

Kibble Safe Centre Secure Accommodation Service

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Unannounced

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Service provided by:
Kibble Education and Care Centre

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About the service

Kibble Safe Centre is a secure accommodation service in Paisley which provides 18 secure beds for young people aged from 11 to 18 years.

It is administered by a voluntary board of trustees on behalf of the Miss Elizabeth Kibble's Trust.

The service is inspected annually in an unannounced inspection.

As well as being inspected by the Care Inspectorate, the safe centre is also subject to joint inspections by Her Majesty's Inspectorate of Education (HMIE), known as Education Scotland, and is registered with the Registrar of Independent Schools.

This inspection was carried out during the Covid-19 pandemic. It was a full inspection at the service with few restrictions, but continued emphasis on Covid safe practices. We acknowledged that the young people and staff have managed considerable uncertainty and restrictions over the Covid period, and have managed these very well indeed. Throughout the inspection people made exceptionally positive comments about how well the young people had managed. We observed and heard the commitment of staff to ensuring young people had consistent staff to care for them throughout.

The service has indoor recreational facilities, including a swimming pool and small gym and perimeter security that is supplemented by CCTV monitored by a designated team of staff. Each of the three houses has up to six young people all of whom have a single bedroom with en suite bathroom. There are various well furnished communal areas with easy access to a secure garden.

The Care Inspectorate is a member of <https://www.nationalpreventivemechanism.org.uk> - a group of organisations designated to monitor the treatment and conditions of those people who have been deprived of their liberty. This includes children and young people in secure care.

This service has been registered since 2007.

What people told us

Prior to the inspection we sent questionnaires to all of the young people living at the service, and to their social workers. We also contacted parents/family members by phone to hear their views. All of the young people had the opportunity to speak to an inspector, with some doing this individually and others more informally. All were encouraged by staff to be open and share their opinions.

Young people, families and social workers spoke of strong relationships with staff which had made a significant impact on them feeling safe, engaging in their care and support, and having an impact on their progress.

Young people who spoke to inspectors, and who returned questionnaires were generally very positive about their care and support and the progress they had made. Some shared their views on things that could be improved - but had also raised these with staff and in groups and meetings where they were encouraged to share their views. We could see that these were being taken forward. Comments about the staff who cared for them were very positive. In general, any less positive comments tended to be about the difficulties of living in a group environment and sharing space and staff.

Family members were very positive about the staff caring for their children. They spoke of progress, sometimes remarkable progress and of warm, caring relationships which young people had with key members of the team. They also spoke about family work, and how helpful the specialist intervention services (SIS) team had been for both their family and/or their child. They spoke of a warm welcome when they had been able to visit and good information sharing about their child.

Social workers were exceptionally positive with some social workers saying the skill and success of the specialist intervention service team, and the strength of relationships young people develop with staff was exceptionally good, and would make Kibble the place they would choose for young people.

A number of family members and social workers spoke about the difficulty in getting through to the service when 'phoning, though were very happy with communication when they did. We shared this with the service at verbal feedback. They agreed to see how improvements could be made.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care planned?	4 - Good

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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff worked hard to develop significant relationships with young people and understood the importance of these relationships as key to young people's progress. They experienced nurturing, therapeutic care and support that reflected their developmental stage and need. Care staff, supported by a greater understanding from ongoing discussion across various forums, had a very good understanding of the impact and importance of their interventions with young people across the day, with the trauma model of care and shared understanding meetings underpinning this.

We could see that staff spent a lot of time with young people and knew their individual interests and

talents, strengths, and vulnerabilities. Staff were observed to be nurturing and warm in their interactions with young people, with lots of observation of physical affection which appeared to be really important to the young people, and supported the service's ethos of nurturing relational care. Young people and staff enjoyed each others company.

Considerable emphasis was placed on encouraging young people to engage in discussion and decision making across the day. They were actively engaged in making decisions about how they spent their time - creating structure and predictability to support young people who needed to know what was happening and when. We saw this promoted a sense of security and reduced anxiety by promoting a calm environment.

