

Kibble Education and Care Centre School Care Accommodation Service

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Kibble Education and Care Centre

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About the service

Kibble Education and Care Centre is administered by a voluntary board of trustees on behalf of the Miss Elizabeth Kibble Trust. The service is a residential school which provides care, support, and education for up to 63 young people between the age of 11 and 18 years, who are experiencing emotional, behavioural, and educational difficulties.

Since 2010, Kibble Education and Care Centre has been registered to accommodate both boys and girls. The service is inspected by us at least once per year on an unannounced basis. As well as being inspected by the Care Inspectorate, the centre is also subject to joint inspections by Her Majesty's Inspectorate of Education (HMIE), known as Education Scotland, at four-year intervals and is registered with the Registrar of Independent schools.

The service is situated within extensive grounds on the north side of Paisley. The service is a campus style with community-based houses and provides a range of specialised and intensive provision. The Skills Academy, which is a social enterprise initiative, is off-site and provides young people with support and assistance into employment. In addition, Kibble Education and Care Centre provides an intensive fostering service which is registered separately with the Care Inspectorate.

The campus is divided into ten separate houses, with all having en-suite facilities. All houses have sufficient space for young people in terms of sitting rooms, games rooms, and dining areas. Young people have access to recreational facilities, including a swimming pool, gym, and football pitches. The educational centre on campus is a modern facility providing young people with high standard equipment and an environment conducive to learning.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances.

What people told us

This inspection was undertaken during the Covid-19 global pandemic. We had the opportunity to undertake short visits to most of the houses and we spoke with 24 of the young people living in the service and observed others in and around the houses. In addition to this, we also received completed feedback questionnaires from six of the young people.

Young people we spoke with gave us mixed feedback, however, most told us they were happy with the care and support they were receiving.

Some of the positive feedback we received related to young people feeling supported to attend education and reduce risk taking behaviours. Most told us they felt cared for and valued and were having their dignity respected. The majority of young people told us they regularly received hugs from staff.

Less positive feedback related to young people feeling that in some houses there had been high staff turnover which had led to some inconsistency of relationships for them. We also heard that some young people felt the mix of young people within houses was not correct leading to them feeling there was not enough individual time for them.

The majority of young people we spoke with confirmed that they felt safe living in Kibble Education and Care Centre.

One strong feature of the feedback we received was the view from young people that they did not like the food provided. We have discussed this with the service and comment on it later in this report.

We also spoke to five family members to seek their views of the care and support their young person was receiving. Some of the comments received were as follows:

"I have great communication with Kibble, and they understand that my daughter has mental health problems. I know that she is in safe hands. The staff don't get the praise they deserve for all the work that they do".

"The staff contact me to let me know how things are, but I would like my son closer to home he is too far away from his local community".

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

3 - Adequate

We made an overall evaluation of adequate for this key question as we found some strengths but these just outweighed weaknesses. Weaknesses identified relate to potential concerns about young people being safe and protected from abuse and harm. Strengths may have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

We saw that for many young people meaningful relationships had been developed with staff. We observed attuned, warm relationships and saw positive use of humour, physical touch and proximity.

Where consistent relationships were in place for young people, staff were attuned to the young person's mood and provided positive role modelling. Nurturing conversations and opportunities for reflection often helped young people recognise and understand their behaviour and their responses. Young people were benefiting from nurturing care and relationships were enabling young people to accept support which allowed for early de-escalation of some situations.

We saw good use of physical contact and head massages, aromatherapy, music and pets were used as ways of engaging with young people to reduce anxiety and promote their overall feeling of wellbeing.

We acknowledge the impact of the pandemic, however, where appropriate given their individual restrictions, young people were being enabled and supported to attend a range of activities in the community. One young person attended a community gym and two separate martial arts clubs. Other young people had been for haircuts and beauty treatments in the community and had been fishing.

