house. We heard some mixed views about experiences and highlighted some issues to managers during feedback for further reflection.

Comments gathered from young people included:

"For me I would rather be in a different placement because I sometimes get bullied when I'm out (in the community)".

"Some staff are good, good staff don't cross the line with you".

"The mix of other young people is good, I get on with most of them".

"I like my bedroom, I like my own space".

"I don't like it when young people get moved on, they don't really keep in touch".

"I love football, it's great that we have our own team".

"My keyworker is really good, they know me really well. My birthday is coming up and my keyworker will get me surprise presents, but they'll be good surprises, because they know what I like, they know me".

"It would be better if staff knew me better and knew when to step in and support me without me having to ask for help. I get bullied by another young person".

"I'm involved in the Champions Board".

"We're not told when a new young person is coming in, I think we should at least get told their name and whether it's a boy or a girl".

"We can decorate our rooms, we mainly go to IKEA and choose what we want from there".

"Some meals are better than others. We don't really get a choice about food, the shopping just gets ordered and arrives. It would be good to be more involved in shopping and plan our meals, rather than just get told what the menu is after food has arrived".

During the inspection we heard that consultation with young people happens weekly regarding meal choices and food shopping, with a focus on healthy eating. The service should continue to explore ways of promoting participation to ensure all young people feel included and able to contribute to menu planning.

## Self assessment

We did not ask the manager to submit a self assessment this year. Instead we looked at the service development plan for evidence of self-evaluation and improvement planning.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

## What the service does well

The service's performance across both themes (care and support and management and leadership) was good and demonstrated important strengths.

The service had continued to develop and improve since the last inspection. We felt that the team was working more cohesively and that good leadership was supporting the improvement journey.

Care plans showed good understanding of the current needs of young people and the measures required to promote progress. Plans were written sensitively and conveyed positive regard for the young person. Young people's interests and choices were evident within plans and were used to motivate and encourage. Where external supports had been identified, the service was proactive in pursuing access for young people which meant they benefited from timely intervention, for example to address mental health concerns. Outcomes focused assessment planning was used positively to encourage progression.

We saw some very positive interactions between staff and young people and heard how relationships had promoted increased confidence and feelings of safety for some young people. The majority of young people were accessing education or work experience opportunities.

Risk assessments were in place and reviewed regularly. Specific young people had more extensive risk assessments in place developed through multi-agency routes to address harmful behaviours. Some risk assessments could be developed further to identify if risks are historical and give insight to frequency of known behaviours to ensure risk reduction measures are appropriate and proportionate.

Young people benefited from the integrated IT system used by the provider which promoted an effective flow of communication between the service and relevant professionals. This meant that information could be shared quickly, particularly during times of concern about behaviours, risk or other vulnerabilities. Use of the MoMo (Mind Of My Own) system helped promote the gathering of young people's views in relation to care planning, meetings and reviews.

We spoke to a number of placing social workers during the inspection who commented favourably about the close working relationship they had with the service and described some of the positive outcomes that had been achieved by and for young people. These included reduction of absconding and increased participation in education as well as nurture of confidence and creativity. Consistency of staff approach, robust care planning and clear boundaries and expectations of young people within each house were cited as factors which helped promote these outcomes. We heard some comments about inconsistency of practice if a young person moved from one house to another within the service and have asked the service to consider ways to ensure continuity of care and support.

Staff supervision was occurring regularly within the records we sampled. We saw some examples of good support and development planning where staff had additional health and wellbeing considerations. This enabled managers to consider the rota and make changes where necessary to ensure the needs of young people and staff could be managed. Team meetings and senior team meetings were scheduled frequently.

Records showed positive access to training opportunities. Staff told us how specific training courses had informed their practice and enabled them to feel more confident in understanding and supporting behaviours arising through trauma and in identifying and reducing young people's risk from sexual exploitation. Staff spoken with showed good understanding of child protection procedures and appeared confident in knowing how to record and report any concerns.

A clear service development plan was in place which had been a focus of a recent development day. The plan was actively reviewed during team meetings, enabling staff to have good understanding of progress achieved to date and further actions required to support improvement.

## What the service could do better

The service had experienced some staffing fluctuation in the last year, including at senior level. We could see where changes across teams had been necessary, or inevitable, but felt that there could have been more planning and support to young people to prepare for and understand transitions to promote their sense of safety and security.

The number of locum staff used since the previous inspection had increased and we heard how this had, at times, placed additional pressure on core staff in managing the needs of complex young people. We spoke with managers during feedback about this and have asked the provider to consider ways to reduce this pressure. We have made a recommendation regarding the supervision needs of locum staff on shift and access arrangements for information relevant to the care and safety needs of young people. (See recommendation 1)

During the inspection, we heard about some incidences of bullying of young people by peers, within the service and outwith. Although staff have been aware of some issues and have tried to support young people to feel included and safe, we felt that an anti-bullying ethos should be further promoted. We have made a recommendation about this. (See recommendation 2)

We felt that staff supervision could be developed further to promote greater discussion and reflection regarding practice. The quality of recording could also be improved to ensure appropriate actions are identified and progressed. Some staff felt that sufficient debriefs did not always take place following incidents and we could see some examples where more reflective discussion could have taken place to support staff during these times.

Practice arrangements for medication storage, administration and recording did not always follow procedures set out by the provider or were in line with current guidance. It is essential that medication fridges are free from general food items, are temperature controlled and are checked regularly to ensure medication remains safe to administer. We found some inaccuracies in recording and potential duplication of administration. We have made a requirement regarding medication procedures and practice. (See requirement 1)

Prior to inspection, we spoke with the provider regarding the broad range of incidents that require to be notified to the Care Inspectorate as per the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. We spent time during the inspection looking at accident and incident reports and discussed these with managers to ensure they are fully aware of their responsibilities in submitting relevant notifications in a timely manner. We will consider progress in this area at next inspection.

## Requirements

### Number of requirements: 1

1. In order to ensure that medication storage, administration and recording systems are well-managed, the provider must review medication practice to ensure it is compliant with the service's own medication procedure by 30 September 2018.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

And, in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 - Welfare of users.

## Recommendations

### Number of recommendations: 2

1. To promote planned and informed care of children and young people, locum staff should have access to relevant information regarding young people's care and safety needs and the provider should review the supervision arrangements for supporting and developing locum staff practice.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15)

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. To enhance the safety, security and wellbeing of all young people, an anti-bullying ethos should be further promoted.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation' (HSCS 1.1)

'My human rights are protected and promoted and I experience no discrimination' (HSCS 1.2).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Inspection and grading history

Date	Type	Gradings
1 Sep 2017	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
28 Oct 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
23 Nov 2015	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
28 Oct 2014	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 4 - Good
7 Mar 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
23 Sep 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
26 Feb 2013	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good

Date	Type	Gradings	
		Management and leadership	3 - Adequate
17 Aug 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	2 - Weak
12 Jan 2012	Unannounced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Mar 2012	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
5 Mar 2012	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	1 - Unsatisfactory
7 Jun 2011	Unannounced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Dec 2010	Unannounced	Care and support	5 - Very good
		Environment	2 - Weak
		Staffing	Not assessed
		Management and leadership	Not assessed
18 May 2010	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
10 Feb 2010	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	Not assessed



Date	Type	Gradings	
		Management and leadership	Not assessed
16 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
31 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
11 Feb 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak 2 - Weak

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