

# Netherlethame Care Home Service

Strathaven

**Type of inspection:**  
Unannounced

**Completed on:**  
26 May 2025

**Service provided by:**  
Common Thread Ltd

**Service provider number:**  
SP2005007437

**Service no:**  
CS2020379357

## About the service

Netherlethame is a care home for children and young people. The service provider is Common Thread Group, and is registered to care for three children and young people. Netherlethame is a large rural property near Strathaven, South Lanarkshire, with a substantial outdoor area. This service has been registered with the Care Inspectorate since December 2020.

Each young person has their own bedroom and there are good sized communal areas with large kitchen, dining and living room areas. There is also dedicated office and sleep over space for staff.

At the time of inspection, there were two young people living at Netherlethame.

## About the inspection

This was an unannounced inspection which took place on 20 May 2025 from 10:15 to 16:50 and 21 May 2025 from 08:45 to 17:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information from the service. This included registration information, information submitted by the service, and intelligence.

To inform the inspection we:

- spent time with the young people living at Netherlethame
- spoke with six members of staff including managers
- observed practice and daily life
- reviewed documents
- spoke with two external professionals and two family members and
- accessed feedback questionnaires completed by staff and external professionals.

## Key messages

- Young people had established positive relationships with some key staff
- Young people had been involved in significantly high risk behaviour, compromising safety at times
- Young people had the opportunity to access independent advocacy
- Staff should undertake training relating to the specific needs of the young people
- Much of the external environment at Netherlethame was unsuitable for young people
- Young people were encouraged to be safely and meaningfully connected to important people
- Not all young people were consistently or fully involved in learning
- Care planning documents including risk assessments and behaviour support plans lacked connection and clarity
- Recent changes to the leadership team had brought positive change
- The matching and admissions process required strengthening
- Quality assurance processes had been established and continued to be strengthened.

## 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

Overall, we evaluated this key question as adequate. While the strengths had a positive impact, improvements were required in key areas. Quality indicator 7.2 was evaluated as good and the service expressed their commitment to progressing the identified areas of improvement.

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

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

Young people had established positive relationships with staff, enjoying warm, caring, nurturing and respectful relationships with some key staff members. The service had appropriate partnership connections with external agencies to share information and support risk management. Despite this, young people had been involved in significantly high risk behaviour and safety had been compromised; impacting on the likelihood of positive outcomes at times.

The service was meaningfully advocating on behalf of the young people. Although not all young people had chosen to accept independent advocacy, this opportunity to support their needs and rights was consistently available, along with the right to legal representation.

Staff were aware of their responsibilities in terms of safeguarding procedures, and as an organisation this had been recently strengthened with the review of protection policies and additional safeguarding training. To more effectively manage particular risks, it is crucial that staff undertake training relating to the specific needs of the young people (area for improvement 1).

The service was committed to a culture and focus on least restrictive practices, resulting in minimal use of restraint whilst promoting individualised de-escalation strategies. Restrictive practices were consistently reviewed and discussed on a multi agency basis.

There had been a number of changes to the staff team at Netherlethame, reflective of the sector-wide challenges in recruitment of staff; impacting consistency and stability of care for young people. The service recognised the importance of stable care but this will take a period of time for staff to form as a team, and young people to build up trusting relationships with those caring for them. The organisation was fully aware of the importance of staff understanding the impact of trauma for the young people they were caring for. Staff knowledge in this area varied, with the majority yet to undertake the required training and learning opportunities to begin to create and establish a trauma informed culture within the service.

The environment at Netherlethame continued to be of concern. Internally, the team had established a more homely environment for the young people, but progress externally had been limited. This resulted in much of the outdoor space being unsuitable for young people to make use of due to potential hazards (area for improvement 2).

Young people's primary health needs were being met, with staff consistently attempting to support and encourage young people with various health issues.

Not all young people were enjoying healthy routines or taking part in activities, however staff continued to encourage and offer suggestions based on their knowledge of the young people. The inspection highlighted the need for greater involvement with appropriate substance misuse agencies to more effectively support young people's health needs.

Young people were encouraged to be safely and meaningfully connected to important people, and the service recognised the importance of supporting these connections to ensure transitions were well managed. Additionally, staff were committed to working alongside family members to identify effective strategies.

Not all young people were consistently or fully involved in learning, leading to less structure and gaps in attendance at times. Education support had been flexible and adapted to support the development of skills, but despite this, attendance was low with overall achievement being impacted.

Netherlethame had a commitment to young people staying in the service, and had recently developed a continuing care policy to further support this.

Care planning documents including risk assessments and behaviour support plans lacked connection and clarity. Young people's needs could be more effectively met by following the SMART framework and ensuring young people's views and participation were included within personal plans (area for improvement 3). The inspection process highlighted inconsistencies in some risk assessments in relation to risk levels which the organisation is committed to resolving.

Young people were cared for by staff who felt supported by leaders who were visible, accessible and who prioritised and modelled high standards of practice. Recent changes to the leadership team demonstrated that effective foundations were in place to strive towards the best possible outcomes for young people. Key documents supported service development, incorporating plans to drive forward the Promise and the service was signposted towards self evaluation resources to further support this.

The matching and admissions process had recently been reviewed. As an organisation this continued to be an area of development to ensure transitions supported successful outcomes, taking account of the needs of all young people and how these will be met effectively (area for improvement 4).

There was a commitment to ensuring adequate staffing levels at Netherlethame, however the service had experienced challenges in relation to the stability of the staff team. The organisation had recently undertaken a review to address this. There was flexibility to introduce experienced staff to the service and increase staff numbers to ensure the needs of young people were being met at all times. The inspection highlighted areas of the staffing assessment that could be strengthened.