We sampled case records and found that risk assessments were detailed and up to date for the majority of young people and this was supporting them to stay safe and improve outcomes. We could see auditing had taken place in some of the houses, and this had been helpful for identifying any gaps in information. Young people were being supported to have open discussions about risks and restrictions and were involved in the creation of safety plans.

We heard of young people being enabled, whilst mindful of their unique risk assessments, to participate in activities and outings. Young people were being supported to work together and be included in the day-to-

day life of the houses.

We saw numerous examples where young people were being assisted to maintain contact with family and friends which was enhancing their overall wellbeing. Relationships were encouraged and supported despite geographical difficulties for some. We heard from one parent who told us "I have been to visit on two occasions. The house was nice, and the staff very welcoming".

Young people were benefiting from people who advocated on their behalf to have their views heard through the support from campus based 'Who Cares' staff. We felt confident that young people knew their views would be taken seriously.

Whilst we saw that there was advocacy support available to young people, there was evidence that this required to be strengthened for those young people who were in cross border placements in order to ensure the views of these young people are supported and captured more effectively. We have asked the service to consider this and will review progress on this at the next inspection.

We were pleased to hear from young people that they felt able to speak up when there were issues of bullying and that these concerns were taken seriously. We saw positive examples of staff challenging discrimination in terms of young people's individuality regarding their gender.

We saw and heard of examples of staff being sensitive to young people's privacy and confidentiality and there was a genuine regard for their dignity.

Most young people attended education, with timetables adapted to suit individual need and we found good examples of staff being proactively involved in supporting transitions to and from education. We found a number of examples of young people achieving national qualifications and some were progressing to study for Highers. Young people's sense of self-worth and sense of belonging was improved through the support they were receiving to engage in therapeutic work such as arts and crafts. We did, however, find some inconsistencies in outcomes in education and work and this was reflective of the culture of individual houses with some presenting as more pro attainment than others.

Where some young people were not attending education, we saw evidence of them being encouraged to use online training or other suitable resources. The Skills Academy offered opportunities for some young people to engage in useful training for their future for example gardening, landscaping and plumbing. The service was committed to offering young people a wide range of opportunities to support individual interests and talents.

There was good evidence of young people having opportunities to have their views captured. Evidence of purposeful key time with workers showed sensitive discussions taking place and achievements being recognised. We saw positive examples of young people being supported to participate in daily living within the houses and involvement in their care plans.

Young people were registered with healthcare providers such as doctors, dentists, opticians etc and we saw that where appropriate they were supported to make and attend appointments as needed to maintain good health.

Staff were trained to support young people with medication. Staff we spoke with were knowledgeable about the process and audits were accurate. We examined medication practices and were encouraged to see young people being appropriately supported to request medication reviews when they wanted to stop taking medication. We were pleased to hear that the service is planning to implement a

new electronic medication system in the near future.

Kibble Education and Care Centre have a Specialist Intervention Service (SIS) team which provide high quality therapeutic support to young people through holistic and specialist interventions. We heard some positive feedback from parents about the progress their children had made and of young people engaging with the team when they would not engage with previous services.

Throughout individual houses we noted a real inconsistency in understanding in relation to staff understanding trauma related approaches. A Trauma informed training program roll out was delayed due to Covid-19. This training will be critical to staff being skilled and confident in their practice and we will review the impact of this during our next inspection.

Staff are trained in Safe Crisis Management with a commitment to a reduction in restraint. There has been positive work in some houses to reduce restraint and manage crisis in a trauma informed manner. However, in other houses there was inconsistent practice which led to young people not being supported with trauma informed practice. Some young people told us that restrictive physical intervention was being used as a method of removal to their bedrooms. We have asked the service to consider further the use of restraint, and to ensure that practice reflects that this is used as a last resort and not for compliance. This will form an area for improvement (1).

We received mixed comments from young people about the food and many of these comments were less positive. Whilst we acknowledge that the service is making efforts to improve young people's participation in food choices, we have asked that they consider expanding this consultation to include consideration for meals to be cooked in the individual houses as some young people were seen to be cooking their own meals at times and said they liked to do this and to cook with staff. We would also like more consideration to be given to the range of choices for specific dietary needs to ensure all young people are receiving balanced and nutritious meals.

