

# Maben House Care Home Service

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Unannounced

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**Service provided by:**

Gilmourbanks Ltd

**Service provider number:**

SP2003002532

**Service no:**

CS2003010819

## About the service

Maben House is provided by Gilmourbanks Ltd and is registered as a care home service for children and young people. Within the grounds of Maben House the providers also operate a small school which offers primary education for day pupils. At the time of the inspection one child was receiving respite care in the service as well attending the primary school. Another child was attending the school based at Closeburn which was also operated by the Provider.

The service has been registered since 2002 and is registered to provide care for up to 10 children and young people. The service provider states that 'Our primary aim is to provide the best opportunity for personal success for young people who may have social, emotional, behavioural and/or specific complex needs' and that they aim to offer "...an excellent environment for a young person coming to terms with their life....social work and education staff combine as a professional team, where young people's abilities are developed through a patient, individualistic approach that makes full use of existing skills and offers new experiences to widen and compliment their horizons".

## What people told us

Over the course of the inspection we spoke with a young person experiencing care in the service and spoke with a family member of a child and a carer to another child.

One young person expressed a degree of unhappiness in being there. We understand that this was partly due to being placed in care away from home. However we were also told about enjoying activities with staff support and of enjoying participating in decorating their room.

Young people's family member and a carer gave positive views of the service. One family member stated that they felt assured that their child was well looked after and knew that their child was happier because they were looking well. We were also told that staff members were continuing to support and promote the issues identified as priority for their child and they were happy when they stayed at the service.

We tried but were unable to gather the views of social workers to the young people during the course of the inspection.

## 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 wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staffing?	5 - Very Good
How good is our setting?	4 - Good

How well is our care and support planned?	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 wellbeing?

4 - Good

We assessed the quality indicator 'children and young people's experience of compassion, dignity and respect' to be at a good level.

We noted through the interactions between staff and young people that staff were attempting to develop a good understanding of the young people's needs and subsequently build positive and trusting relationships with them. Staffs approach to young people was warm and supportive; with young people responding confidently. Evidence of the effectiveness of this approach was observed when staff provide compassionate and sensitive support to a young person who had received disappointing news; and noted that this helped console the young person. Young people experiencing care in the service confirmed they had good relationships with staff, however they added that they did not like living in Maben House. We understood that this may in part be due to issues relating to being cared from away from home however other factors were contributing to this view. There learned that there was a lack of independent advocacy available to the young person to support them with discussing these matters. We have identified this as an area for improvement.

We assessed the quality indicator 'children and young people get the most out of life' to be very good.

Young people in the service were progressing in education relative to previous experiences. Staff responded to young people's particular needs relating to education effectively, and supported them to improve on both attendance and engagement with education.

The service providers education resource promotes 24 hour curriculum and young people were encouraged to continue learning through the various activities and experiences provided to them. Visits to swimming baths to learn to swim, for example, and to museums and leisure activities in the community promoted new skills in addition to further learning and positive experiences.

Through these experiences staff also worked with young people to develop their understanding of healthy lifestyles and of making positive life choices.

Young people's sense of identity was promoted through supporting them to maintain contact with family members and those people important to them. This was particularly important given the rural location of the service.

We assessed the quality indicator 'Children and young people's health and development benefit from the care and support they experience' as being good.

The young people experiencing care in the service presented as healthy, active and cared for. The young people's family members we spoke with reported being pleased with their children's health improvements and the positive outcomes they noticed. They also commented positively on the staff's support and promotion of beneficial health and hygiene routines which led to these outcomes.

Young people were registered with the primary health services and either referred to or in receipt of support from more specialist services where there was assessed need.

The service staff promoted healthy eating and nutrition and one young person's family commented positively about the benefits they noted in their child as a consequence of this.

We found a discrepancy relating to the administration of medication and the staff's view differed from the young person's view. This discrepancy suggested a lack of understanding of the reason for the prescription of the medication. We would expect that such matters would be reviewed and guidance taken from health services however we found no evidence of this. We have identified this as an area for improvement.

## Areas for improvement

1. To protect and promote the rights of children and young people and enable them to have their views and concerns expressed the service provider should ensure that arrangements for independent advocacy are assured for all young people experiencing care in the service.

This is to ensure that children and young people's wellbeing is consistent with the Health and Social Care Standards (HSCS) which state that: I am supported to use independent advocacy if I want or need this. (H&SCS 2.4)

2. Changes to medication administration should be reviewed and include the views of the young person and guidance from appropriate health professionals. This is to ensure that children and young people's wellbeing is consistent with the Health and Social Care Standards (HSCS) which state that:

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (H&SCS 1.12) and I am assessed by a qualified person, who involves other people and professionals as required. (H&SCS 1.13).

## How good is our leadership?

**3 - Adequate**

We assessed the quality indicator 'Quality assurance and improvement are led well' as adequate.

We found that the serviced had made progress on the areas for improvement identified during the previous inspection. This had involved a significant amount of work and the majority of requirements had been met.