We found houses to be busy with a wide range of activities the young people could choose to be involved in. These had been enhanced by a dedicated activities coordinator who was able to widen the scope of activities to ensure they remained stimulating and offered new experiences. Importance was also placed on routines and structure to help young people relax at bedtime and enjoy a good night's sleep. This structure and routine had been hugely beneficial to young people's overall wellbeing.

Emphasis was placed on young people moving in positively. For most young people there had been well planned arrangements for moving in, including access to a video and booklet about the service (made in conjunction with young people). We were encouraged that there was emphasis on the importance of pre admission information and matching considerations, though felt it would be beneficial for a member of the SIS to be fully involved in referral discussions, and therefore be assured they can meet the young person's needs prior to agreeing to the admission. We were pleased to see changes to how young people arrive at Kibble with very good examples of moves within, and out of the service being supported by staff who were important to individual young people. Increased awareness and understanding of how difficult some young people found transitions had led to highly individualised plans of support, which had significant and positive outcomes for a number of young people.

Family visits had been challenging throughout the pandemic, however, the service had responded as positively as National guidance would allow. Safe outdoor spaces were created, with an increased use of technology to help young people and their families stay in touch. The families we spoke with provided positive feedback about the welcome they received and the efforts staff made to keep them involved. Young people had easy access to phone family and friends (unless there were identified reasons why these were restricted).

For some young people family work was a major strength. Working jointly with the specialist intervention service (SIS) based at Kibble, the care teams had helped young people to restore broken relationships and begin repairing historical trauma. This work was supporting young people to look at their future destinations and perhaps a return to family life.

All young people had access to independent advocacy - with 'Who Cares' having workers based at the service. Some young people also had additional independent advocates, with staff also advocating strongly on their behalf in various situations. We found a range of formal and informal opportunities for young people to share both their views and concerns or complaints. There was strong evidence of young people's views being heard and impacting change.

There were many very positive stories of young people engaging in education, including those with additional support needs progressing and achieving. Attendance rates were high. There was a sense of fun in the school, with young people encouraged to learn in a way that they were comfortable with. When it was safe to do so young people had the opportunity to engage in work and been involved in interviews for internal jobs. The school was looking not only at immediate achievements but also helping young people

develop skills for when they leave the secure centre.

The service welcomed diversity and challenged discrimination. There were positive examples of discussion with young people about racism and homophobia. We also saw positive examples of staff responding to young people's cultural and religious needs, including accessing external services to meet these needs.

Comprehensive safeguarding procedures were in place, including a range of training provided to the wider team to ensure they had the knowledge to recognise and respond to concerns and to promote wellbeing. Identified staff had a remit for the overview of any safeguarding matters, with the recent recruitment of a member of staff with a specific role in safeguarding

Young people's physical and mental health needs were well met by a range of professionals, including two onsite nurses and a specialist intervention team. Within 72 hours of moving into the safe centre young people had a comprehensive medical assessment and first level psychological assessment. These identified the immediate support they would need for their positive physical and mental health.

Visiting healthcare professionals included a GP, dentist, optician and sexual health nurse, all with access to a fully equipped medical room. There were very good examples of young people who's overall physical health was improving, and who had 'caught up' with missed vaccinations and dental treatments. Where eligible young people were being informed and encouraged to receive vaccinations against Covid-19.

The SIS team had a range of expertise which complemented the therapy on offer to young people. The team had very positive links to external mental health services, with much greater collaborative working enhancing wider knowledge and shared understanding and, for some young people, maintaining important links for ongoing support after they move from Kibble. At the time of the inspection visit, the SIS team were due to expand to include an occupational therapist, speech and language therapist and clinical psychologist. The diversity and expertise across of the team had developed in response to the changing needs of young people in secure care and was a real asset to the specialist support young people were offered.

