

# Cochrane House School Care Accommodation Service

Kibble Education & Care Centre  
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**Type of inspection:**  
Unannounced

**Completed on:**  
8 November 2024

**Service provided by:**  
Kibble Education and Care Centre

**Service provider number:**  
SP2004007042

**Service no:**  
CS2024000005

## About the service

Cochrane House is operated by Kibble Education and Care Centre. Kibble's mission is to empower lives and fulfil potential through care, education, and opportunities.

Cochrane House provides a school care accommodation service for up to ten mixed gender young people of secondary school aged (usually from 12 to 18 years), who have experienced childhood trauma and who sometimes present with concerning behaviour or are vulnerable to particular risks

The service consists of three adjoined terraced houses. At the time of inspection the service was only operating from two of the houses, Cochrane house one and Cochrane house two.

## About the inspection

This was an unannounced inspection which took place on the 4, 5 and 8 of November 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous registration information, information submitted by the service and intelligence gathered since the service began operating.

In making our evaluations of the service we:

- spoke with seven people using the service and four of their representatives
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals linked to the service.

**Key messages**

- Managers and staff have good knowledge of young people's differing needs.
- Staff and Managers were trained effectively in Child Protection processes and had good awareness of their roles in this.
- The rights, views, and wishes of young people were championed by the service and they had good access to independent advocacy also.
- The provider had made some important changes to the staff team to ensure more consistent relationships for young people.
- Leadership within the service promoted an empowering culture.
- The provider had recently increased management time to complete important tasks such as support and supervision. The impact of this was too early to measure on this inspection.
- The service should develop an ongoing assessment of staffing needs.
- Quality assurance processes needed to focus on improving care planning and risk assessment processes to ensure these fully represented the needs of young people, and supports required from staff.

**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 rights and wellbeing?	4 - Good
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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 rights and wellbeing?

4 - Good

We made an evaluation of good for this key question. A number of important strengths could be identified, which taken together clearly outweighed areas for improvement and had positive outcomes for young people.

### Quality Indicator 7.1 Children and young people are safe, feel loved and get the most out of life.

Young people told us that they felt safe. We saw staff and managers responding well to the needs of young people, with good knowledge of their differing needs and supports. Leaders were present within the service ensuring effective role modelling of practice. The service reflected that there had been times after the service first opened where the competing needs of young had led to challenges, but they had made improvements to their assessment of young people coming to the service leading to improved outcomes. We did suggest that the service further records their assessment to ensure that all aspects of need are considered.

Where young people's needs required a greater level of restriction staff were well trained in appropriate strategies to ensure safety. We found improved post incident debriefs for staff which had an increased focus on reflection of practice strategies, both successful and unsuccessful, and were more aligned to the providers aim to reduce restrictive practices.

Staff and leaders were trained effectively in child protection procedures. This was supported by clear organisational policy and procedures. We found evidence that the provider had good oversight of protection concerns and had dealt with most matters effectively. Where this had not been the case, we raised some suggestions about where communication could be improved. We had confidence that the service would address this area.

Young people were made aware of their rights. There were positive examples of young people accessing advocacy through Who Cares both in formal meetings and informally within the houses. The rights, views and wishes of young people using the service were also represented clearly by staff, we heard positive feedback from professionals linked to the service relating to this area of practice.

Despite a high turnover of staff within the service we saw evidence of warm, nurturing and trusting relationships between staff and young people. The provider had ensured that staff were effectively trained in trauma informed practice and regularly discussed this area of practice. Staff and young people enjoyed shared experiences. Young people told us how much they valued this and knew activities would be based on their individual preferences.

Educational outcomes for young people were strong. The service worked well with the providers own school and other educational settings, creating bespoke educational packages for young people. For some young people this meant attending school regularly for the first time in a long time.

Young people's right to family life was promoted. The service had good links with families and would support young people to stay in touch with those close to them. Staff were attuned to the sensitivity around visits to those close to them and had a good understanding of how to support young people's emotional needs, before and after these visits.

## Quality Indicator 7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights.

Leadership within the service promoted an empowering culture. Manager's role modelled practice, and this was helpful to in helping assess the care provided. The provider moved staffing from other parts of the service, this was very important in creating stability for young people and slowing staff turnover.

Recruitment processes were robust and followed safer recruitment protocols. Young people were involved in interviewing processes, which was a key strength. Induction processes were also strong, ensuring that new staff members received intense training both initially and ongoing throughout their employment. All staff we spoke with reported positively about the training input they received.

External manager arrangements were strong and ensured organisational line of sight. The provider had awareness that managers presence in the service meant that time and availability to undertake important tasks such as staff supervision were compromised. This led to an important organisational decision to increase management time to undertake these tasks. This was too early to assess the impact, but the decision was welcomed by those in the service.

The service had processes to assess their ability to meet the needs of young people coming to the service. We found evidence of assessments for both successful, and unsuccessful matching processes. We did suggest that the service could further improve their recording of assessment on these documents to ensure all aspects of this were fully considered. We had confidence that the service would take this forward.

The service offered high staffing ratios for the needs of young people, this coupled with the providers specialist intervention services gave confidence that the service could meet the needs of young people. There were some gaps in staff training for one house, but the provider had plans to address this. We outlined the need to formalise assessment of staffing, ensuring the levels, skill and experience is fully considered both in matching processes and ongoing care (see Area for Improvement 1).

Quality assurance processes were in place, we saw strength in some of these processes, including medication audits and oversight. The service does need to improve their audits of young people's files, ensuring that this helps improve staff ability to write these, recording pertinent detail to ensure that all staff are fully aware of their roles in supporting young people achieve positive outcomes (see Area for Improvement 2).

The service was creating a service improvement plan, this aimed to formalise the plans in place and resources to improve themes within the service. We highlighted the importance of keeping this under continual review and including specific, measurable, achievable, realistic, and timely objectives.

### Areas for improvement

1. To support the young people's wellbeing, outcomes and choice, the service should review their care planning and risk assessment processes. This should include but is not limited to:

- a) Ensuring that all care plans and risk associated documentation is fully reflective of the needs, views and wishes of young people.
- b) Ensuring that staff are fully aware of their roles in supporting young people, and that quality assurance systems ensure that these are regularly reviewed and updated to include relevant information.

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

'My personal plan (sometimes referred to as care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)

and

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. To support the young people's wellbeing and outcomes the service should ensure the correct numbers, experience, and skills mix are working within the service at all times. This should include but is not limited to:

a) Recording their assessment of staffing needs in accordance with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

b) Considering their ability to meet the needs of new and existing young people prior to new young people coming to the service. This should include assessment of staffing levels and training needs.

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

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

## 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 rights and wellbeing?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

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