In addressing previous areas for improvement the service had introduced new practices. We noted, for example, the daily observations of practice and the reflective discussions that resulted from these observations. We noted good reflection on practice with staff identifying where changes could be made to achieve better outcomes.

However, whilst we recognised some strengths under this key question we also identified key areas of performance that required improvement.

The service manager described the service quality assurance process that had been developed as a consequence of previous inspections and confirmed it was under review to achieve greater efficiency. However, whilst we recognise that the process is under development the current quality assurance arrangements had not identified significant matters that required to be addressed.

We noted some actions outstanding from reviews and inaccurately completed documents, for example. During discussion with staff we noted that there were some aspects of the care plan that appeared vague to them. In one case the staff acknowledged there was a need for a written care plan whilst the manager stated the plan was with the education resource.

We also noted a lack of involvement of young people in evaluating the service. We have identified these issues as evidencing that the development of the quality assurance processes continues to be an area for improvement.

## Areas for improvement

1. The service provider should prioritise the review of its quality assurance processes to provide accurate and effective self evaluation to ensure continuous improvement. The service should ensure that these processes involve the views of the young people experiencing care in the service. This is to ensure that leadership 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 (H&SCS 4.19) and I experience high quality care and support because people have the necessary information and resources. (H&SCS 4.27).

## How good is our staff team?

## 5 - Very Good

We assessed the quality indicator 'Staffing levels are right and meet children and young people's needs, with staff working well together' as very good.

The service had developed a very good staffing assessment tool to allow for the assessment of staffing levels taking into account the physical, social, psychological and recreational needs and choices of the young people.

The service had a very good ratio of staff to young people at the time of the inspection. Staffing levels were based on the individual needs of the young people and were taking into account factors such as risk, location, contact needs and activities.

Staffing levels were also reviewed regularly in respect of young people's needs and following any significant changes.

Staff had completed several programmes of training in areas of care that were aligned with young people's needs. Subjects such as behaviour management, attachment and trauma had been covered in addition to mandatory child protection training. Some staff described training in areas such as child sexual exploitation as having been completed online. We understand from the service manager that all staff are scheduled to complete more comprehensive training through the year.

Staff we spoke with demonstrated a good knowledge of child care theory in relation to attachment and nurturing. Service records evidenced meaningful and reflective discussions between staff and with managers in relation to developing good practice.

The staff we met also described good morale within the staff group and a team that worked well together for the good outcomes of the young people.

## How good is our setting?

## 4 - Good

We assessed the quality indicator 'The setting enables children and young people to thrive and develop their independence' as good.

The service buildings consist of a large two storey house set in a rural location within its own extensive grounds. The service providers primary education resource sits adjacent to the young people's home and the two share some facilities. We expand on this latter point below.

The internal environment provided rooms for both communal or social activities and private space for more solitary activities, such as studying, when required. Young people benefited from a very good supply of stimulating arts crafts materials, books and games to encourage education, skills, interests, relaxation, leisure and fun.

We heard from young people of the choices and preferences they had exercised in the décor of their rooms with one young person actively involved in refashioning some of their furniture.

The young people had also been involved in redecorating some of the living areas and in choosing the colour scheme and soft furnishings.

The service location offered challenges in relation to young people travelling independently however staff supported young people to be involved in community activities, leisure trips and journeys to meet with friends and or family.

The service was well equipped with laundry facilities and young people were encouraged to develop independent age appropriate skills.

The service grounds offered young people abundant space to run around and enjoy outdoor space for relaxation, play and games.

We learned that primary school children who attend the service providers education resource share access to the service kitchen and some common facilities during breaks. We hold the view that this practice be reviewed to maximise privacy for the young people resident in the house and provide respect for the young people's home environment.

We noted that the kitchen doors and cupboards were locked and were informed this was due to risks to the young people from the school. Whilst understanding that sharp objects and some kitchen utensils present risks to children and young people we believe the need for locks should be reviewed and risk assessed with the aim of minimising their use and maximising the homeliness of the kitchen area.

Whilst we appreciate the efforts being done with the environment to develop child centred living accommodation within the confines of the building, we would encourage review of the layout of the downstairs toilets and of the upstairs accommodation.

## Areas for improvement

1. The service provider should review use of locks in the kitchen to allow young people resident in the house to access the facilities independently and contribute to maximising the homely feeling of the house.

The service provider should further review the arrangement with visiting day pupils to ensure there is no detrimental impact on the young people resident in the home.

This is to ensure that the setting is consistent with the Health and Social Care Standards (HSCS) which state that;

If I experience care and support where I live, people respect this as my home. (H&SCS 3.2)

and

I can independently access the parts of the premises I use and the environment has been designed to promote this.(H&SCS 5.11)

## How well is our care and support planned?

### 3 - Adequate

We assessed the quality indicator 'Assessment and care planning reflects children and young people's needs and wishes' as adequate.

Whilst we found some clear strengths that may still have a positive impact we considered there to be key areas of performance that required to improve.

