

## 28 Cunningham Place Care Home Service

AYR

**Type of inspection:**  
Unannounced

**Completed on:**  
12 June 2025

**Service provided by:**  
South Ayrshire Council

**Service provider number:**  
SP2003003269

**Service no:**  
CS2013316915

## About the service

Cunningham Place is a registered care home service provided by South Ayrshire Council. The service operates from a purpose-built house with an adjoining flat. It is located in a residential area of Ayr, and is centrally located, with access to public transport links and local amenities.

The service provides care to a maximum of seven young people. The house has its own parking spaces at the front and a garden to the rear of the property. It has six single bedrooms with en-suite facilities and an additional bathroom. There is an open plan lounge and dining room area and kitchen. There are two smaller separate rooms for the use of young people, which are games areas. The living areas are furnished and decorated to a good standard.

## About the inspection

This was an unannounced inspection which was carried out by two inspectors from the Care Inspectorate. We visited on 4 June 2025 between 11:00 and 20:00 and 5 June 2025 between 11:00 and 21:00.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings and registration information. We also reviewed information submitted by the service and information gathered throughout the inspection year.

To inform our evaluation we:

- met six young people using the service
- spoke with 10 members of staff and management
- spoke to representatives from social services and education
- reviewed survey responses from staff and stakeholders
- observed practice and daily life
- reviewed key documents.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty of care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances, our expectations focus on outcomes and evaluations remain identical to all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

## Key messages

- Young people were making good progress.
- The service was providing care to some young people under continuing care arrangements.
- Staff were working hard to build and maintain positive relationships with young people.
- Ongoing development opportunities were required to ensure rights-based, trauma-informed care was embedded in practice.
- The service had continued to develop its care planning documents, however these required to be SMART (specific, measurable, achievable, relevant and timebound).
- Quality assurance processes required to be further developed to ensure continuous evaluation of children's outcomes and experiences.
- The leadership team had taken urgent and decisive action to improve service delivery.

## 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

This inspection considered our key question 7: How well do we support children and young people's rights and wellbeing? This key question has two quality indicators associated with it. We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Some young people expressed that they felt safe in the service, and the service had improved its response to young people's safety. This meant that young people's quality of relationships with staff and the atmosphere within the home had significantly improved. We made a requirement in our report dated 12 June 2024 in relation to staff protection training. This requirement has now been met.

There was a varied level of staff skill within the team, therefore strategies used to support young people were at times unclear.

It was pleasing to see the service had recently introduced Nurture Coaching sessions to develop emotional literacy within the team. This was also to support a more in-depth understanding of young people's needs, and embed relational, rights-based, trauma-informed care in practice.

We made a requirement in our report dated 12 June 2024 in relation to staff trauma training. This requirement has now been met.

All young people had access to independent advocacy. The service had developed staff training which included children's rights, understanding the roles and responsibilities of a corporate parent, and the UN Convention on the Rights of the Child (UNCRC). This meant there was a greater awareness of children's rights and children and young people's views were sought. The service could develop this further by detailing young people's views in care planning documents. It was pleasing that the service had identified this an area of service development, and we look forward to seeing the impact of this at future inspections. We made a requirement in our report dated 12 June 2024 in relation to staff children's rights training. This requirement has now been met.

Young people were supported to access health, education and employment opportunities. Young people were also supported to maintain connections to people important to them.

Some young people had decided to remain in the service after turning 16 years of age, under continuing care arrangements, and this was supported by the service. This meant young people were supported into adulthood.

Young people's individual talents and interests were promoted, and involvement in activities was supported by staff. These included sporting activities, holidays and outings which meant young people were supported to access new experiences to enjoy.

All young people had care planning and risk assessment documents, and these were in the process of being developed to reflect the service's model of care. Care planning documents could be developed further by being SMART (specific, measurable, achievable, relevant, and time-bound). These documents should identify clear and effective strategies to support young people and minimise risks (see requirement 1).

