

Birchwood Care Home Service

Fort William

Type of inspection:
Unannounced

Completed on:
23 May 2025

Service provided by:
Reflexion Care Group Ltd

Service provider number:
SP2013012183

Service no:
CS2019378313

About the service

Birchwood is a care home service for children and young people. The service can be provided to a maximum of three young people aged between 10 years to 20 years. At the time of this inspection there were two young people living in the service.

The service is based in Fort William in a modern house set in a large garden in a rural area close to local schools and other amenities.

The service is provided by Reflexion Care Group Ltd and was registered in February 2020.

About the inspection

This was an unannounced inspection which took place on 21 to 23 May 2025. The inspection was carried out by an 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 one person using the service and three of their family/representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service had made improvements to their matching processes, ensuring they gave further consideration to how they would meet the needs of new young people coming to the service.
- The service should improve recording processes, post incident debriefs, and staff observations, to ensure effective scrutiny of staff practice.
- Care planning processes required improvement, and had insufficiently progressed since the last inspection.
- Educational outcomes for young people were mixed, we suggested the service strengthen this area of practice.
- There had been recent changes to the management structure within the service. It was too early to fully assess the impact of these changes.
- We found improvement in staffing needs assessment processes, including assessment of how staffing meets the needs of young people.
- The service requires improvement in relation to restrictive practice, ensuring interventions are planned, agreed with partners and follow a reductionist approach.
- Service improvement planning processes should be reviewed to ensure a co-ordinated approach to service development.

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 made an evaluation of adequate for this key question. The service demonstrated strengths, but these just outweighed weaknesses. Strengths still have a positive impact but the likelihood of achieving positive experiences and outcomes for people are reduced significantly because key areas of performance need to improve.

Quality indicator 7.1: Children and young people are safe, feel loved and get the most out of life.

The safety of young people within the service was prioritised. The service had made improvements to their matching processes, ensuring they gave further consideration to how they would meet the needs of new young people coming to the service. We found that there was also consideration of how this might effect existing young people. This meant that there was a higher likelihood of placements successfully meeting young people's needs.

Staff and managers had good knowledge of both child and adult protection processes. The provider had recently introduced an adult protection policy which helped ensure staff were equipped with knowledge and skills to safeguard children and young people, including when offering continuing care.

Where young people needed support there were comprehensive risk assessments in place to ensure that staff knew the supports required. Whilst these plans were comprehensive we observed practice that did not consistently comply with known strategies. In contrast we found examples of positive approaches to aiding young people find alternative strategies to manage their feelings and emotions positively. We suggested that the service should improve recording processes, post incident debriefs, and staff observations, to ensure effective scrutiny of staff practice.

The service had made changes to care planning processes since the last inspection. We found that these plans were very large, and were not well known by staff or young people. This meant that a co-ordinated approach to care and the ability to track advances and barriers to progressing goals was minimised. We were pleased to hear that the management within the service was consulting staff and young people on changing these processes however, at the point of inspection we were unable to assess changes. (**See Requirement 1**)

Young people and staff shared warm relationships, young people told us staff were always keen to get involved in activities and share fun experiences with them. The house offered a warm and homely environment, and managers had plans in place to improve the décor and external garden areas.

Young people's mental and physical health was prioritised. The service worked well with external agencies to help access appropriate supports when required.

The service had a positive approach to supporting young people stay in touch with those close to them. Parents told us that they were made to feel welcome and knew that the service had the best interest of their child at the centre of what they do.

Advocacy arrangements were in place. Young people told us that they knew they could speak to someone independently about their views whenever they needed.

