

## 38 Hardthorn Road Care Home Service

Dumfries

**Type of inspection:**  
Unannounced

**Completed on:**  
30 May 2025

**Service provided by:**  
Dumfries & Galloway Council

**Service provider number:**  
SP2003003501

**Service no:**  
CS2013316737

## About the service

38 Hardthorn Road was registered with the Care Inspectorate in 2013 to provide a care home service for a maximum of five children and young people aged between eight and 18 years. At the time of inspection there were three young people living in the house.

## About the inspection

This was an unannounced inspection which took place on 21 May 2025, 10:30-20:45 and 22 May 2025, 08:30-16:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed the information about this service. This included earlier inspection findings, registration and complaints information and intelligence gathered throughout the inspection year.

To inform our evaluation:

- We spoke with two of the young people using the service.
- We spoke to four staff members and the manager.
- We had feedback from two professionals.
- We saw staff interactions with young people and everyday life.
- We reviewed documents.

## Key messages

- Young people were safe.
- Young people experienced nurturing compassionate care.
- Young people had connections to the people that were important to them.
- Children and young people were able to access supports and activities.
- Young people's plans were not consistently SMART and lacked analysis.
- The service development plan and statement of purpose was not in place.

## 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. We could see important strengths, with some areas of improvement. The strengths identified had a significant impact on young people's experiences and outcome.

### Quality Indicator 7.1: Children and Young People are safe, feel loved and get the most out of life.

Young people told us they were safe. Staff knew the young people very well and were responsive to their physical and emotional needs.

There had been significant issues for a young person and staff had worked hard to manage this sensitively. There had been increased staffing in response to this crisis. Young people told us they felt safe during this time.

The young people had risk assessments. These varied in quality and consistency which had the potential to undermine their safety. (See Area for Improvement 2).

The young people had access to adults outwith the service, who act in their best interest. All had access to advocacy. The service implements national guidance and best practice in child protection, including child sexual exploitation.

The young people experience therapeutic care from a stable staff team who have established relationships with them.

Young people's emotional wellbeing was supported. There was a culture of using relationships and nurture to de-escalate crisis minimising restrictive practice. Staff were trained in Crisis Aggression Limitation Management (CALM). No young person had been restrained since the last inspection.

Staff demonstrated a good understanding of how trauma impacted upon the young people and how it manifested itself in behaviours. This meant that young people's needs were met with empathy and understanding.

Young people experienced spontaneity and fun. The young people were shown high levels of respect from the staff team. The environment was kept to a good standard with all communal areas recently decorated. Any need for repairs had been undertaken quickly.

Young people were fully included in their care and support, they took part meaningfully in decisions that affected them. This was an area of strength.

Young people's rights were championed, their sense of wellbeing and worth was nurtured and promoted. Young people's physical and mental health was prioritised and had access to relevant supports.

We found that the service had failed to inform the Care Inspectorate of incidents within the stipulated time, this was an unmet Area for Improvement from the previous inspection. Management recognised this and were committed to meeting timescales moving forward. (See Area for Improvement 1).

Meaningful connections to families and friends were a priority, young people saw the people who were important to them. Young people were encouraged to have friends in the house, this promoted young people's sense of belonging.

The young people's interests, and life skills were continually developed. Education was a priority with young people attending school, college and having work placements. There was a commitment to young people staying in the service and providing enduring relationships and support.

Care plans and risk assessments were up-to-date and current, with the young people's contributions clear. We found inconsistencies in how some plans were recorded, and not all plans were Specific, Measurable, Achievable, Realistic, Timely (SMART).

Risk assessments were in places, inconsistent and lacked analysis, which had the potential to undermine the safety of the young people. (See Area for Improvement 2).

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

We could see important strengths, with some areas of improvement. The strengths shown had a significant impact on young people's experiences and outcomes and outweigh the areas for improvement.

The interim manager modelled high standards of practice and actively championed the best possible outcomes for the young people. Young people benefited from a service that promoted equality and inclusion.

