

Catch Scotland Ltd Housing Support Service

North Mains Farm
Houston
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Catch Scotland Ltd

Service provider number:
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Service no:
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About the service

Catch Scotland offer intensive support to young people and young adults through two registered services: a support service and a housing support service. In practice the majority of young people, although not all, are supported by both services. This report reflects a joint inspection of the services.

Young people are supported to live in temporary tenancies and develop independence and skills for life, before moving on to a permanent tenancy when ready to do so. They also have access to a range of opportunities to engage in informal learning and development.

The level of support is tailored to the individual. Some young people receive support 24 hours a day with staff members staying in their homes with them on a shift basis. Others have reduced levels of support according to their needs.

About the inspection

This was an unannounced inspection which took place on 5 to 7 May 2025. The inspection was carried out by an 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 people using the service
- spoke with sixteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals.

Key messages

- Young people enjoyed warm, trusting relationships with adults who supported them.
- There was an organisational focus on growth and development for young people with effective systems in place to ensure that goals and outcomes were aspirational in ways that pushed young people out with their comfort zones.
- We suggested that the service could further improve its internal support facilities to ensure those who preferred not to be community based had the same access to varied experiences.
- Staff had confidence in the support they received from leader's within the service.
- Quality assurance systems were effective, and implemented consistently.
- The service had improved their notifications and communication with external agencies'.
- Leaders committed to re-inducting all staff, this ensured shared vision and ethos.
- Staff training provision had increased, staff spoke positively of the training they received. The service could improve oversight of smaller training inputs to ensure improved awareness.

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 people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

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.

Quality Indicator 1.2 People get the most out of life

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

The service carefully considered the individual staff teams that would provide support to young people. This ensured young people held relationships that were warm, trusting, and positive. All young people we spoke with felt this had positive effects on their care, and that they got on well with adults around them. Young people felt that the service could improve its communication when changes had to be made to staffing due to absences. The service agreed to address this area of practice individually with young people.

All young people we spoke with felt their views and wishes were paramount in creating care plans which were built around their needs and aspirations. There was an organisational focus on growth and development for young people. Effective systems were in place to ensure that goals and outcomes were aspirational in ways that pushed young people out with their comfort zones. This led to some positive achievements.

Staff and leaders advocated effectively for young people. External advocacy was also in place however, the quality and consistency of this varied. We did suggest that the provider further considers how they could ensure access was more consistent through private arrangements.

Staff had a good understanding of the social, emotional and behavioural needs of young people. The service ensured that the complex and varying needs of young people were consistently responded to by clear plans. Organisational supports were effective, including internal consultants, who offered reflective discussions, and inputs to staff. This helped ensure staff held the skills and knowledge required to understand their role in supporting young people.

The service acknowledged that risk promotion was important in allowing young people to explore their world, community, and life. Young people told us that they always felt confident that there was someone there to 'catch them' when they made mistakes, and to help them learn from this. Where risks were high the service demonstrated effective multi-agency collaboration, ensuring appropriate supports were in place suited to reduce this, and increase safety.

The provider had made important steps to improve their internal policies relating to the protection of young people. This meant staff were far more aware of their roles in practice, through increased training and organisational governance.

Young people engaged in individually tailored programmes through the support service. We saw positive examples of work experience, further education, and life skills that were aspirational. Young people's views were paramount in creating these programmes. We did suggest that the service could further improve its internal facilities to ensure those who preferred not to be community based had the same access to varied experiences. **(See Are for Improvement 1)**

Areas for improvement

1. To support young people's wellbeing, learning and development, the provider should review their internal training and support facilities for young people. This should include, but is not limited to:

a) Ensuring young people who use the providers internal facilities have access to a similar variety of opportunities as those who access community provisions.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

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 young people, therefore we evaluated this key question as very good.

Quality Indicator 2.2 Quality assurance and improvement is led well

The service had benefitted from a period of stability within the management structure. We found that the provider had used this time to fully consider the roles and responsibilities of those in lead positions. All staff we spoke with knew exactly who to approach and what support they could offer. This meant that they had confidence in the support they received.

Quality assurance processes had also improved. Systems were largely effective in outlining any gaps in practice, and helping to ensure supports were in place to address these. This was evident within medication checks, where errors were picked up promptly, with increased supports and audits to further tighten this area of practice. The provider was in the process of further developing a series of deep dive audits in key practice areas, we suggested formalising a timetable to ensure oversight of this.

We found that the provider had improved its communication with external agencies, especially in relation to significant incidents. This meant that there was increased external awareness and evaluation of the service's responses. When incidents took place, these were routinely debriefed. Staff spoke of the positive effect this had on practice. Whilst we had confidence these were happening we suggested the service improve their recording of how these debriefs influence changes to the care and support young people receive. This was something the service was happy to progress.

There had been important changes to internal processes such as meeting structures, and organisational reporting structures. This ensured that there was organisational line of sight that helped to create co-ordinated service improvement plans. The goals in these were suitably aspirational and covered many aspect of the care and support offered. This gave improved confidence in the services self-governance arrangements.

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 young people, therefore we evaluated this key question as very good.

