

Dumbrock House Care Home Service

Glasgow

Type of inspection:
Announced

Completed on:
19 June 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2021382515

About the service

Dumbrock House is situated within the village of Strathblane, Stirlingshire. It has access to transport routes and amenities. It is a detached house within a quiet wooded area. There are extensive gardens surrounding the house. The service is registered to provide residential care to a maximum of 4 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 between 16th-18th June between the hours of 8.30am and 8pm. 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 two young people using the service
- spoke with six members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with external professionals

In addition we considered questionnaire responses from two young people, two parents/carers and seven staff members.

Key messages

- Young people experienced a sense of belonging enhanced by consistent, enduring relationships with adults providing their care and support.
- It was not always clear that national guidance and good practice had been followed in relation to child protection matters.
- Issues relating young people's living environment had not been resolved timeously or reported appropriately.
- Young people felt listened to and heard. They benefitted from staff supporting them to express their views and also had access to external advocacy through Who cares Scotland.

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 evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

To support young people's safety and wellbeing, staff received mandatory child protection and refresher training and were aware of the service's safeguarding policy and procedures. However, it was not always clear that national guidance and good practice had been followed in relation to child protection matters. We discussed with the service the need to ensure clarity in relation to roles and responsibilities in protection processes and that this is also effectively captured in high quality recording. **(See Area for Improvement 1)**

Supporting adults knew young people, their strengths and vulnerabilities, well. They evidenced clear commitment and compassion towards the young people they supported and as a result young people knew they were cared for. For some young people these relationships had been the most enduring, stable and nurturing relationships they have experienced. We assessed that this relationship based care positively influenced the care and support experienced.

Young people experienced positive outcomes in relation to their health needs and educational opportunities and achievements. This was supported by a staff group who provided both encouragement and practical support.

Staff are trained in Therapeutic Crisis Intervention (TCI), receive regular refreshers and we observed sensitive and nuanced de-escalation techniques with individual young people being implemented during the course of the inspection. The service had however experienced a higher number of physical restrictive practices over a relatively recent, but limited, period. Although regular training was complimented by consistent use of de-brief and reflective opportunities for staff and the young person involved in any restrictive practice, these events can be distressing for all involved, including those other young people living within the house. One young person told us that they did not always feel safe or well supported during times of crisis within the house and some of their experiences did not reflect best practice. **(See Requirement 1)**

New documentation to support care and support planning had been introduced and was in place for each young person, contained their views and offered some opportunity to benchmark progress. This was in the early stages of implementation and ongoing development work was being undertaken to support this. We will consider this further at the time of the next inspection when further embedded within the service.

Some issues relating to young people's living environment were identified during the course of the inspection which had, and had the ongoing potential, to negatively impact the experiences of young people. Although a short term, alternative measure had been implemented for one significant issue, the areas identified had not been resolved in a timely manner. The issue relating to a significant equipment breakdown had not been reported to the Care Inspectorate nor commissioning authorities. **(See Requirement 2)**

Young people experienced a sense of belonging enhanced by consistent, enduring relationships with adults providing their care and support. The service would however benefit from the development of an enhanced and shared understanding of Continuing Care. This would better equip them to confidently provide effective support and information in this area this to young people. **(See Area For Improvement 2)**

Requirements

1. By 30 September 2025 the provider must ensure that practice enables all young people to feel safe and well supported in times of crisis within the service.

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

a) Carry out a review of current processes and previous incidents which have required the use of physical restrictive practices to identify aspects of practice and recording which could be improved to promote best practice and all young people experiencing a sense of safety and being well supported in times of crisis.

b) To implement outcomes from this review.

This is to comply with regulation 4 (1)(a) of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

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

2. By 30 September 2025 the provider must ensure that children and young people experience an environment which is kept in a good state of repair and is maintained to a standard appropriate for the care service.