We were very concerned to see that not all young people had a completed missing person profile despite some of these young people being regularly absent from the service, sometimes for days at a time. Given the risks presented by some young people living in the service, we were of the view that these records require to improve in order to promote their safety and wellbeing. In addition, there is a need for the service to develop a Missing Person policy to reflect the current "not at home" process in order to ensure accurate reporting, recording and monitoring of those young people whose whereabouts were at times unknown. This will form an area for improvement (2).

The importance of robust matching procedures was a key consideration of this inspection and experiences and outcomes for young people as a result, were varied and in some instances poor. We heard of one young person who was significantly unsettling the day-to-day routines of the other young people and one young person told us "It's easier to just run away for a while to get some peace and quiet and not hit out at this new person". We have highlighted to the service the importance of the SIS team and Looked After nurse being part of this the initial matching process in order to ensure that the staff team have the skills to meet the young people's needs. We saw evidence of a number of young people moving from the Safe Centre into the open campus and also between houses with limited evidence of matching considerations and robust transition plans. We acknowledge that the service had recently updated its 'Moving In, Within and Moving Out of Kibble' policy, however, we were of the view that further work is required to ensure that this policy is fully embedded and that the admission and matching of young people is always considered. This will form an area for improvement (3).

Of significant concern to us we found that there were inconsistencies in the following of child protection

processes. Whilst the service did have a policy in place, we found examples of delays in the service referring child protection matters to the police, some between two and ten days, and a lack of clarity regarding the role of the campus police officer in progressing or investigating such incidents. Police Scotland raised this concern with us during their feedback to us. We were provided with evidence of delays in following national guidance and Public Protection arrangements were not being consistently followed. We were concerned about the potential impact on outcomes for young people, either in the delay in gathering evidence or for young people feeling they have not been listened to or believed. In addition to this, the service requires to have a robust system of risk assessment and decision making in place where an allegation has been made against a member of staff. The service was aware of and making progress on this issue, however, we remain concerned about the inconsistencies and the potential negative impact on young people. This will form a requirement (1).

Requirements

1. The provider must ensure that robust practices are in place to evidence the effectiveness of the service in keeping young people safe. The following should be a priority in terms of improvement:

- Ensure that Child Protection procedures are clear and adhered to at all times. The service must ensure that Public Protection arrangements and national guidance are followed at all times. In addition, the service must ensure clear risk assessments and considerations take place for critical incident reviews of any child protection concerns.
- Ensure that there is a robust process of risk assessment in place for any allegations of abuse or misconduct relating to a member of staff. Decision making regarding a member of staff being redeployed or suspended must be clear and consistent. Consideration of referral to SSSC must also feature in these risk assessments.

This is to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Regulations for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: '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' (3.14); 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (3.20) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11).

Areas for improvement

1. In order to ensure that young people receive consistent care which improves their sense of belonging and safety, the service should have in place detailed information to inform the strategies being used for individual young people and they should ensure that restrictive physical intervention is being used as a last resort. More proactive and consistent measures should be implemented across all houses to support improved outcomes for young people.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: 'If my independence control and choice is restricted, this complies with relevant legislations and any restrictions are justified, kept to a minimum and carried out sensitively' (1.3); 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11) and 'My care and

support is provided in a planned and safe way, including if there is an emergency or unexpected event' (4.14).

2. Young people should be supported to be safe at all times and in order to do so and their safety and wellbeing when out of the service should be strengthened. The service should develop a missing person policy to reflect the current "not at home" process. This should be rolled out to all staff. The service should also ensure that all young people have an up-to-date missing person profile as a matter of urgency.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11); 'If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me' (3.23).

