

# Kibble Education and Care Centre School Care Accommodation Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
30 August 2024

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

**Service provider number:**  
SP2004007042

**Service no:**  
CS2003001291

## About the service

Kibble Education and Care Centre is made up of four houses situated within Paisley. The service can accommodate up to 24 young people. Many of the young people have experienced significant trauma in their lives, and Kibble offers care and support to help them move forward.

Many of the young people attend Goudie Academy, which is onsite. Some young people attend mainstream school, and others make use of the alternative education and get ready for work programmes available through Kibble.

## About the inspection

This was a follow-up virtual inspection to review the progress made on requirements following an upheld complaint. The review took place on 30 August 2024 between 8am and 6pm. 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 and complaints findings, registration information, notifications submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with the management team
- reviewed the action plan for the upheld complaint
- reviewed documents relating to how the requirements were addressed.

## Key messages

The restraint reduction ethos was a key driver to improving care experiences for young people.

The service provided good proactive and reactive support to young people to meet their complex needs. This involved a clear restraint reduction strategy.

The service continued to work on increasing young people's participation to help meet their needs and improve their care experience.

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

### Requirements

#### Requirement 1

By 01 July 2024, the provider must ensure quality care, support, and protection through the effective management of incidents. To do this, the provider must, as a minimum, ensure:

- a) All family members, staff, and management are aware of the legislative framework in which restraint is carried out.
- b) A review of incidents is carried out to look at more proactive ways to reduce the likelihood of young people becoming distressed, or to respond when young people are distressed. Strategies must be embedded in young people's personal support plans.
- c) That when notifying the Care Inspectorate and informing family and social workers of incidents, the information provided sufficiently, and accurately, details the circumstances of the incident to which the notification refers.
- d) That the response to, and analysis of, incidents result in actions which minimise the risks to a young person's health, safety, and welfare.

This is in order to comply with:

Health and Social Care Standard 4.1: My human rights are central to the organisations that support and care for me.

Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 23 April 2024.**

## Action taken on previous requirement

Staff were reminded of the Safe Crisis Management Policy and Procedures through emails and direct line management supervision. Restraint reduction data and analysis was presented to the monthly Physical Intervention Monitoring Group. This forum reviewed service, house, and individual restraints with emphasis on overall reductions through Reduction Plans. The restraint reduction ethos was a key driver to improving the care experience for young people. We found that the analysis and quality assurance processes were effective in driving improvements and consistency of practice.

The service reminded staff responsible for notifications of the timescales for informing family and relevant agencies. We found evidence that this standard was maintained. We reviewed the service's Welcome Pack, and we found this to be informative to young people and their families about their rights and how to raise concerns or complaints if they were unhappy about the quality of their care. During the inspection, we found emphasis on supporting young people with their wellbeing and risk reduction through individual work and specialist psychological service input.

We conclude by noting the challenges of supporting young people with complex needs and trauma backgrounds. We found the service was providing good proactive and reactive support to young people to meet their complex needs.

## Met - within timescales

### Requirement 2

By 01 July 2024, the provider must ensure staff receive supervision that has a clear focus on young people's health and wellbeing needs are being accurately assessed and met by responsive and knowledgeable staff.

To do this, the provider must, at a minimum, ensure that:

- a) an agreed model or framework of practice is implemented within the service
- b) there is a training programme in place to meet the needs of all the young people being supported that is informed by a model of training needs analysis
- c) staff are trained, skilled, and equipped to support young people with specific complex needs
- d) a robust process of supervision and appraisal is in place for staff to reflect on their knowledge and practice and how they put this training into practice.

This is in order to comply with:

Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

**This requirement was made on 23 April 2024.**

**Action taken on previous requirement**

The service had a nationally recognised accredited model and framework for supporting young people with complex needs who have presented high risk behaviours. Staff undertook induction training of a good quality that offered them a level of knowledge appropriate for working with young people. Core training took place for all staff supporting young people, and we found evidence of specialist input where young people had more complex health needs. Supervision and appraisals were part of staff support and quality assurance processes. We found these took place in line with organisational guidance.

We conclude that staffing was challenging for the service in line with the national picture. This made it difficult at times to have consistency of highly experienced staff. However, we found that the service was meeting these challenges, and young people were being provided with good levels of care and support.

**Met - within timescales****Requirement 3**

By 01 July 2024, the provider must ensure that young people are supported in a service that ensures their safety through robust quality assurance and engagement processes. To do this the provider must, at a minimum:

- a) implement a complaints process that is transparent, clear in its lines of accountability, and ensures timely and recorded feedback to relevant parties
- b) all information and communication relating to complaints should be recorded in the provider's electronic systems
- c) ensure that the service's identified model of quality assurance is implemented to provide scrutiny, analysis, and assurance that care is safe, well planned and documented, and regularly reviewed
- d) ensure that young people, families, and stakeholders are offered an effective means of feedback that improves service delivery
- e) ensure that, in line with Safe Crisis Management, the service has physical intervention monitoring meetings and a restraint reduction plan.