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

a) Ensure prompt repairs are undertaken, particularly in respect of any significant equipment breakdown

b) Ensure that in instances of significant equipment breakdown relevant agencies including commissioning authorities are promptly alerted to these circumstances and are provided assurances around risk assessment and mitigation. This includes notification to the Care Inspectorate in line with "Children and young people's care services: Guidance on records you must keep and notifications you must make" Care Inspectorate, March 2025.

c) Provide evidence to the Care Inspectorate that the current significant breakdown of equipment has been appropriately resolved.

d) Undertake and evidence regular and thorough maintenance and safety checks of the property, including young people's bedrooms, to ensure that any repairs, health and safety concerns are identified and responded to promptly. The provider must ensure that repairs are undertaken without undue delay.

This is to comply with regulation 4 (1)(a) and Regulation 10 of The Social Care and Social Work Improvement (Scotland) (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards 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)

Areas for improvement

1. To support young people's safety and wellbeing, the provider should ensure that national guidance and good practice is consistently followed in relation to child protection concerns. This includes ensuring clarity for all staff in relation to roles and responsibilities in protection processes and that this is effectively captured in high quality practice and recording.

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

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

2. To equip staff to confidently provide effective support and information to young people in relation to Continuing Care, the provider should develop an enhanced and shared understanding of Continuing Care across the staff team.

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

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27)

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

Requirements

Requirement 1

By 30 November 2022 the provider must ensure that they review medication procedures including providing local guidelines to ensure that young people are safe.

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

- a) That medication procedures and expectations are clearly stated within policies and that services are fully aware of their roles and responsibilities.
- b) That the formal quality assurance processes in place, can identify and address swiftly any errors. This should include the roles of both the internal, and external managers in reviewing processes, planning and practice within the services.
- c) That leaders have the time, skills and resource to undertake auditory processes.
- d) That all staff are fully aware of their roles, responsibilities and internal policies and procedures are known by all staff.
- e) That recording systems are clear and easily accessible to staff, and are part of the audits undertaken by staff.

This is 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).

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 the professional and organisational codes.' (HSCS 3.14)

This requirement was made on 12 September 2022.

Action taken on previous requirement

* One controlled medication error had taken place since this requirement was made. We assessed that appropriate measures were taken in response to this event.

* A new local policy was in place and sessions had been held with staff when introduced to ensure clear understanding of the document and related processes. An increased confidence had resulted across the management and staff team.

* Multiple audit processes were found to be in place which had been operating effectively. This was confirmed through sample audits of medications within the house and consideration of the service's ongoing medication audits.

* A review of newly developed policy and processes is ongoing and the registered manager is a member of the sub-group.

* We encouraged the service to ensure individual assessments relating to self administration of medication were created and implemented where appropriate.

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

To support the young people's wellbeing, outcomes and choice the provider/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 12 September 2022.

Action taken since then

* New documentation to support care and support planning had been introduced and the responsibility for completing this sat mainly with the identified key worker for each young person.

- * Key documents including care and support plan, Individual Crisis Management Plans, Individual Risk Management Plans and Monthly Action Plans were supplemented by change documents to track changes when updated.
- * Documents were individualised, interfaced and influenced one another with the MAP offering some opportunity to benchmark progress in relation to goals.
- * The format was child/young person friendly and incorporated young people's views and reflected their words.
- * These new care and support documents were in the early stages of implementation and ongoing development work was being undertaken to support this.

This Area For Improvement was found to have been met.

Previous area for improvement 2

To support a safe environment for young people and staff the service should ensure the correct numbers, experience, qualification and skills mix are working at Dumbrock house at all times.

The service should include but not limit 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) Ensuring that managers are supernumerary to the rota, and have the time and ability to undertake all managerial tasks.

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).

This area for improvement was made on 12 September 2022.

Action taken since then

- * A staffing needs document is in place and supported by a separate 'shift planning rota considerations aide memoire'. We encouraged the service to continue to develop their assessment of staffing needs and analysis to further support care and support planning.
- * Staff received regular learning and development opportunities alongside mandatory and refresher training. Ongoing and regular opportunities for reflection and in house learning and development opportunities enhanced the knowledge and skills of the staff group and the quality of care and support they provided.
- * Staffing arrangements were found to be responsive to identified and emerging need and supported the registered manager to remain supernumerary.

This Area For Improvement was found to have 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.

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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