It was pleasing that we saw little restraint during our time at Kibble, with good use of other strategies to support young people. From discussion and incident notifications we acknowledged the reduction in restraint. There had been significant analysis of incidents and the use of restraint, highlighting key times of anxiety for young people leading to earlier discussion about supportive strategies and changes to staff practice in response. This, alongside formulation assessments, multi-disciplinary shared understanding meetings and increasingly reflective practice had contributed to reduced use of restraint.

We could not see any recording which confirmed that life space interviews were being completed after incidents, however, from discussion we were confident these were happening (see later in this report re recording).

Effective procedures and training were in place to ensure that staff were knowledgeable and understood their responsibilities in relation to medication administration. This was supported by an impressive electronic system for the recording, monitoring and ordering of medication and the overview of the nursing team. Where young people had raised questions about their medication or wanted to stop taking it they had been supported to request medication reviews via the appropriate healthcare professional.

Young people's views on the food were mixed, however, they had the opportunity to influence the menu and choose from a selection of foods. Changes had been made to the way the food was delivered to allow young people to select the individual food items they liked. Individual house meetings and the 'our voice'

meetings both offered opportunities for requests and feedback - some of which we saw and heard had been actioned.

Young people enjoyed the company of visiting pets. For some young people the significance of their relationship with their pets, alongside other life events, had led to remarkable plans to reunite them and include them in future plans.

Staff and young people were working together to change the use of institutional language, both in the terms used in discussion and in documentation. We could see some changes, however, alongside staff, acknowledge this will take some time to embed. We also discussed some use of consequences which we felt did not easily align to the services ethos of care, however, were assured these were not routinely used across all houses. We would be confident that in time the language staff use to describe young people and the supports available to them will be updated in line with 'the promise'* ,and we look forward to seeing the development of this.

*'The promise' is an important document published after an extensive review of the care system in Scotland. It details changes to the way young people should be cared for.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had developed a comprehensive Covid-19 procedures which provided clear guidance for all staff. Numerous meetings and information sharing forums had continued throughout the pandemic to ensure that all staff were complying with changing National guidance and keeping everyone as safe as possible.

As highlighted in key question one, young people had many opportunities to provide feedback regarding many aspects of the service and their care and support. We were able to identify where this had an impact on improvement and development. We tracked concerns and complaints young people had made and while always actioned felt there was some scope for recording systems to be improved to increase clarity (**see area for improvement 1**). We discussed this with staff and provided direct feedback to a young person about a matter they raised. We saw that young people's views were central to the process of evaluation and they were informed about decisions and changes.

We saw a range of relevant policies and procedures were in place to support and guide staff. These aligned with best practice, National guidance and legislation. The service had a voice in the development of new National guidance with the senior management team participating in relevant National forums. Opportunities for staff had been inevitably reduced by the restrictions of the pandemic, however, we continued to see multi-disciplinary working and staff given opportunities to develop their practice. The service continued to have a real commitment to staff development and quality learning and training opportunities, with a comprehensive training plan for 2022. Bespoke training was being developed within Kibble to ensure the staff continued to learn within the ethos of care of the service.

A comprehensive quality and standards report had been published. It was a quality document which provided evidence of the service developments they had made in the preceding year. It directly linked developments and improvements to the quality framework for secure accommodation services. The document also gave some uplifting examples of young people's progress during their time at Kibble and also various projects and participation events young people and staff had been involved in.

The safe centre development plan (2021 - 2024) reflected the values, aims and priorities of the overarching five-year strategic plan. This considered the aims and priorities of the service and appeared both achievable and aspirational. Plans were rooted in current policy and practice and were ambitious. We saw progressive steps being taken towards achieving the plan. Each of the three houses also had a development plan, more specific to the plans and improvements for that individual house.

Auditing of care plans ensured all relevant documentation and processes around young people were in place and being carried out with the young people at the centre. These audits reflected on quality of the content of plans and not merely a checklist to ensure all documentation is in place and up-to-date. A peer auditing system was in place which ensured that regular audits took place to ensure in a planned and consistent manner. These were generally carried out by operations managers. This did not present any issue, however, the service could consider widening the 'peer' aspect of audits to ensure that more staff have a role in quality assurance.

