
Report To:	Social Work & Social Care Scrutiny Panel	Date:	13 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social care Partnership	Report No:	SWSCSP/44/2025/MM
Contact Officer:	Margaret McIntyre Head of Children, Families & Justice Inverclyde Health & Social care Partnership	Contact No:	01475 715365
Subject:	Inspection of Children's Residential Houses – Crosshill and Kylemore		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting

1.2 This report informs the Social Work and Social Care Scrutiny Panel (SW&SCSP) of two inspections completed by the Care Inspectorate in respect of Crosshill Residential Children's House (January 2025) and Kylemore Residential Children's House (February 2025).

1.3 Both inspections were unannounced, and the services were evaluated against the following key questions:

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

Within this, the quality indicator evaluated was as follows:

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

- 1.4 The report of the inspection and evaluation of Crosshill Children's House is available on the Care Inspectorate website and attached as appendix 1.
- 1.5 The report of the inspection and evaluation of Kylemore Children's House is available on the Care Inspectorate website and attached as appendix 2.
- 1.6 Crosshill was awarded a grade of 4: 'good', on the six-point scale used by the Care Inspectorate, ranging from 1: unsatisfactory to 6: excellent.
- 1.7 Kylemore was awarded a grade of **5: 'very good'**, on the six-point scale used by the Care Inspectorate, ranging from 1: unsatisfactory to 6: excellent.

2.0 RECOMMENDATIONS

- 2.1 Members of the Social Work and Social Care Scrutiny Panel are asked to note the outcome of the inspection and the Improvement Action Plan at Appendix 3.

Kate Rocks
Chief Officer
Inverclyde Health & Social care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 Social work and social care services are subject to a range of audit and scrutiny activities to ensure that they are undertaking all statutory duties, providing appropriate care and support to vulnerable individuals and groups. Crosshill Children's House is a regulated service, registered with The Care Inspectorate and therefore subject to regular inspection. Typically, residential facilities will be subject to one inspection per year which will be unannounced.

An unannounced inspection of Crosshill was undertaken on 30 January 2025.

An unannounced inspection of Kylemore was undertaken on 12 February 2025.

- 3.2 The Care Inspectorate utilises the following gradings within its inspection activity:

1. Unsatisfactory
2. Weak
3. Adequate
4. Good
5. Very good
6. Excellent.

- 3.3 During the last inspection in October 2022 Crosshill was graded as 4: 'good'.

During the last inspection in November 2022 Kylemore was graded as 4: 'good'.

- 3.4 During both inspections, the Care Inspectorate spoke with staff, young people, parents and other professionals and reviewed relevant written information including care plans.

3.5 Key Messages - Crosshill

- 3.6 Crosshill's inspection report, published by the Care Inspectorate, includes five key messages from the findings of the inspection:

1. Young people were kept safe in the house and cared for by staff who had a good understanding of their role and responsibilities.
2. Advocacy services were available to young people which provided opportunities for them to express their views.
3. The service had not consistently notified the Care Inspectorate of significant incidents occurring in the house.
4. Young people were offered a variety of activities and opportunities, such as holidays and day trips.
5. Education and employment opportunities were encouraged within the service, with support around these being tailored to their needs.

3.7 Key Messages - Kylemore

Kylemore's inspection report, published by the Care Inspectorate, includes five key messages from the findings of the inspection:

1. Young people were cared for by staff who knew them well.
2. Positive relationships had been established between young people and staff. These were based on trust, understanding and genuine care.
3. Young people experienced a high level of respect from everyone involved in their care.

4. Young people had a variety of opportunities to take part in experiences that interested them, including holidays and individual hobbies.
5. The service was committed to young people remaining in the service into adulthood, if this was their choice.

