

Millholm School Care Accommodation Service

Millholm
Sevenacres
Kilwinning
KA13 7RG

Telephone: 01294 551 564

Type of inspection:
Unannounced

Completed on:
9 July 2025

Service provided by:
Spark of Genius (Training) Ltd

Service provider number:
SP2006008009

Service no:
CS2009233253

About the service

Millholm is registered for school care accommodation. The service is registered to care for a maximum of five young people.

Millholm is a detached property set in a rural setting outside Kilwinning in North Ayrshire. Millholm provides the residential living accommodation for the young people while their educational needs are met through attendance at learning centres also provided by Spark of Genius or at other educational provisions, whichever is identified in care plans.

Millholm is furnished and decorated to a high standard, with further plans to improve the environment and grounds over the next year.

At the time of the inspection, there were four young people living at Millholm.

About the inspection

This was an unannounced inspection which took place on 8 July 2025 between 12:00 and 18:30 and 9 July 2025 between 07:00 and 18:30. 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 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 three young people using the service and one of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The care team and leadership had worked hard to embed an approach in the service that promoted young people's emotional and physical safety.
- Young people benefited from staff who were nurturing and compassionate.
- Spontaneity and fun was a core value in the service.
- Meaningful connections to young people were fostered and promoted through good communication and the championing of The Promise by the care team.
- The culture in the service was open, supportive, and empowering. This promoted high standards of practice, which led to positive outcomes.
- Staff were well supported through formal processes to be confident successfully meeting the needs of young people.
- Effective oversight and monitoring promoted self evaluation and contributed to the service identifying areas for development.
- There were some improvements required in relation to assessment and analysis of new arrivals and staffing in the service.

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 evaluated this key question as good, where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Young people were safe, both emotionally and physically, because they benefitted from a care team who understood their needs and were responsive to risk. Staff worked authoritatively with other agencies to ensure that young people were kept safe in the community. This included prompt responses to young people who were missing from home.

Young people had access to advocacy when they required it. The service had supported young people to ensure their voice was heard when wider decisions were made about their care. The service should consider how access to advocacy can be proactive at referral stage.

Staff were confident responding to and dealing with child protection, including child sexual exploitation. This was done in a sensitive and nurturing way that followed best practice.

Young people benefitted from a therapeutic and stable care team, which supported their emotional wellbeing. The service is continuing to embed a trauma-informed approach to ensure consistency. The culture in the service promoted relationship-based practice, which sought to avoid restraint. Restrictive practice interventions were well guided by leadership to ensure it followed best practice.

Young people benefitted from warm, trusting, and nurturing relationships where support was offered at a pace that suited them. This approach supported proportionate plans to support recovery and building resilience.

Spontaneity and fun was a core value in the service. Humour was used sensitively and in a way that worked for young people.

The environment reflected a high level of respect for young people, as did the interactions and support offered by the care team. Some young people felt that their privacy could be better respected and this was responded to well by leaders.

Personal planning carefully considered young people's needs and vulnerabilities, which meant that the care team had good guidance on what was required day-to-day. Young people's voices could be more reflected to ensure that they can fully participate meaningfully in decisions affecting them.

The service had worked hard to promote and champion meaningful connections to family for the young people they cared for. This was supported through strong communication and advocacy for young people's legal rights and identity.

Young people benefited from new activities and exciting experiences, which broadened their horizons. Education had been a challenge for young people. However, opportunities to participate fully in learning were offered and supported by positive interagency working.

There is a demonstrable and enduring commitment to young people staying in the service as they become an adult. This is clearly reflected in policy, planning, and advocacy.

Personal planning and risk assessments were well written and regularly reviewed. They ensured young people were supported in ways that worked for them.

Leaders ensured that the culture was supportive and empowering. Transparency and consistency in leadership ensured that the best possible outcomes and high standards of practice were promoted.

External management played a key role in oversight, which had promoted good practice and contributed to improving young people's experiences and outcomes.

The service ensured that transitions were well supported. Arrivals into the service were only considered after leaders were assured of improvements after the previous inspection, which ensured that these were planned and considered. Improvements were still required in assessing the impact of new arrivals on young people already living in the service (see area for improvement 1).

The staff team was stable, which allowed young people to develop and enjoy enduring and trusting relationships. The service had developed a template for assessing the right number of staff, skills, and experience. This required further improvements to ensure that it was effective (see area for improvement 2).

The care team had varying degrees of experience but functioned well as a team to successfully meet all the needs of young people. The approach of leaders guides a therapeutic and trauma-informed approach that is being embedded into wider practice of the service. This is underpinned by effective supervision, team meetings, workshops, and training.

Good overview and evaluation of young people's experiences ensured a reflective approach. This promoted a culture where development and learning was identified and supported.

Leaders drove forward improvement activities while always considering The Promise within the context of the service. This was underpinned by a wish to sustain service development and clear objectives over the next year to support the best possible outcomes for young people.

Areas for improvement

1. The service should ensure matching and admissions assessments fully consider and analyse the impact of new arrivals in the context of all young people's risks, vulnerabilities, and need to ensure successful outcomes.

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).

2. The service should ensure that staffing assessments effectively analyse required staffing levels on a four-weekly basis. This is to ensure the right number of staff, with the right skills and experience, are present to support the needs of young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

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

Requirements

Requirement 1

By 30 December 2024, the provider must ensure that young people experience care and support that meets their needs and promotes their outcomes.

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

- a) Ensure that the approach to care in the service is individually assessed and consistently implemented.
- b) Ensure that staff have the right knowledge, skills, and experience to effectively implement care and support.
- c) Ensure that the approach in the service is guided by trauma-informed principles and is in line with current theory and best practice.
- d) Ensure that a reflective culture supports effective review and implementation of care and support.