External managers maintained regular contact with the manager and the house team.

Internal Quality assurance work had been undertaken by management. An external audit had also taken place, however the results from this were not available at the time of inspection. This should inform service development going forward.

When a young person had moved on from the service their transition to a new house was planned to ensure that their emotional needs were supported.

There had been no unplanned admissions to the service since the last inspection and the service had committed to ensuring this did not happen. This considered the needs of the young people and the impact that unplanned admission could have of their wellbeing and sense of security. Careful consideration should be given to the next admission and should carefully consider the impact of all the young people within the house.

The service development plan and statement of purpose was not in place and being worked on by management. This meant proposed outcomes for the young people and how these were to be achieved was unclear. This requires to be updated to reflect the principles of Scotland's 'The Promise.' Management was committed to resolving this as a priority. (See Area for Improvement 3).

The service had an experienced team. There had been work done in recent months to support staff to have refresher training across various areas of practice. Staff meetings were regular and there had been a team development day. This promoted a cohesive, confident team better able to meet the needs of the young people.

The staff team was stable which promoted the opportunity for young people to develop and enjoy enduring, trusting relationships.

Staff supervision was taking place on a consistent basis underpinning best practice and ensuring that staff felt valued and confident in their role.

Young people were actively involved in the recruitment process which was value based. Young people attended interviews in person to meet with candidates, this was an area of strength.

The interim manager had driven forward the ethos of the promise within the house and implemented child centred strategies. Improvement activities were evident, however a comprehensive service development plan was still to be implemented.

## Areas for improvement

1. The provider should notify the Care Inspectorate of incidents as described within the Care Inspectorate publication, "Records that all registered children and young people's services must keep and guidance on notification reporting" REG-0821-067.

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

2. The service should ensure that care plans are accurate, analytical, and SMART.

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 a 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).

3. The service should ensure that their aims and objectives are fully up-to-date and that their purpose is reflected in their registration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am in the right place to experience the care and support I need and want.' (HSCS1.20)

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

### Requirements

#### Requirement 1

By 31 January 2025 to ensure the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice.

To do this, the provider must as a minimum:

a) Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes;

And

b) Ensure a direct line management responsibility.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19);

And

'I use a service and organization that are well led and managed.' (HSCS 4.23).

**This requirement was made on 24 September 2024.**

#### Action taken on previous requirement

Internal Quality assurance of the service is in place and ongoing. External Quality assurance has been completed.

**Met - outwith 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 children's wellbeing, learning and development, the provider should ensure carers consistently apply their training to practice. This should include, but is not limited to, ongoing training in Trauma Informed Practice, ensuring that behaviours are understood and responded to, from a trauma informed perspective.

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).

**This area for improvement was made on 24 September 2024.**

#### Action taken since then

This Area for Improvement has been Met

#### Previous area for improvement 2

The provider should notify the Care Inspectorate of incidents as described within the Care Inspectorate publication, "Records that all registered children and young people's services must keep and guidance on notification reporting" REG-0821-067.

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

**This area for improvement was made on 24 September 2024.**

#### Action taken since then

This Area for Improvement has not been met and is repeated within the report.

#### Previous area for improvement 3

The service should ensure that care plans are accurate, analytical, and SMART.

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 a 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).

**This area for improvement was made on 24 September 2024.**

#### Action taken since then

The Area for Improvement has not been met and is repeated within the report.



## Previous area for improvement 4

The service should ensure that their aims and objectives are fully up-to-date and that their purpose is reflected in their registration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am in the right place to experience the care and support I need and want.' (HSCS1.20) And 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

**This area for improvement was made on 24 September 2024.**

## Action taken since then

The Area for Improvement has not been met and is repeated within the report.

## Previous area for improvement 5

The service should ensure that staff supervision is provided by the manager with direct responsibility for the service to ensure continuity of staff performance and development needs. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I use a service and organisation that are well led and managed.' (HSCS 4.23).

**This area for improvement was made on 24 September 2024.**

## Action taken since then

The 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](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	4 - 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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