Quality assurance processes had not been consistently undertaken at Netherlethame, however the current management team had taken positive action to introduce various quality assurance and audit systems to support enhanced outcomes for young people. There were signs of improvement and the inspection highlighted the importance of regular auditing and completing identified actions in a timely manner. The organisation intended to prioritise the introduction of a more formalised process, including the external management role and this will be reviewed at the next inspection.

There was a clear incident recording process in place, supported by effective oversight from the manager who had recently developed a formal analysis of incidents. To further develop staff practice, incident recording would benefit from detailing specific strategies and clarity regarding subsequent action required. The service intended to enhance their staff debriefing process to capture learning and greater reflection.

## Areas for improvement

1. To fully support young people's wellbeing, the provider should ensure staff are undertaking training that is specific to and meets the needs of particular young people. This includes, but is not limited to drugs and alcohol, child sexual exploitation and online risks to children and young people.

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).

2. To support young people's wellbeing, the provider should ensure the quality of the external environment is prioritised.

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

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

3. To support young people's ongoing development, the service should ensure their care planning documents are in accordance with SMART principles, complement each other and take young people's views into consideration.

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

"My personal 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).

4. To support young people to have the best outcomes, the provider should ensure an effective admissions and matching process is in place, determining the capability of the service to meet the needs of the young people coming into the service and those placed in the service.

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).

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

### Requirements

#### Requirement 1

By 09 May 2024 the provider must assess the safety of the young people receiving care to ensure their needs are being effectively met. In particular, you must:

- a) take account of young people's views regarding their placement at Netherlethame
- b) ensure social work and other relevant services are consulted regarding the assessment
- c) put in place the required measures to protect the safety of the young people.

This is in order to comply with Regulations 3 and 4(1)(a) 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:

"My care and support meets my needs and is right for me" (HSCS 1:19) and "I am listened to and taken seriously if I have a concern about the protection and safety of myself or other, with appropriate assessments and referrals made" (HSCS 3:22).

**This requirement was made on 2 April 2024.**

#### Action taken on previous requirement

The service had developed approaches to gathering the views of young people regarding their placement, wishes and needs. These approaches also ensured young people were provided with feedback. There was confirmation that the service was encouraging the use of independent advocacy.

There was collaboration with a variety of external partners to ensure key information was being shared.

There had been a period of time since the last inspection that young people's safety had been compromised with some poor outcomes identified. Ongoing improvements are required to reduce specific risks to outcomes and this inspection has put a further area for improvement regarding planning and risk assessments.

**Met - outwith timescales**

## Requirement 2

By 09 May 2024 the provider must ensure there is a review of child and adult protection policies and procedures. In particular, you must:

- a) revise and update your child protection policy and procedures and create a separate adult protection policy, taking into consideration national guidance and best practice
- b) ensure all staff understand what to do if they become aware of a child or adult protection concern
- c) reinforce protection roles within the organisation, including the role of management and the protection lead officer
- d) review processes used internally to ensure the recording of protection concerns and actions taken.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b) 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" (HSCS 3.14).

**This requirement was made on 2 April 2024.**

### Action taken on previous requirement

The organisation had effectively updated their child protection policy and had created a separate adult protection policy; clearly detailing individual roles. Staff had undertaken safeguarding of young people training, but required to complete more specific training in child sexual exploitation and online protection.

Recording of child protection concerns was clearer with detailed internal chronologies. Child protection concerns had been shared with appropriate agencies and staff felt confident in identifying and reporting any concerns, with expectations being discussed within team meetings.

### Met - outwith timescales

## Requirement 3

By 23 May 2024 the provider must ensure quality care, support and evaluation of young people's experiences through effective quality assurance processes . In particular you must:

- a) consistently implement effective quality assurance systems and activities
- b) ensure that the response to, and analysis of incidents results in actions which minimise risks to young people's and staff wellbeing.

This is in order to comply with Regulation 4(1)(a) and Regulation 7(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 53(6) of the Act.



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 2 April 2024.**

#### Action taken on previous requirement

There had been delays since the last inspection in appropriate quality assurance being undertaken at Netherlethame. The service had subsequently introduced various quality assurance and audit systems to be undertaken internally and by the external manager. The importance of these being sustained and consistent was highlighted at this recent inspection.

The service had established an analysis of incidents and the inspection provided guidance on enhancing this further.

#### Met - outwith timescales

### Requirement 4

By 09 May 2024 the provider must ensure the risks and needs of young people can be effectively managed. In particular you must:

- a) ensure an effective admissions and matching process is in place, determining the capability of the service to meet the needs of the young people coming into the service and those placed in the service. This process must also be used when young people transition within the organisation
- b) implement a comprehensive system for assessing staffing levels, consistency and skill mix at all times, matched to the needs of young people using the service.

This is in order to comply with section 7(1)(a)(b) of the Health and Care (Staffing) (Scotland) Act 2019.

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 requirement was made on 2 April 2024.**

## Action taken on previous requirement

The organisation had reviewed their matching and admissions documents to enhance the thoroughness of this process. This continued to require strengthening and this inspection has made an area for improvement.

The service had established a process for assessing staffing levels, consistency and skill mix and this inspection provided additional guidance to develop this further.

## 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 young people's wellbeing, the provider should ensure the quality of the external environment is prioritised.

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

I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5:22).

**This area for improvement was made on 2 April 2024.**

### Action taken since then

Given that progress in this area continued to be poor, this area for improvement has been repeated.

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