3. Young people should receive quality care and support by the service who has undertaken a thorough matching process. The service should fully implement the new "Moving In, Within and Moving Out of Kibble" policy. Young people should benefit from robust matching and there should be evidence and documentation to support this decision making.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: 'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS, 1.8); 'My care and support meets my needs and is right for me' (1.19) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unplanned event' (4.14).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. We found a number of important strengths which, taken together, clearly outweigh areas for improvement. Those improvements identified are required to maximise wellbeing and ensure that young people consistently have experiences and outcomes which are as positive as possible.

During our inspection we found managers to be open to improvement conversations and had already begun a process of self-evaluation. We recognised the significant effort of leading the service through the Covid-19 pandemic. Managers had remained present throughout, at times, working within the houses to ensure young people received care and support. We welcomed the honesty from senior managers that there was work required to improve areas of service delivery. This openness is encouraged and appreciated.

We heard of a number of management changes across the service, with some movement still to happen. We acknowledged that the organisation has experienced a significant period of change, however, we are confident that the pace of change appears realistic and considers the needs of staff.

We were concerned to find that levels of staff supervision; staff development plans and service level audits were lacking which had led to significant gaps in this area. We therefore concluded that there was limited evidence of the monitoring of staff values, skills and knowledge base which could lead to poor outcomes for young people and that some staff and teams were not consistently developing. This will form an area for improvement (1).

Whilst we saw some records relating to staff supervision, team meetings and managers meetings there were gaps in frequency and the quality of recording was poor, and an oversight of young people's needs was not apparent.

The service has recently developed operational managers meetings which we believe will begin to promote consistency and will support the management team to be clear about their roles and responsibilities and act as champions for young people. Evidence showed us that there were high levels of inconsistency between houses, and we were of the view that there is a deeper analysis needed of the individual houses to ensure the needs of the staff and the young people are fully understood. This will form an area for improvement (2).

We found limited feedback from stakeholders to drive improvement. Consultation with families, external stakeholders and young people will further enhance the service's self-evaluation.

Overall, staff spoke about feeling supported by their operations manager and service manager. The houses that were performing best had managers in these positions who worked closely with their staff teams and were comfortable in leading and coaching staff through change.

Progress had been made in relation to quality assurance. Sufficient raw data was already being collated in relation to incidents, and since June 2021, one manager had begun to analyse this material and was able to identify patterns and trends, and we welcomed this thorough approach. If this initiative becomes embedded, it will be possible to use the analysis to learn lessons and inform service development. During the Inspection, we found that emerging analytical material was not yet being fully applied in practice. It is therefore important that this work continues, and that the information is shared effectively with operational staff. A mechanism needs to be introduced where the analysis can be tracked over time so that there is a formal measurement of distance travelled and progress made.

There is an overarching service development plan in place that is rooted in current policy and practice. The plan was ambitious, and we saw progressive steps being taken towards achieving the plan.

The house development plans were seen to be supported by the views of staff and young people which is indicative of a self-evaluative approach to making improvements.

We heard about the positive intention to change the rota to embed consistency and improve the mode of care. We acknowledge the impact for the staff group at present but can appreciate the necessity to address this issue.

Areas for improvement

1. The service should ensure that staff, including the managers, have regular opportunities for good quality supervision and that this takes place in line with their supervision policy. We would further ask that systems of staff appraisal are consistently undertaken for all staff.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: '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' (3.14) and with the SSSC codes of practice for Employers of Social Service Workers, which state that the employer will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

2. The service should continue to undertake an analysis of the individual houses to ensure the needs of the staff and the services are fully understood and that all young people receive a consistently high level of

care. Following this, the service should ensure that relevant support is provided by senior managers.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

How good is our staff team?

4 - Good

Overall, we made an evaluation of good for this key question. We found a number of important strengths which, taken together, clearly outweigh areas for improvement. Those improvements identified are required to maximise wellbeing and ensure that young people consistently have experiences and outcomes which are as positive as possible.

When considering our evaluations for this indicator we gave a lot of thought to the impact of the pandemic. Amid the pandemic, it is admirable that staff have continued to work tirelessly to care for and support young people and they have prioritised the needs of young people. Most staff have formed warm and enduring relationships with young people and are providing emotional containment which is supporting improved outcomes. In line with this we were confident that staff practice reflects the values and principles of the Health and Social Care Standards.