Educational outcomes for young people were mixed. Some young people's access to education had been reduced for a significant period of time. We found recent challenge to this from the service's management team which had a positive effect on increasing access. The service should continue to review this area of practice to ensure they maximise educational attainment. **(See Area of Improvement 1)**

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

There had been recent changes to the internal and external management structure within the service. Staff and leaders spoke positively about the changes, and vision for the service. All staff we spoke with stated that they felt supported. Despite this we found significant gaps in formal supervision and performance management processes. This had been identified in a provider audit however, there had been insufficient progress in this area. We found examples of poorly defined boundaries between staff and young people at times. Whilst we had confidence that existing management had plans in place to address this, existing processes meant that staff responses and performance were insufficiently scrutinised. **(See Requirement 2)**

We found improvement in staffing needs assessment processes, including assessment of how staffing meets the needs of young people. There is scope for this to be further developed and we suggested that the service should further review guidance, ensuring that four weekly assessments are undertaken and that these focus further on the development needs of staff. It pleasing to hear the provider had plans in place to further develop staff skills and knowledge relating to trauma informed practice and de-escalation approaches.

The service had pleasingly developed a continuing care policy to support young people's rights in line with the ethos of the promise, this was a welcome addition.

We had confidence that physical restraint was only ever used as a last resort and was clearly planned and assessed, including agreement with external agencies. We had asked the service to address their approach to broader restrictive practices on the last inspection. This focused on ensuring that any consequences for behaviours from staff were planned. We were disappointed to see that there was no evidence of any progression with this area of practice. This meant that there was examples of inconsistent consequences placed by staff that could lead to further distressed behaviours from young people. **(See Requirement 3)**

We found that quality assurance processes within the service had been largely ineffective. There was insufficient scrutiny of practice and standards, including gaps in progressing areas identified in the previous inspection. Internal and external managers had plans to address this area of practice, but at the point of inspection we were unable to assess any impact.

Service improvement plans were outdated, this should be addressed to ensure a co-ordinated approach to improvement within the service including where supports are required from the broader provider group. **(See Area of Improvement 2)**

Requirements

1. By 01 November 2025, the service must ensure that care planning processes fully reflect the wishes and needs of young people, and inform staff fully of their role in supporting them. This is to support the young people's wellbeing, outcomes and choice.

The service must include but not limit 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.
- d) Ensuring that managers and external managers have oversight of plans, and can assess advances and barriers in progressing outcomes for young people.

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:

'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).

2. By 01 October 2025 you must ensure that at all times suitably competent persons are working in the care service as are appropriate for the health, welfare and safety of children and young people, and that there are processes in place to identify and appropriately respond to any concerns about staff competence and practice. This is to ensure the safety of children and young people. In particular you must:

- a) Ensure that all staff have regular supervision and performance management that focuses on staff practice and development.
- b) Ensure that your policies are followed in relation to concerns about staff practice resulting in misconduct, and that these are notified to the appropriate registration bodies and the Care Inspectorate. This should include review and notification of any previous incidents of staff misconduct.
- c) Ensure that learning from staff competence and practice issues improves practice across the staff team.

This is in order to comply with Regulation 4(1)(a), Regulation 7 and Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 01 October 2025, you must ensure that all episodes of restrictive practice are reviewed thoroughly and that training is given to support a reductionist, and trauma informed approach to this area of practice. In particular you must:

- a) Ensure there is a plan for staff to have training to support a more trauma informed approach.
- b) Ensure staff are aware of what restrictive practices are and are given guidance on strategies which have a trauma based approach they can utilise instead.

c) Ensure that all restrictive practices are known, and that agreement for the use is part of a multi agency collaboration.

d) Ensure that where restrictive practice are agreed that these are clearly written and consistently implemented by the staff team.

e) Ensure that risk assessments/personal plans are subject to regular review, and that quality assurance measures promote and support improvement. This must include a focus on reducing restrictive practices.

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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To support young people's right to education, the provide should ensure that planning and decision making around mainstream, alternative education, or provider learning support is decided in partnership with the local authority education provider. This should include, but not limit to:

- a) Shared decision making about the appropriate educational/learning path for individual young people.
- b) Care plan focused educational goals and supports including what is expected from care staff to help consistently progress educational goals.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

2. To support the young people's wellbeing, and outcomes, the service should review their service improvement and quality assurance processes. The service should but not limit to:

- a) Ensuring service improvement plans are in place, are up to date and show clearly what is needed to drive improvement of care standards for young people and staff.
- b) Ensuring service improvement plans are subject to regular internal and external review, and action is taken to address any barriers in progress in conjunction with effective quality assurance systems.