Some young people's care plans were reviewed regularly through multi agency meetings and the goals identified.were linked to the Getting it right for every child Scottish Government framework and the associated well being indicators of Safe, Healthy, Achieving, Nurtured, Respected, Responsible and Included. These were further linked to the Health and Social Care Standards.

Whilst some young people were making progress in their plans - as evidenced through discussion with them, their family and staff - this progress was not always being reflected within the young people's care plan. Subsequently not all the young people's achievements were being recorded against the well being indicators. We suggested to the service manager that perhaps the care plans could be expanded to include all appropriate well being indicators to capture all the young people's achievements.

Care planning practices were not consistent across the service. We found that young people's risk assessments were not complete with some areas requiring review. Whilst it was acknowledged that some risk management required multi agency meetings there was no available interim service assessment of this risk nor recorded strategies to address it. We recognise that staff were working with the young person on related areas however up to date assessments should be completed to inform level and seriousness of risk.

One young persons care plan could not be produced during the inspection. Whilst staff agreed that there should be a care plan available, the manager informed us that the plan was completed. Subsequently we found that not all care plans were efficiently and effectively being developed in partnership with young people.

Whilst the care plan was provided to us at a later date the service provider should ensure that all young people's care plans are completed and updated regularly. Additionally the plans require to be available to young people, their representatives and the staff working with the young person on a daily basis.

On discussing these matters during feedback with the manager we acknowledged that there was on going work with the staff and that the above issues were not wholly reflective of the current good work being done with young people.

## Areas for improvement

1. The service provider must ensure that the care plan is available to the young person and any appropriate representative of the young person.

This to ensure that the care planning 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. (H&SCS 1.15)

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

## Requirements

### Requirement 1

To promote the well being of children and young people, and to deliver high quality care and support, the provider must ensure that staff have the necessary skills and approach to provide nurturing and compassionate care.

The provider must carry out observation and audit of the care being provided by all staff to assess the impact of practice on children and young people. Appropriate training and support must then be put in place so that children's individual experience of trauma is understood.

The provider must ensure that a culture of compassion, which nurtures children and young people and ensures children and young people are treated fairly, proportionately and with dignity and respect is developed.

A detailed action plan for this work must be submitted to the Care Inspectorate by 10 September 2018 and significant improvement must be made by 24 September 2018.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011  
Welfare of users

4.-(1) A provider must-

(a) make proper provision for the health, welfare and safety of service users;



To ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6)

This requirement was made on 21 August 2018

**This requirement was made on 21 August 2018.**

### Action taken on previous requirement

Through inspection of service records and observation of staff practice we consider this requirement to have been met. We inspected records of the managers notes on direct observation of staff practice and minutes of reflective discussions on staff practice titled 'significant conversations'. These minutes revealed good reflection on competent nurturing and compassionate care practices. We heard from staff of the manager and the senior staff role modelling good practices; imbedding training into practice. This was also being enabled through the service records reflecting the Health and Social Care Standards.

The manager was also completing daily observations with staff to reflect on practice; thereby recognising and reinforcing that practice which provided nurturing and compassionate care. One example of this was when we observed staff support one young person through an emotionally upsetting time using a sensitive and compassionate approach.

**Met - within timescales**

## Requirement 2

The provider must develop a comprehensive staff development strategy which:

- includes an analysis of staff skills and training needs
- deliver high quality training to meet the identified needs
- monitors staff training and assesses the impact of training on practice
- supports staff to acquire the qualifications they need to meet SSSC requirements
- provides formal supervision which supports staff to reflect on and improve their practice
- supports staff to meet regularly as a team to discuss practice issues and develop consistent approaches to care.

A copy of this strategy should be submitted to the Care Inspectorate by 24 September 2018.

This is in order to comply with :

The Social Care and Social Work Improvement (Scotland) (Requirements for Care Services) Regulations 2011  
Staffing

A provider must, having regard for the size and nature of the care service, the statement of aims and objectives and the number and needs of service users-

(a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety users

and

To ensure that the quality of staffing is consistent with the Health and Social Care Standards (HSCS)

"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."

This requirement was made on 21 August 2018.

**This requirement was made on 21 August 2018.**

## Action taken on previous requirement

We spoke with staff and the manager and heard of the training that had been provided through the previous year. The service manager believes the staff training is of a high quality and had sought evaluations and feedback from staff.

Through discussion with staff they confirmed that they considered the training to have been effective and spoke of changes and improvements they noted in their practice. Staff also spoke of the benefits of reflective discussions with peers and managers during supervision and team meetings. Staff were being supported to achieve appropriate qualifications for their Scottish Social Service Council conditions. We inspected the service staff training records and noted the progress made in this area.

**Met - within timescales**

## 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).

## 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	4 - Good
1.2 Children and young people get the most out of life	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	5 - Very Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	5 - Very Good
How good is our setting?	4 - Good
4.2 The setting enables children and young people to thrive and develop their independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects children and young people's needs and wishes	3 - Adequate

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