We heard of staff being flexible and staying on after shift when staffing levels were low, this helped to provide consistency for children who were being looked after by the same staff. Staff were seen to be flexible in relation to changing circumstances resulting from lockdown. The service has managed the impact of staff sickness and absence due to COVID-19 in the best way possible given the constraints. This was linked to a strong commitment amongst staff to meeting the needs of young people.

A clear strength of the service is the good link with the SIS team to support understanding. We were able to see that care plans are guided by SIS assessments and interventions. The interventions of this team were supporting positive outcomes for young people and at times filling the gap identified in training linked to the specific needs of young people.

We saw that despite the pandemic, the service has continued to provide some training to their staff team, and this has been adapted as needed given the lack of face-to-face training opportunities for some courses. We found there was a good infrastructure and base for training, however, it was harder for us to find evidence of the practical training linked to the specific needs of the young people taking place. Such training is crucial to improved outcomes for young people as it supports the guidance given to staff and the development of a workforce who can respond more consistently and feel safer to practice. Given the complexity of young people who live in the service, a fully supported, trauma informed workforce was needed to meet their needs.

In the majority of houses, we found that strong teams worked well together, and the experience and skill of staff meant that they could support one another. Whilst we did not see as strong evidence of formal supervision taking place in all houses, staff wanted to draw attention to the informal and peer support offered by each other and managers.

What we found was limited use of formal supervision and appraisal and therefore we were unable to see how the service were assessing the competence of staff. Staff supervision and appraisal does not inform the development of staff skills analysis and training plans. In order to improve the outcomes for young people we

have asked the service to ensure that such supports are routinely in place and that staff are empowered and equipped to deliver the best quality practical and emotional care and support.

We were not provided with sufficient evidence which enabled us to see that staff were given adequate time for effective, structured supervision, or support through regular ongoing planned team meetings.

From the evidence we were provided of supports such as team meetings and supervision, there did not appear to be a strong culture of reflection. It was, however, admirable that teams were working together despite a lack of formal structures and that the service had recently introduced group supervision.

We were provided with a training needs analysis for one house and as a formal area for improvement (1) we would suggest that this is undertaken for each of the houses.

Following discussions during the inspection we are confident that the service has acknowledged the need for improved processes of de-briefs following restraint to be taking place and we will review the progress of this at the next inspection. We were aware that trained staff were in place in each of the houses who carried out interviews with staff and young people following incidents. This was to allow them to share their experiences and express their feelings. However, time constraints in some houses meant that there was a lack of consistency regarding these always being carried out. In some houses we found the right mix of staffing levels to meet the needs of young people, however, we heard of a number of examples where the staffing arrangements made with local authorities were not always achieved. Given the complex needs of the young people we were concerned about the potential impact of this.

Young people were benefitting from arrangements which allowed keyworkers to move with young people from the safe centre to an open house with young people as part of transition plans. We were of the view that this good practice was crucial to improving outcomes for young people.

1. The service should support staff development in promoting improved outcomes for young people by ensuring that a staff training needs analysis is undertaken for each house. This would ensure that staff are sufficiently skilled and experienced to look after young people with highly complex needs and to ensure that the specialist nature of individual houses is robust by providing them with training opportunities which reflect the needs of the young people.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: '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' (3.14) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11).

2. The service should ensure that from the point of matching and initial assessment, a program of training is identified to match the specific needs of young people. This would improve consistency of approach in promoting outcomes for young people.

This is to ensure that care and support is consistent with the Health and Social Care standards, which state: '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' (3.14) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11).

3. The service should undertake a robust staffing assessment for all shift patterns, especially for nightshift, to make sure that there are always sufficient people to carry out the work required. The assessment should

ensure that sufficient levels of staff and skill mix take into account the young people's complex physical, emotional and social needs.

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

How good is our setting?