This is in order to comply with Section (8) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is in order to comply with Regulation 4(1)(c) (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: 'My care and support meets my needs and is right for me' (HSCS 1.19); 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' (HSCS 3.14).

This requirement was made on 25 October 2024.

Action taken on previous requirement

The service had carried out significant work to ensure that young people were experiencing care that met their needs and promoted positive outcomes. This was supported by assessments that were person-centred being implemented by a care team who were sensitive and nurturing.

Specific training had been identified when risk and changing needs were present for young people. This supported an increased knowledge for staff and capacity to respond to more complex needs of young people.

The service are embedding a trauma-informed approach that is guided by best practice. This is well supported by team meetings, training, and supervision.

Situations where young people had become dysregulated or distressed had been sensitively managed by staff in a caring and nurturing way. Any incidents that had taken place had been followed by reflection and debriefing, which was promoting a culture that valued learning and development. This was further strengthened by good leadership oversight.

This requirement was assessed as met.

Met - within timescales

Requirement 2

By 9 December 2024, the provider must ensure that no young person is subject to restraint unless it is the only practicable means of securing the welfare and safety of that or any other service user.

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

- a) Ensure de-escalation strategies are consistently implemented and trauma-informed.
- b) Ensure young people's personal plans comprehensively guide staff on de-escalation strategies and practice.
- c) Ensure that restraint practices are effectively overseen by management and analysed to ensure that best practice is being followed.
- d) Ensure that debriefs and life space interviews take place to support and promote a reflective culture that recognises restraint is a serious form of intervention.

This is in order to comply with Regulation 4(1)(c) (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: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively' (HSCS 1.3).

This requirement was made on 25 October 2025.

Action taken on previous requirement

There have been significant developments in the service to ensure that the approach of the care team values de-escalation and relationship-based practice, instead of restrictive practices.

The care team's approach to young people evidenced a sensitive and nurturing approach and indicated a culture that recognises restraint as a serious form of intervention. Leaders promoted a culture that was trauma-informed and support was proactive rather than reactive.

This requirement has been assessed as met.

Met - within timescales

Requirement 3

By 25 November 2024, the provider must maintain staffing levels are sufficient to ensure the support and safety of children and young people.

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

- a) Ensure that staffing assessments are present and effectively analyses required staffing levels on a four-weekly basis.
- b) Ensure that there are processes in place that review staffing levels when there are changes in presenting risk or need of young people.
- c) Ensure that there are processes in place to consider the appropriate skill mix of staff so that young people are appropriately supported.

This is in order to comply with Sections (7) and (8) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This requirement was made on 25 October 2024.

Action taken on previous requirement

There were no concerns regarding staffing raised by young people, staff, or external professionals during the inspection.

Leaders had a good oversight of the care team, their skills, knowledge, and strengths, which assisted with decisions around staffing.

A template for assessing staffing had been developed. However, this did not fully evidence an assessment of staffing.

There was no indications that staffing had impacted on the overall outcomes for young people and, as such, this requirement has been assessed as met.

An area for improvement around staffing assessments has been made to ensure that the assessment of staffing is further developed to reduce the likelihood of any potential risks to outcomes for young people.

Met – within timescales

Requirement 4

By 30 December 2024, the provider must ensure there are systems in place to support staff so they feel confident in responding to and supporting the needs of all young people consistently and effectively, as well as feeling confident and valued.

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

- a) Ensure that inductions are carried out in a way that supports staff to feel confident commencing and carrying out their role.
- b) Ensure that supervision is carried out regularly and in a way that promotes reflection, learning, and development.
- c) Ensure that decision making by leaders is accountable and transparent.
- d) Ensure that systems of support are monitored and evaluated by managers on an ongoing basis.
- e) Ensure that support systems for staff promote a reflective culture.

This is in order to comply with Regulation 4(1)(c) (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 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).

This is to ensure that care and support is consistent with the Scottish Social Services Council's (SSSC) Code of Practice for Employers of Social Service Workers which state that the employer will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

This requirement was made on 25 October 2024.

Action taken on previous requirement

There have been significant improvements in the service around support to staff to ensure they feel confident and valued.

New staff in the service reflected how beneficial the induction and support from the management team was to ensuring they felt confident commencing and carrying out their role.

Supervisions have been taking place regularly, at intervals that are proportionate to the needs of individual staff members. Staff reflected the supervision was a helpful forum for learning, reflecting, and developing the professional role.

The communication and transparency between leaders and the care team was evidenced well through team meetings. This supported accountability and assisted with the development of a culture in the service that valued a consistent and trauma-informed approach.

There have been regular visits by external managers and other professionals to assist in promoting good practice and learning. This has supported the development of the ethos and approach in the service, where a trauma-informed approach is now being embedded.

This requirement has been assessed as met.

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

The service should ensure that decisions around transitions and arrivals are based on children and young people's needs and best interests. Matching and admissions assessments should ensure that all transitions are supported in a way that reduces the likelihood of trauma and promotes successful outcomes.

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 25 October 2024.

Action taken since then

Young people who have arrived in the service, or transitioned out of the service, have been well supported in this, with considerations as to the best way to individually support them with their needs, vulnerabilities, and risks.

Further developments are needed to ensure that at point of matching, a full assessment and analysis is taking place to consider the impact of any new arrivals on young people already living in the service.

The wording of this area for improvement has been changed slightly to reflect the improvements already made and those that are still outstanding and will be repeated within the inspection report.

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?	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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