3.8 Findings - Crosshill

- 3.9 The inspection found that, overall, young people living at Crosshill felt and are kept safe. All young people had risk assessments in place, which contributed to staff understanding and ability to promote the safety of young people.
- 3.10 A notable strength was that young people experienced therapeutic and stable care, supporting their emotional wellbeing. On the whole staff had remained consistent for several years which contributed to the continuity of relationships.
- 3.11 It was found that young people experienced trusting and nurturing relationships with those caring for them with one young person stating, 'they have done a lot for me, when I was having a tricky time, they were there for me'.
- 3.12 In addition, the inspection highlighted that young people's physical and mental health were given priority within the service. Staff ensured that young people were supported to attend key appointments and access suitable supports as required, including at points of crisis.
- 3.13 Young people had access to advocacy through the children's rights officer, as well as independent advocacy services. Young people told us they would also speak to their keyworker or social worker. This highlighted that young people were listened to ensuring their views are considered.
- 3.14 There have been no complaints upheld since the last inspection.

3.15 Findings - Kylemore

- 3.16 The inspection found that young people living at Kylemore are kept safe, emotionally and physically. They benefit from care and support from a caring and compassionate staff team.
- 3.17 It was found that young people experienced therapeutic and stable care which supported their emotional wellbeing. Staff recognised the impact of trauma as being significant for young people, acknowledging the additional challenges this can present in day-to-day life.
- 3.18 A strength were the relationships between young people and staff with these being noted to be warm, trusting and nurturing relationships. An external professional shared - 'this service does well in relationship-based practice, focusing on building strong, trusting connections with the young people they support. The staff take a nurturing approach, which fosters an environment where young people feel valued and understood.'
- 3.19 In addition, those living at Kylemore were found to experience a high level of respect from everyone involved in looking after them. It was highlighted that 'staff considered young people's points of view, considering their experiences and needs and recognising the individual in each situation'.
- 3.20 Young people's physical and mental health were given priority within the service.
- 3.21 The service have developed a 'wellbeing room' in the house, which has provided a further space for staff and young people to access. Staff recognised the importance of different environments for young people to access, depending on their needs and feelings at any time.

3.22 Young people had individualised risk assessments and care plans. These were informative and detailed important information to support staff in keeping young people safe and offering meaningful support. Care plans included personalised goals which indicated that young people were involved in their development.

3.23 There have been no complaints upheld since the last inspection.

4.0 PROPOSALS

4.1 **Crosshill:** The inspection noted an ongoing area of improvement in relation to reporting incidents (notifications) to the Care Inspectorate. It stated that the service would benefit from reviewing processes around incident recording and reporting to ensure relevant notifications are submitted in a timely manner. Improvement activity in relation to this is already underway to meet this area of improvement, including additional staff training as well as taking practical steps to reduce any barriers to reporting incidents within timescales.

4.2 **Kylemore:** No areas of improvement were identified during the inspection. However, the service is committed to continuous improvement, learning and development.

4.3 All Children's Houses

These two inspections complete the cycle of inspections across all three of our children's houses in 2024/25. The View Children's House was also awarded a grade of 5 – **Very Good** – with the report presented to the Social Work and Social Care Scrutiny Panel in February 2025. All three houses have in place Improvement Action Plans that have leadership oversight, scrutiny and support to ensure continuous improvement, aiming for excellence in the delivery of residential care to children and young people in Inverclyde.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial			✓
Legal/Risk			✓
Human Resources			✓
Strategic (LOIP/Corporate Plan)			✓
Equalities & Fairer Scotland Duty			✓
Children & Young People's Rights & Wellbeing			✓
Environmental & Sustainability			✓
Data Protection			✓

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

No Implications

5.4 Human Resources

No Implications

5.5 Strategic

No Implications

5.6 Equalities and Fairer Scotland Duty

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
✓	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

5.7 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
✓	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.8 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
✓	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
✓	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 CONSULTATION

6.1 N/A

7.0 BACKGROUND PAPERS

7.1 None.

Crosshill Home Care Home Service

Port Glasgow

Type of inspection:
Unannounced

Completed on:
30 January 2025

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003001104

About the service

Crosshill is a residential children's house located in a residential area of Port Glasgow. It is registered to provide care and accommodation for up to seven children and young people. During our inspection, seven young people were living in the service.

