

Carraig View Care Home Service

Port Glasgow

Type of inspection:
Unannounced

Completed on:
9 April 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2020381520

About the service

Carraig View is a detached house set on the outskirts of Port Glasgow, with beautiful views overlooking the River Clyde. The house has gardens to the rear, and a large off road car park. The service is registered to provide residential care to a maximum of four children and young people. The service is provided by The Church of Scotland, operating as Crossreach.

About the inspection

This was an unannounced inspection which took place on 25 and 26 March 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 one person using the service and one of their representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals.

Key messages

- Improved matching processes were not fully effective in assessing the ability to meet the needs of young people.
- Staff and managers received regular debriefs and reflective spaces, including access to consultancy.
- Risk assessments for young people required improvement to ensure a reductionist and consistent approach from staff.
- Staff training could be further developed through improved assessment processes.
- Links to health professionals were positive, and this led to some effective joint working to improve outcomes for health. This was an area of strength for the service.
- Staff helped young people to manage their family relationships well, working effectively with other professionals in doing so.
- The service had made insufficient progress in improving its care planning processes, we have placed a requirement on this area of practice.

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?	3 - Adequate
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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?

3 - Adequate

We made an evaluation of adequate for this key question. The service demonstrated strengths, but these just outweighed weaknesses. Strengths still have a positive impact but the likelihood of achieving positive experiences and outcomes for people are reduced significantly because key areas of performance need to improve.

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

The provider had improved the assessment processes used to consider their ability to meet the needs of young people. Despite this there had been some unplanned placement endings for young people using the service, due to increased risk through group living dynamics. We suggested the service further consider their assessment for young people moving from other houses within the provider group to increase the likelihood of positive outcomes.

The needs of the young people using the service over the last year had been complex. We found that both managers and staff knew young people well, and this had been supported by positive consultancy and reflective practice provided by Crossreach. Where incidents of concern arose, staff routinely received positive and timely debriefs. We found that the learning from these debriefs was not routinely translated to risk assessments for young people. This meant that there was insufficient detail provided to staff to ensure that they consistently responded to situation of need and risk, or had plans in place to reduce this. **(See Requirement 1)**

All staff advised that they felt confident and supported in child protection practice. Staff spoke of receiving positive training inputs which helped make sure they could translate theory to practice. There were some gaps in core training, but we had confidence that the provider had plans to address this. Some staff did speak of a desire for training more specific to the needs of young people. **(See Area for Improvement 1)**

Young people had access to advocacy as required. Links to health professionals were positive, and this led to some effective joint working to improve outcomes for health. This was an area of strength for the service.

The staff team at Carraig View had been consistent for a period of time, which meant that relationships for young people were more predictable. Staff were supported through induction processes to be trauma informed. We saw examples of young people enjoying positive recreational experiences. Young people told us that 'staff are fun, and always want to do things', something they really enjoyed. The environment within the service was warm and homely, the staff team worked hard to achieve.

Young people were supported to maintain connections with family and other people important to them. Staff helped young people to manage their family relationships well, working effectively with other professionals in doing so.

We had asked the service to make improvements to care planning processes for young people on the last inspection. We found that there remained insufficient detail within plans to ensure that staff were consistently working towards achieving positive outcomes for young people. The provider was in the process of developing a further template and agreed to consider these points moving forwards. **(See Requirement 2)**

Requirements

1.

By 01 August 2025, you must ensure that risk assessment processes support a positive and detailed approach to risk reduction. In particular you must:

- a) Ensure that all risks/needs for young people are subject to regular review.
- b) Ensure that the learning from all incidents updates and influences future practice to provide a reductionist approach to risk.
- c) Ensure that risk assessments are appropriately detailed to ensure that staff and managers know exactly what is required from them to help support young people.
- d) Ensure managers and external managers have oversight of risk assessment processes, and can assess advances and barriers in these.

This is in order to comply with Regulation 4(1)(a), and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2.

By 01 September 2025, you must ensure that care planning processes fully reflect the wishes and needs of young people, and inform staff fully of their role in supporting them. In particular you must:

- a) Ensure young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) Ensure goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these. Goals should be actively tracked and subject to regular review.
- c) Ensure all staff are aware of the needs and focus of work for all young people within the service and know exactly what is needed from everyone to support young people to reach their goals.
- d) Ensure managers and external managers have oversight of plans, and can assess advances and barriers in progressing outcomes for young people.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. 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).

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, outcomes and choice the service should review their care planning, and initial assessment processes. This should include but is not limited to:

- a) Ensuring young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) Ensuring that goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these. Goals should be actively tracked and subject to regular review.
- c) Ensuring that all staff are aware of the needs and focus of work for all young people within the service and know exactly what is needed from everyone to support young people to reach their goals.

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).

This area for improvement was made on 26 May 2022.

Action taken since then

The service had made changes to their care planning framework following the previous inspection findings. Despite this we found insufficient progress relating to young people's goals. Goals that were in place for young people were not clearly defined, meaning that they lacked pertinent information to ensure that all staff knew exactly what was expected from them in achieving goals.

The provider was in the process of developing a further care planning framework which was not yet fully implemented. We have placed a requirement on this inspection to ensure consideration of the key development points required to meet this area of practice.

Previous area for improvement 2

To support children's wellbeing, the provider should ensure that they follow 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services', published by the care inspectorate'. The provider should include but not limit to:

- a) Ensuring they consider the potential impact on existing young people within the service.

- b) Ensuring they have all the necessary information prior to making a decision regarding the new young person being referred to the service.
- c) Ensuring they consider staffing levels, skills, mix and any current staff vacancies.

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.' (HSCS 1.20).

This area for improvement was made on 26 May 2022.

Action taken since then

Matching processes had improved. The provider had internal systems in place, which had clear processes attached. We did identify some areas where this could be further developed including where young people transferred from other services within the provider group, ensuring that all aspects of the needs of young people were fully considered including staffing levels skills and experience.

We were satisfied that the provider had progressed this area for improvement around matching, and will consider assessment of staffing needs within an area for improvement placed on this inspection.

Previous area for improvement 3

To support children's wellbeing and safety the service should ensure that they inform the Care Inspectorate of all notifiable instances, as per 'Records that all registered children and young people's services must keep and guidance on notification reporting.'

The service should ensure they have overview and analysis of all incidents within the house.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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.' (HSCS 1.23).

This area for improvement was made on 26 May 2022.

Action taken since then

We found that notifications had improved since the previous inspection, however there were some delays in the timeframes expected within Care Inspectorate guidance. We highlighted the need to ensure that all partners are fully informed of specific detail within the correct timeframes. We had confidence that the provider would progress this area of practice.

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?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate

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