We saw the use of data alongside analysis which was supporting staff and young people to understand their behaviour and needs (see 'How well do we support children and young people's wellbeing?') and an example of a case study which demonstrated a strong overview of the model of care being used, and which encouraged reflective practice and analysis. We are encouraged that the service intend to develop and increase the use of these case studies.

The service had recruited staff whose role had been solely to look at quality assurance and improvement, and who had already identified and progressed improvement. Staffing analysis had also led to changes to the care staff rota and recruitment to new positions. As detailed elsewhere in this report the specialist intervention team was strengthened by new staff with additional skills and the service had also recruited a 'Promise development lead' to work alongside young people to support shifts in policy, practice and culture in line with the promise made to Care experienced young people.

A Board of Governors provided an external overview and scrutiny of all aspects of care and improvement across the service. They had an important role in ensuring that all decisions made were in the best interests of the young people and met regularly and (when possible) visited the service. They were informed through regularly updated information from senior staff.

Areas for improvement

1. We reviewed incidents and accidents as part of our inspection activity. Whilst it had not had a significant impact on practice we found the process disjointed. Some of the incidents we reviewed did not have a clear audit trail. The process of debrief, also intended to also act as quality assurance of documentation, was not effective in identifying or rectifying omissions in information.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We observed the right number of staff working with the young people. Those young people who needed an adult with them at all times had this. In response to some young people finding it hard when their favourite staff were working with other young people we saw really good planning which allowed them to have protected time together. We also saw important discussion and sensitivity around endings for young people when friends or staff members were moving on.

The teams within the houses appeared to all work well together. We acknowledged some of the teams are more 'developed' as teams than others, however, they were well led with individual members being supported to have a clear understanding of their role. The mix of experienced and new staff across the teams was managed carefully by senior staff who worked hard to nurture staff and to help them develop as part of teams and individually.

Staff described a clear analytical approach to rostering and staff placement within individual houses, taking into account ability, demands, gender mix and experience. The rota was under review, with change based on the need to introduce greater consistency of staffing at points in the week and weekends. We will see the impact of this change at the next inspection.

Recruitment was working well and benefitted from the 'grow your own' / trainee programme being balanced with external appointments. We heard managers talking about the importance of not just recruiting numbers, but staff with the right values and capabilities. This was strengthened by the trainee programme allowing inexperienced people without a care background, but the right qualities, entering the profession. The wide range of training thereafter ensures the development of understanding and professional development.

The vast majority of staff had undertaken three days of trauma training. We could see and feel the benefit of this. Staff told us that it had impacted very positively on their practice. The Covid-19 pandemic had significantly impacted the continuation of this training, as the service felt it was important that training was well supported, and therefore not virtual. We agree this was a good decision in ensuring quality learning with ongoing support and reflection. We know from the training plan it will be resumed as soon as possible, and heard from staff that they are keen to access this.

Staff surveys had been introduced to identify training needs and gaps, with the training team working alongside specialist intervention services and IT to develop specific bespoke training packages. These will be completed on an annual basis to influence the training calendar for the following year with all training embedding trauma related practice.

A full training programme had been planned for 2022 (not virtual), though there were 'contingency plans' should further Covid-19 restrictions prevent face to face training. In recognition of the changing profile and needs of some young people, and staff need for a greater understanding in autism, all managers, and eight staff had been trained as trainers. A bespoke training course was being developed with plans to introduce this in early 2022. There continued to be a wide range of training available to staff via the online system.

All staff had been trained in safe crisis management (SCM). It was positive that this had been able to go ahead 'in person' (i.e. not virtually) so staff could gain essential knowledge of de-escalation and restraint practices to support young people living in the secure centre.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The environment had undergone improvement, with senior staff continuing to review the bedrooms and the possibility of improving these further. Young people had been actively involved in selecting colour schemes and furnishings for both the communal areas of the houses and their own rooms (which were highly personalised). There was a balance of homeliness matched against the safety needs of the young people.