The house itself is a modern design that offers space and comfort. The layout has been well considered and consists of an open plan living/dining room, two further separate lounge areas, and a large kitchen. There are seven bedrooms and six of these have ensuite facilities.

About the inspection

This was an unannounced inspection which took place on 23 January 2025 between 10:30 and 18:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection. To inform our evaluations we:

- Spoke with three young people using the service and three of their family members
- Spoke with eight members of staff and management
- Spoke to seven external stakeholders
- Observed practice and daily life
- Reviewed documents
- Reviewed 14 survey responses

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Key messages

- Young people kept safe in the house and cared for by staff who had a good understanding of their role and responsibilities.
- Advocacy services were available to young people which provided opportunities for them to express their views.
- The service has not consistently notified the Care Inspectorate of significant incidents occurring in the house.
- Young people were offered a variety of activities and opportunities, such as holidays and day trips.
- Education and employment opportunities were encouraged within the service, with support around these being tailored to their needs.

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 evaluated this key question as good, where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Overall young people living at Crosshill felt supported and are kept safe. All young people had risk assessments in place, which contributed to staff understanding and ability to promote the safety of young people.

Young people had access to advocacy through the allocated children's rights officer, as well as independent advocacy services. Young people told us they would also speak to their keyworker or social worker if they needed to. This means that young people are listened to and ensures their views are considered.

Young people experienced therapeutic and stable care which supports their emotional wellbeing. On the whole staff had remained consistent for a number of years which contributed to the continuity of relationships. We are aware the provider has recently developed a formal staffing needs assessment which will be implemented in the near future.

We found there had been a number of incidents that had not been reported to the Care Inspectorate, including incidents of restrictive practices.

(See area for improvement 1)

Within those recorded, there was evidence of staff responding to young people in crisis in a sensitive and caring manner, sharing information and taking forward identified actions. The service would benefit from reviewing processes around incident recording and reporting to ensure relevant notifications are submitted in a timely manner.

Young people experience trusting and nurturing relationships with those caring for them. When talking about staff a young person shared *'they have done a lot for me, when I was having a tricky time they were there for me.'* Staff had a good understanding of their role in relation to safeguarding young people, however the team may benefit from further considering how rules and boundaries are implemented to ensure these are consistent with a trauma-informed approach.

Young people were offered a variety of activities and opportunities, including holidays and days out, with staff recognising the importance of *'making memories'*. This allowed young people to have new experiences and enhance relationships.

The physical environment of the house was warm and welcoming. Several external visitors commented on the nurturing and welcoming nature of the house. Young people had been able to personalise their bedrooms to their own likes and preferences which contributed to a sense of belonging.

Young people's physical and mental health were given priority within the service. Staff ensured that young people were supported to attend relevant appointments and access suitable supports as required, including at points of crisis.

Most young people were engaged in some form of education and/or employment at the time of inspection.

Young people had individual plans in education which were supported by staff and led to a range of academic achievements. An external professional reflected admiration of the encouragement and support staff provide to young people in terms of '*sticking in at school*'. The team were acknowledged by another professional for '*instilling a strong work ethic*' in the young people.

The commitment to continuing care was evident in day-to-day practice and was included in related policy. We understand the development of a standalone Continuing Care policy was underway and we look forward to seeing the impact of this at future inspections

Young people's plans and risk assessments were person centred and informed by young people's personal goals and preferences. The service would benefit from reviewing individual records to ensure information accurately reflects current circumstances/concerns.

Areas for improvement

1. The service should notify the Care Inspectorate of incidents as described within 'Records that all registered children and young people's care services must keep and guidance on notification reporting', published 25 October 2022.

This is in order to ensure that the quality of care and support is consistent with the Health and Social Care Standards which state 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' (HSCS 4.18);

and In order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) - 'A provider must make proper provision for the health, welfare and safety of service users'.

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 provider should consider its wider response to increasing demands on service capacity.

This should include efforts to consider service provision for older young people who have particularly complex and challenging needs.