The service supported young people's transitions to and from Cunningham Place, this included convening consideration meetings to ensure young people's support was planned. The service had developed impact assessments, however, these were not completed for new young people arriving to the service. This meant it was unclear how young people would be supported, and how staff would meet their needs (see requirement 2).

The service had undertaken a lengthy programme of improvement, and urgent and decisive action had been taken by managers and external managers. The majority of staff commented that they felt supported by the leadership team. All staff reported that they benefited from regular advice and guidance through effective supervision, team meetings, handovers and opportunities for reflection. Staff training was identified, and development days held, relevant to the young people's needs.

Quality assurance processes were in the process of being developed which included management and external management audits. These require to be further developed to include all aspects of service delivery and embedded to ensure continuous evaluation of young people's outcomes, experiences and their setting. We made an area for improvement in our report dated 12 June 2024. Not all elements of this have been met and we have repeated this area for improvement (see What the service has done to meet any areas for improvement we made at or since the last inspection).

## Requirements

1. By 30 September 2025, the provider must ensure that young people's health and wellbeing are fully assessed with risks and effective strategies to address risk identified. To do this, the service provider must ensure that all young people's risk assessments inform strategies to address risk are fully completed, up-to-date and reviewed.

This is to comply with Regulation 4(1) and 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

2. By 30 September 2025, the provider must ensure that there is an effective admissions and matching process in place. The service provider should review and improve the quality of admissions assessments, and matching for children and young people, to assure that they meet the needs of the young people in their service.

This is to comply with Regulation 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 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).

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

### Requirements

#### Requirement 1

By 30 August 2024, the provider must ensure that all staff have had relevant training. This is to ensure young people receive safe and consistent care. In particular the provider must:

- a) Ensure all staff have undertaken up-to-date child and adult protection training.
- b) Ensure all staff have undertaken training in relation to trauma-informed practice.
- c) Ensure all staff have undertaken training in relation to children's rights.
- d) Develop a plan detailing how the service plans to embed a trauma-informed model of care within its ethos and culture.
- e) Develop a plan detailing how the service plans to embed a children's rights based approach within its ethos and culture.
- f) Identify effective and clear strategies to support children and young people.

This is in order to comply with section 8(1)(a) 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: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This requirement was not met at the last inspection and we agreed an extension until 23 January 2025.

**This requirement was made on 1 August 2024.**

#### Action taken on previous requirement

- a) It was pleasing to see that staff had completed child protection and adult protection training. Those staff who had not completed training had been unable to do so due to absences, and this was being prioritised and planned.
- b) It was pleasing to see that staff had completed trauma training. Those staff who had not completed training had been unable to do so due to absences, and this was being prioritised and planned.
- c) It was pleasing to see that staff had completed training in relation to children's rights. Those staff who had not completed training had been unable to do so due to absences, and this was being prioritised and planned.

d) A plan had been developed, detailing how the service plans to embed a trauma-informed model of care within its ethos and culture. We found that the service was in the early stages of embedding this, with the introduction of Nurture Coaching sessions.

e) A plan had been developed, detailing how the service plans to embed a children's rights-based approach within its ethos and culture. We found that the service was in the early stages of embedding this, with the introduction of Nurture Coaching sessions.

f) The service had continued to review its care planning documents, in addition to reviewing the models of care used to support children and young people. We found that strategies to support children and young people could be SMART (specific, measurable, achievable, relevant, timebound). This aspect of the requirement has therefore been replaced with requirement 1 under How well do we support children and young people's rights and wellbeing?

**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 promote high quality care and support for all young people within a culture of continuous improvement, the provider should ensure that robust quality assurance processes are in place to promote improved outcomes for young people.

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 area for improvement was made on 1 August 2024.**

#### Action taken since then

We found that the service had some quality assurance processes in place and had continued to develop these since the last inspection to include management and external management oversight. We provided feedback on further development of this during the inspection.

**This area for improvement has not 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?	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	3 - Adequate



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