Quality Indicator 3.2 Staff have the right knowledge, competence and development to care for and support people

The background and experience of staff working within the service varied. We found that the provider had made positive changes to their organisational induction processes. Leaders committed to re-inducting all staff, this ensured shared vision and ethos. Staff spoke positively of this input, and this showed very good awareness from leaders around a whole team approach to supporting young people.

The provider acknowledged that there had been significant staff turnover within the service since the last inspection. Whilst this was something they aimed to reduce they acknowledged that the organisational ask, and increased professionalism had led to some changes.

Where staff conduct or performance fell below organisational expectations, we found the provider was responsive in taking appropriate action. We suggested the need to focus more training on professional boundaries to address this in a preventative manner.

Staff support and supervision was paramount, all staff we spoke with stated they felt well supported. The provider had introduced reflective diaries for staff to help understand their individual experiences. We suggested this area of practice could be further developed within incident reporting, encouraging more individual and team reflection around helpful, and unhelpful responses supporting young people. This would ensure support plans were updated appropriately.

Staff training provision had increased; this was supported by improved organisational oversight of core training. We did hear positive examples of individually tailored training inputs to staff, around the needs and supports of specific young people. Whilst this was a welcome addition, we highlighted the need to ensure that this too was subject to organisational oversight to ensure all staff had the necessary skills. **(See Are for Improvement 1)**

Areas for improvement

1. To support young people's wellbeing, the provider should review its method of assessment and oversight for all staff training. This should ensure that records are accurate, and leaders have full oversight of these.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

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

Requirements

Requirement 1

By 31 March 2024 the provider must ensure that staff have access to the most up to , policies and procedures in relation to the protection of young people and adults

To do this, the provider must, but not a minimum, ensure:

- a) That all internal policies and procedures are up to date. Ensuring that these are reviewed frequently and include the most up to date guidance in relation to the protection of young people and adults.
- b) That staff and leaders are fully aware of their roles and responsibilities in the protection of children and young people, including knowledge of updated policy, guidance and legislation.
- c) That supporting documents such as whistleblowing, staff handbooks and disciplinary procedures are explicit in the steps to be taken by staff. Staff and leaders should have full awareness of this.

This is to comply with Regulation 15 (b) (staffing) of The Social Care and Social Work Improvement Scotland (Requirements 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 (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 24 November 2023.

Action taken on previous requirement

The provider had reviewed both operational and procedural policies. We found that protection-based policies featured up to date legislation and guidance, and in addition were supported by comprehensive training that had been rolled out for staff. The provider further developed its induction process and revisited this with all existing staff to ensure consistency of knowledge, approach, and shared ethos.

We suggested the provider further develop this area of practice by creating a timetable which outlines, and plans for, future policy updates on a rolling basis.

Met - within timescales

Requirement 2

By 29 February 2024, the provider must ensure they have a robust process for identifying, and delivering the training needs of staff. This is to ensure young people experience high quality care that meets their needs.

To do this, the provider must, at a minimum, but not exclusive to:

- a) Identify a list of the mandatory training identified by the provider, which will be provided to all staff members.
- b) Create a staff training analysis for the young people using the service, staff teams, and leaders, identifying any additional training required to meet their needs. This should include clear plans to provide formal child and adult protection, including both staff and managerial roles in supporting this.
- c) Create an action plan which will identify the individual dates for the team being trained. This should include the frequency that staff will be required to retrain.
- d) Outline any additional supports put in place by the provider to minimise the impact of gaps in training at present.

This is to comply with Regulation 15 (b) (staffing) of The Social Care and Social Work Improvement Scotland (Requirements 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 (HSCS) which state 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' (HSCS 3.14)

and

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

This requirement was made on 24 November 2023.

Action taken on previous requirement

The provider had increased its internal training provision and inputs to staff around key processes such as Child and Adult protection. These were supported by positive changes to policies ensuring that the most up to date, and relevant information was included.

The provider was using a recording system that allowed senior staff to have oversight of core training gaps, and take important steps to address these. We saw evidence of good assessment of individual, and team training needs specific to young people. We had confidence that the service was providing important training inputs to staff teams to support the individual needs of young people through both internal consultancy arrangements and externally if required. We did suggest that how the service tracks, and ensures oversight of this through their internal systems needs some consideration.

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

To support the young people's wellbeing, and outcomes the service should review their post incident debriefing process. This should include but is not limited to:

- a) That all incidents are subject to a full debrief, and that critique of staff approaches allows the ability to highlight successful staff practice or vary practice to more suitable approaches as needed.
- b) The service should keep written records of these debriefs and these should be visible to staff.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 24 November 2023.

Action taken since then

The service had taken steps to ensure that staff all received debriefs in relation to incidents. This is something that was undertaken by consultants and focused heavily on the wellbeing of staff. We did suggest that the service further reflect on staff practice, and responses, to ensure that helpful and unhelpful responses allowed routine updates to care planning and risk assessment processes. This was to ensure a reductionist approach to risk and incidents.

Due to the number of incidents received by the service, there had been recent consideration around the service tiering incidents to ensure those involving staff have proportionate responses and supports. This had not yet been implemented so was unable to be assessed on this inspection.

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 people's wellbeing?	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

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