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

'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 19 December 2022.

Action taken since then

The provider has now implemented an improved matching and admissions process, to ensure the needs of young people are considered prior to moving into the service. During inspection we found that young people living in the home had their needs met through the support offered by the staff team.

This area for improvement has been met.

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 rights and wellbeing?

4 - Good

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

4 - Good

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Kylemore Care Home Service

Greenock

Type of inspection:
Unannounced

Completed on:
12 February 2025

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003001106

About the service

Kylemore is a residential children's house located in a residential area of Greenock. It is registered to provide care and accommodation for up to seven children and young people. During our inspection, seven young people were living in the service.

The house itself is purpose built and a modern design that offers space and comfort. The layout consists of two lounge areas, a large kitchen, a dining room and a sunroom which provides a quiet space for young people and staff. All of the bedrooms have either an ensuite or access to their own bathroom. The house also has a large garden to the rear of the property, including a decking area.

About the inspection

This was an unannounced inspection which took place on 3 and 4 February 2025 between 11:30 and 18:00, and 10:15 and 16:00 respectively. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with five young people using the service
- Spoke with eight members of staff and management
- Spoke with six external stakeholders
- Observed practice and daily life
- Reviewed documents
- Reviewed 10 completed survey responses.

Key messages

- Young people were cared for by staff who knew them well.
- Positive relationships had been established between young people and staff. These were based on trust, understanding and genuine care.
- Young people experienced a high level of respect from everyone involved in their care.
- Young people had a variety of opportunities to take part in experiences that interested them, including holidays and individual hobbies.
- The service was committed to young people remaining in the service into adulthood, if this was their choice.

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?	5 - Very 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?

5 - Very Good

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

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

Young people living at Kylemore are kept safe, emotionally and physically. They benefit from care and support from a caring and compassionate staff team. Young people are encouraged to engage in discussions about their safety to support them in taking age appropriate responsibilities for safety planning.

Young people had access to independent advocacy services whilst living at Kylemore. In addition young people told us they could speak to staff in the house. One young person said *'there are lots of people here I can speak to whenever I want to or need to'*.

Young people experienced therapeutic and stable care which supports their emotional wellbeing. Staff recognised the impact of trauma as being significant for young people, acknowledging the additional challenges this can present in day-to-day life. By knowing young people well, staff were able to notice subtle changes in behaviours which might indicate difficulties, therefore step in to offer support. We are aware the provider has recently developed a formal staffing needs assessment which will be implemented in the near future.

Since the last inspection there have been a small number of restrictive practice incidents within Kylemore. Staff used de-escalation techniques first to engage with young people in crisis and the escalation of these events was clearly recorded. There was consistent practice of debriefs following incidents, which provided opportunity for reflection and learning.

A strength of the service was relationships between young people and staff with these being warm, trusting and nurturing relationships. An external professional shared *'This service does well in relationship-based practice, focusing on building strong, trusting connections with the young people they support. The staff take a nurturing approach, which fosters an environment where young people feel valued and understood.'*

Young people had opportunities to access holidays and days out with staff and, at times, others living at Kylemore. Staff knowledge of young people supported decision making in terms of planning such trips to ensure these were enjoyable experiences for all.

Those living at Kylemore experienced a high level of respect from everyone involved in looking after them. Staff considered young people's points of view, taking into account their experiences and needs and recognising the individual in each situation. An external professional highlighted, in relation to an emergency admission, that staff worked hard to ensure the *'young person felt safe and secure, which helped them settle in more effectively.'*

Respect was also reflected in the quality of environment with the house being warm and welcoming. Feedback from an external visitor acknowledged that staff *'focus on creating a nurturing and homely environment that promotes a sense of safety and stability'*. Photographs around the home of young people and staff taking part in activities contributed to a homely, nurturing environment.

Young people's physical and mental health were given priority within the service. Staff ensured young people were supported to attend relevant appointments and access suitable supports as required, including routine appointments and specialist supports.