Individual houses had various areas that young people could go to, to spend time away from the group to relax. There were also areas for group activities which were well resourced with games.

All houses had direct access to a decent sized secure outdoor area through 'patio doors' which, in warmer weather, were well used.

Outside the houses other areas of the centre offered comfort and space for young people to meet their families and other people who were important to them. Young people had worked with staff to redesign meeting rooms for their individual and family meetings to provide a more relaxed pleasant environment.

Artists had been employed to work with young people to design some areas of the fitness suite and the education department, with plans for the secure entrance area (garage) to be redesigned to offer a more appealing first impression for the small number of young people who had to move into the service this way. Young people had also been involved in those redesigns.

A purpose-built storage facility had been created to ensure that young people's belongings could be stored safely until they moved. This was in recognition of the increasing amount of belongings young people had when they moved in, and which may not be appropriate for the secure setting but were significant to their past and future home.

The young people had a number of opportunities to keep, or become, healthy. There was a swimming pool, sports pitch and fitness suite. The fitness suite had recently been refurbished with young people's assistance. The sports pitch was used for numerous activities, and also had an outdoor gym. An organic garden had been created which some of the young people had helped develop and maintain.

The quality and safety of the environment was under constant review. We heard of changes to key systems to ensure the safety of the young people. This included a complete overhaul of the operations room which would include more robust systems for communication and for monitoring areas around the service. This will mean increased safety for staff and young people.

Robust infection control and food safety practices provide high levels of safety for young people. These were overseen by effective quality assurance practices.

The service had effective systems and structures in place to mitigate against the risk of Covid-19. There were positive links with the local health protection team with a series of meetings to ensure that all staff were aware of current best practice and National guidance. Effective arrangements to maintain a safe environment were in place, and continually monitored and reviewed in response to changing guidance. These included a significant increase in cleaning routines, the reduction of visitors to the service, thermal imaging/temperature checking of anyone entering the service, and lateral flow/PCR testing of staff and (when necessary) young people.

CCTV was used in communal areas of the service to ensure the safety of young people and staff. Cameras were monitored from a private area of the service with no opportunity for these to be viewed by anyone who should not see them. These played an important part of the overall safety and security of the young people and staff.

There was a clear policy and procedure in place for conducting searches of young people which respected their privacy and dignity whilst ensuring safety. The service was investing in the purchase of a scanner which would reduce the need for personal searches, whilst provide assurance that unsafe items were not brought into the houses. This will be a welcome addition to the dignity and continued safety of young people.

How well is our care and support planned?

4 - Good

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

We have not made any formal areas for improvement as we are confident that the service had identified and were already making improvements.

All young people had a support plan ('My Kibble journey') which was a dynamic document that detailed in plain language what the young person was working towards and the progress they were making. These were well developed documents which were underpinned by assessment of need and risk and regularly reviewed by the people involved in the young person's care and support. Young people also had 'outcomes journeys' which identified progress and sat alongside the support plan. There would be benefit to these two documents being merged. We found these were not consistently SMART (specific, measurable, achievable, relevant and time bound) with the progress young people had made not consistently demonstrated. Not all included the pictorial demonstration of progress which is important for some young people.

The service was working to make improvements to documentation as they were keen to ensure that young people could see their own progress, and that positive outcomes were monitored and recorded in a meaningful way. Some documents demonstrated better engagement with young people than others and would benefit from review to understand why this is. A specific member of staff had been recruited with a remit of quality assuring and improving documentation. We could already see progress and by the next inspection hope to see the outcomes and Kibble journey linked, and that key staff and young people are central to writing these.

Past inspections had highlighted the duplication of information across various documents and the benefit of streamlining these. Staff discussed how a further move to electronic documentation might support this and in doing so make information more accessible and potentially be less demanding of staff time. It is hoped that the quality assurance process detailed above will identify and reduce duplication of information across documents without losing any of the quality information they contain.