This is to ensure 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).

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

Requirements

Requirement 1

By 31 October 2024, the service must ensure that care planning processes fully reflect the wishes and needs of young people, and inform staff fully of their role in supporting them. This is to support the young people's wellbeing, outcomes and choice.

The service must include but not limit 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.
- d) Ensuring that managers and external managers have oversight of plans, and can assess advances and barriers in progressing outcomes for young people.

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:

'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 requirement was made on 12 June 2024.

Action taken on previous requirement

The service had implemented a new care planning process. Unfortunately we found that the content of this did not demonstrate the views of young people, or crucially the steps that would be needed from staff to achieve these goals. New management within the service had realised that these plans needed revised again, however they had been unable to progress this at the point of inspection.

Not met

Requirement 2

By 30 September 2024, the service must ensure that they support a safe environment for young people and staff. The service should ensure the correct numbers, experience, and skills mix are working within the service 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) Ensure that all young people get access to the staffing required to meet their needs, at all times, including access to awaken night staff if required.
- c) Consider their ability to meet the needs of new and existing young people prior to new young people coming to the service. This should include assessment of staffing levels, and training needs.
- d) Ensure that training requirements for young people are sought, and where these are not in place the service takes steps to mitigate risk whilst these are accessed.

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 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 requirement was made on 12 June 2024.

Action taken on previous requirement

We found improvement in staffing needs assessment processes, including assessment of how staffing meets the needs of young people. There is scope for this to be further developed and we suggested that the service should further review guidance, ensuring that 4 weekly assessments are undertaken and that these focus further on the development needs of staff. There was sufficient progress to meet this requirement.

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 children's wellbeing, the provider should ensure that they follow 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services', published by the care inspectorate'. The provider should include but not limit to:

- a) Ensuring they consider the potential impact on existing young people within the service.
- b) Ensuring they have all the necessary information prior to making a decision regarding the new young person being referred to the service.
- c) Ensuring they consider staffing levels, skills, mix and any current staff vacancies.
- d) Ensuring they fully follow the providers own matching policy, and that matching processes are subject to quality assurance measures from external managers.

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 12 June 2024.

Action taken since then

We found that the service had made improvements to their matching processes, ensuring they gave further consideration to their ability to meet the needs of new young people coming to the service. We found the service gave equal consideration to how this might impact on young people already living within the service. There remained scope to further develop the assessment of staffing, including levels and training needs at the earliest stage as part of this process.

Previous area for improvement 2

The service should develop a continuing care policy to set's out its responsibilities to provide continuing care to young people and how it will ensure that young people are aware of their right to continuing care up to the age of 21.

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

"As a child or young person I feel valued, loved and secure" (HSCS 3.5) and "My human rights are central to the organisations that support and care for me" (HSCS 4.1).

This area for improvement was made on 12 June 2024.

Action taken since then

The service had created a continuing care policy, which was a welcome addition. It was pleasing to also see the development of an adult protection policy, ensuring that staff were fully equipped with the knowledge of how to identify and respond to concerns.

Previous area for improvement 3

The service should ensure that all episodes of restrictive practice are reviewed thoroughly and that training is given to support a reductionist, and trauma informed approach to this area of practice. To do this, the provider should, at a minimum, but not limited to:

- a) Ensure there is a plan for staff to have training to support a more trauma informed approach.

- b) Ensure staff are aware of what restrictive practices are and are given guidance on strategies which have a trauma based approach they can utilise instead.
- c) Ensure that all restrictive practices are known, and that agreement for the use is part of a multi agency collaboration.
- d) Ensure that where restrictive practice are agreed that these are clearly written and consistently implemented by the staff team.
- e) Ensure that risk assessments/personal plans are subject to regular review, and that quality assurance measures promote and support improvement. This should include a focus on reducing restrictive practices.

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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 12 June 2024.

Action taken since then

We could not find any evidence of this area of practice having been developed. External quality assurance systems had not identified that this area for improvement had remained unmet. Again recent management changes acknowledged that this needed to change and were in agreement with the current unmet status. We have placed a requirement on this inspection to address this area of practice.

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	4 - Good
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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