The service have developed a 'wellbeing room' in the house, which has provided a further space for staff and young people to access. Staff recognised the importance of different environments for young people to access, depending on their needs and feelings at any particular time.

Young people's individual interests and ambitions were consistently supported and encouraged by the team. One staff member referred to activities and hobbies being *'led by them [young people], and encouraged by us'* highlighting the individualised approach staff take when encouraging young people. There were examples of young people taking driving lessons, going to various sports groups and spending time with friends. We also heard that a young person had been supported in their choice to keep a pet dog, and the positive impact this has had on their overall wellbeing.

Staff worked closely with colleagues in education to support young people to participate in their learning. Tailored support plans were developed through collaboration between staff and education colleagues which contributed to improved education outcomes for young people.

The commitment to continuing care was evident in day-to-day practice and was included in related policy. We understand the development of a standalone Continuing Care policy was underway and we look forward to seeing the impact of this at future inspections.

For those who are considering moving on from the service, we were told of transitions being planned in line with individual needs. One professional referred to the young person they support being wary about moving on considering this as a positive reflection on relationships within Kylemore.

Young people had individualised risk assessments and care plans. These were informative and detailed important information to support staff in keeping young people safe and offering meaningful support. Care plans included personalised goals which indicates that young people are involved in their development.

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 should develop a central log and system of record-keeping of any significant incidents or events. This will allow for greater transparency, monitoring and quality assurance of the young people's care and support.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

This area for improvement was made on 15 November 2022.

Action taken since then

Overall record keeping relating to incidents within the home has improved since the last inspection. From incident records sampled, there was evidence of staff response to crisis in a sensitive and caring manner to ensure the safety of young people.

This area for improvement has been met.

Previous area for improvement 2

The provider should consider its wider response to increasing demands on service capacity. This should include efforts to minimise occasions when the admission of young people results in the service exceeding capacity.

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

'If I experience care and support in a group, the overall size and composition of that group is right for me (HSCS 1.8) and 'My care and support meets my needs and is right for me (HSCS 1.19).

This area for improvement was made on 15 November 2022.

Action taken since then

Matching and admissions process has been implemented since the last inspection which has allowed for consideration to be given to the provision of support offered by the service with awareness of young peoples needs.

This area for improvement has been met.

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 rights and wellbeing?	5 - Very Good
7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very Good

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Inverclyde HSCP

Residential Services – Improvement Plan 2025-2026

Outcome What do we want to achieve	Actions How are we going to do it?	Timeframe When do we want this to be completed or next reviewed?	Person responsible Who is doing each action or responsible for ensuring it gets completed?	Where are we now? What have we achieved, and what has prevented us from doing what we wanted?	RAG
My needs are met by the right number of people.	The service will develop a robust staffing needs assessment. This should include, but is not limited to, a continuous overview of the skills of staff, and the number of staff required to provide the service.	1 March 2025	Residential Team Lead	In progress – a staffing needs assessment has been designed in consultation with Care Inspectorate and House Managers. Will now be implemented.	Green
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	In order to ensure that the service notifies the Care Inspectorate of incidents within statutory timescales we will: - Organise training which will be delivered by the Care Inspectorate. - Work with managers to identify any challenges / priority areas for training. - Reduce practical barriers to reporting incidents by ensuring that additional staff have access the Care Inspectorate notification portal.	1 June 2025	Residential Team Lead House Managers	In progress A Care Inspectorate input /training on notifications has been arranged to take place on 3 April 2025. House Managers and Depute House Managers now have access to the portal across all three houses.	Green

Outcome What do we want to achieve	Actions How are we going to do it?	Timeframe When do we want this to be completed or next reviewed?	Person responsible Who is doing each action or responsible for ensuring it gets completed?	Where are we now? What have we achieved, and what has prevented us from doing what we wanted?	RAG
Practice will be strengthened by developing a specific policy relating to continuing care practice.	A specific policy relating to Continuing Care Procedures will be developed.	1 June 2025	Residential Team Lead	In progress – policy is in draft format and will be taken to the Senior Management Team before implementation.	Amber