In addition to the support plan a range of documents were used to identify and assess any additional support needed to ensure the safety of young people and those around them. These provided clear information about the strategies in place to support young people in and out of challenging times. Some were written from the young person's perspective and relayed their views and feelings about how best they could be supported. We were confident that these documents were assisting staff and young people to

consider how young people wanted to be kept safe and nurtured consultation.

The files we reviewed had lots of detail about the young people, including their likes, dislikes, interests, and families. This information reflected the efforts made to understand young people's circumstances and the things that really mattered to them. Earlier in this report there are very positive examples of the ways in which young people are involved in decision-making and planning, and the opportunities they had to influence the support they received, including advocacy (see 'How well do we support children and young people's wellbeing?').

How good is our care and support during the Covid-19 pandemic?

We did not inspect this specifically. Care and support during the Covid-19 pandemic is commented on throughout the report.

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

Requirements

Requirement 1

The service provider must review the young people's plans and assessments to ensure they are effective and responsive to young people's needs in line with best practice, research and knowledge. The service provider should look to ensure evaluation processes for these plans and assessments lead to revisions that evidence improved outcomes for young people.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 and Regulation 4 of the The Secure Accommodation (Scotland) Regulations 2013; and to ensure that care and support is consistent with the Health and Social Care Standard which states that;

Any treatment or intervention that I experience is safe and effective. (H&SCS1.24), I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions. (H&SCS 2.25), 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. (H&SCS 3.21), I experience high quality care and support based on relevant evidence, guidance and best practice. (H&SCS 4.11), and I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.(H&SCS 4.19).

This requirement was made on 12 March 2021.

Action taken on previous requirement

Improvements had been made to care planning, with further improvement ongoing. For more detail see 'How well do we support children and young people's wellbeing?' within this report.

Met - within timescales

Requirement 2

The service provider must ensure there is robust and regular review and evaluation of both SCM recording and practice and how it is implemented within the service. This should include the practice of SCM by staff and how all the information gathered and analysed leads to changes in practice by staff and better outcomes for young people in line with research, best practice and knowledge.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 and Regulation 4 of the The Secure Accommodation (Scotland) Regulations 2013; and to ensure that care and support is consistent with the Health and Social Care Standard which states that;

Any treatment or intervention that I experience is safe and effective. (H&SCS1.24), I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions. (H&SCS 2.25), 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. (H&SCS 3.21), I experience high quality care and support based on relevant evidence, guidance and best practice. (H&SCS 4.11), and I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.(H&SCS 4.19).

This requirement was made on 12 March 2021.

Action taken on previous requirement

There had been considerable improvement in the analysis of information following incidents, leading to improved support and outcomes. For more detail see 'How well do we support children and young people's wellbeing?' within this report.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service provider should conduct a comprehensive skill and training analysis specific to the Safe Centre and of the needs of the young people experiencing care there, and look to identify staff training needs in areas such as autism spectrum disorder.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states 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. (H&SCS 3.14)

This area for improvement was made on 12 March 2021.

Action taken since then

A training needs analysis and plan had been completed. In recognition of the changing profile and needs of some young people, and staff need for a greater understanding in autism all managers and eight staff had been trained as trainers. A bespoke training course was being developed with plans to introduce this in early 2022.

Previous area for improvement 2

The service provider must ensure that notifications to the Care inspectorate are submitted in accordance with the guidance document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states

that; I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected. (H&SCS 4.18); and I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.(H&SCS 4.19)

This area for improvement was made on 12 March 2022.

Action taken since then

Notifications had been made to the Care Inspectorate with the service having reduced the amount of staff who submitted these in order to ensure consistency of quality, accurate information.

Complaints

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

Detailed evaluations

How well do we support children and young people's wellbeing?	5 - Very 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	5 - Very Good
1.3 Children and young people's health benefits from their care and support they experience	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	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?	5 - Very Good

4.1 Children and young people experience high quality facilities	5 - Very 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
How good is our care and support during the COVID-19 pandemic?	not assessed

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