5 - Very Good

We made an evaluation of very good for this key question. We found major strengths in supporting positive outcomes for young people.

Young people's plans showed that being connected with family and friends held priority for many young people for whom family were involved. For some young people, significant progress had been made with regard to strengthening important relationships with immediate and extended family. It was clear that the focus on family connections was promoted and nurtured by staff in all houses.

Young people maintained a connection with the wider world to help them regularly stay in touch with others through the safe and creative use of technology. The use of internet and social media was closely monitored, where necessary, and we were aware of safeguards being used to oversee and minimise risk from inappropriate online activity.

We saw that the service had created some welcoming additional space for young people by developing gardens. Whilst some houses had lots of space for young people to spend time others were more constricted. The service development plan provided evidence that the service had considered this issue and had plans in place to address this and reduce the numbers of young people in each house.

We saw that staff modelled positive behaviours and take steps to develop interpersonal skills as they support young people in their journey to adulthood and independence.

Young people who can safely access the community are enabled to do so. We heard of numerous examples where young people had been supported and encouraged to develop their individual talents and interests through attendance at community groups. Participating as active citizens, this wide-ranging activity strongly supported inclusion in their community.

There are a number of resources within the Kibble centre that support group activities. These resources encourage physical exercise and group activity and are supporting young people to develop and improve their health, build positive relationships and increased self-confidence.

We were pleased to hear that young people who have left the service have been enabled to maintain links with people who they developed trusting relationships with. We heard of a number of young people who had successfully moved on from Kibble and into positive destinations. These positive outcomes are acknowledged and should be celebrated.

How well is our care and support planned?

5 - Very Good

We made an evaluation of very good for this key question as we found major strengths in supporting positive outcomes for young people.

We sampled a number of case files from all ten houses and found that whilst there were some

inconsistencies, which we have discussed with the service, a range of documents showed positive care planning, good evidence of young people's input and multi-agency input and were of a very good standard. Initial good assessments by the SIS team supported the development of individualised care plans and risk assessments.

Support plans were Specific, Measurable, Achievable, Realistic and Time bound (SMART) and evidenced good information about both identified need and strategies of support. They were highly individual and provided good guidance to staff about a range of strategies of support.

The range of plans ensured that all aspects of support were identified to improve the delivery of safe and individualised support, however we discussed with the service our view that there would be a benefit to streamlining some documents. We were confident that the service was aware of and already considering how best to do this.

There was clear evidence of multi-agency involvement in reviewing young people's care. We received feedback from some professionals regarding their partnership working with the service, some of whom confirmed the high standard of commitment by staff, to enable young people to have their views listened to.

Outcomes journeys show evidence of progress for most young people, however, it was difficult to see how young people had contributed to these documents and we would ask the service to consider how participation and involvement could be strengthened and better evidenced in these records. Many young people were able to describe the progress they had made. This progress was confirmed by many parents and social workers.

Risk assessments are robust and regularly reviewed and importantly allow young people to develop and progress with appropriate speed and oversight. They take account of young people's needs but are not risk adverse. We saw good examples of young people progressing in line with risk reduction, and also when high levels of support had to be 'reimplemented' in response to changing need and risk. Risk assessments formed part of the overall care planning process and offered invaluable insight into their safety needs.

The views and wishes of young people were evidenced through the use of regular key time sessions. Records showed that these sessions provided young people with space to share their views, discuss any concerns or forthcoming meetings and generally to encourage and acknowledge progress.

During our case sampling we found that for a number of young people's chronologies appeared to stop when young people arrived at Kibble. We have asked the service to look at this and ensure that chronologies are maintained for all young people with a focus on positive experiences as well as difficult experiences. This will create a narrative for young people and will support future life story work.

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?	3 - Adequate
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	3 - Adequate
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
3.2 Staff have the right values, skills and knowledge to care for children and young people	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?	5 - Very Good
4.3 Children and young people can be connected with and involved in the wider community	5 - Very Good
How well is our care planned?	5 - Very Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	5 - Very Good

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