This is to ensure care and support is consistent with Health and Social Care Standard 4.8: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

This is in order to comply with:

Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 23 April 2024.**

**Action taken on previous requirement**

The young people's Welcome Pack provided details of advocacy services and how to make a complaint to the service, relevant agencies, and the Care Inspectorate. This could be updated further to inform young people of the increased ways they can contact the Care Inspectorate.

We found that there were established quality assurance processes in place, with many staff undertaking recognised quality assurance accredited training.

We reviewed the internal and external quality assurance processes, including feedback systems. We found the feedback opportunities included Our Voice meetings, Who Cares Scotland involvement, participation groups, parent/guardians/carers evenings both educationally and care themes, regular house meeting for young people, and a complaints feedback process. There were also local authorities/commissioning monitoring meetings to review all placements and outcome every three months.

We conclude that the service continued to work on increasing participation to support improvements in the service. This was supported by good quality assurances process.

## Met - within timescales

### Requirement 4

By 01 July 2024, the provider must ensure that young people's health and wellbeing needs are being accurately assessed and met by responsive, knowledgeable staff to assist the young person with transitions when they move on from the service.

To do this, the provider must, at a minimum, ensure that:

- a) an agreed model or framework of practice is implemented within the service
- b) staff are trained, skilled and equipped to support young people with specific complex needs
- c) a robust process of supervision and appraisal is in place for staff to reflect on their knowledge and practice and how they put this training into practice
- d) records are maintained to reflect the support offered to young people in preparation for moving on, and the extent of the relationships with staff after they move.

This is to ensure care and support is consistent with Health and Social Care Standard 1.9: I am recognised as an expert in my own experiences, needs and wishes.

This is in order to comply with:

Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 23 April 2024.**

### Action taken on previous requirement

As previously noted, the service had a recognised framework for supporting young people with complex needs. We found the service has appropriate recruitment and training systems to equip staff, as far as possible, with the knowledge and skills needed to support young people.

A review of the moving on guidance and support for young people found a strong ethos and practice principles for good transitions.

## Met - within timescales

### Requirement 5

By 30 August 2024, the provider must ensure there is an effective quality assurance process to review incidents. To do this, the provider must, at a minimum:

- a) Ensure incident records are quality assured.
- b) Ensure incidents record the full detail of what happened.
- c) Ensure the length of restrictive practices are recorded.
- d) Ensure all relevant parties are informed of the incident.

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).

**This requirement was made on 19 February 2024.**

### Action taken on previous requirement

Not assessed. These will be followed-up in the next inspection

### Not assessed at this inspection

## 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 enhance the care provided to the young people, and ensure they are supported by staff who are well informed, using approaches informed by best practice guidance, the provider should ensure staff have access to training in trauma informed practice and information about 'The Promise,' the Scottish Government's pledge to care experienced young people.

This is to ensure care and support is consistent with Health and Social Care Standard 1.29: I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.

**This area for improvement was made on 23 April 2024.**

## Action taken since then

Reflective practice systems were developed alongside mandatory enhanced trauma training delivered by qualified psychologists and clinicians. We found trauma informed and therapeutic model of care continued to be developed within the service's approach and ethos. The Care Inspectorate will examine this further during the next inspection to review how this has impacted on the outcomes for young people.

## Previous area for improvement 2

To ensure young people's health and wellbeing is promoted, the provider should ensure that young people have timely access to health care relevant to their needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

**This area for improvement was made on 23 April 2024.**

## Action taken since then

The service had recently reviewed health provision across the campus. Two additional nursing staff were employed to help ensure health needs were being met timeously and effectively. The service was also negotiating with Health and Social Care Partnerships to ensure young people received the statutory health assessments they were entitled to. Young people continued to be registered with the local GP, opticians, and dentists. Young people were also supported to meet health needs through partnership arrangements with specialist services. The Care Inspectorate will review the progress of these developments during the next inspection.

## Previous area for improvement 3

To support robust and timely investigation of child protection concerns, the provider must ensure there is a consistent approach. This should include, but is not limited to, ensuring processes reflect the voice of the child and there is consistency from all staff following the receipt of an allegation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made' (HSCS 3.22)

**This area for improvement was made on 19 February 2024.**

## Action taken since then

Not assessed at the inspection.

## Previous area for improvement 4

Young people benefit from a model of care that ensures they receive the same approach and time from staff during the day and at night. This should include, but is not limited to, staff having a collective understanding of the model of care, staff receiving the same guidance and direction from leaders, staff getting the same access to supervision, coaching, training and reflective practice sessions. This will enable young people getting the right therapeutic support both during the day and at night.



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 is consistent and stable because people work together well' (HSCS 3.19) and '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' (3.14).

**This area for improvement was made on 19 February 2024.**

## Action taken since then

Not assessed that this inspection

## Previous area for improvement 5

To support children's wellbeing and health, the provider should ensure there is a varied range of healthy meals available to young people. This should include, but is not limited to, ensuring there is alternative healthy options prepared for young people. This will ensure mealtimes are nurturing, and established as part of the house's routine.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33).

**This area for improvement was made on 19 February 2024.**

## Action taken since then

Not assessed at 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](http://www.careinspectorate.com).

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