

Kincairn Residential Childcare Ltd Care Home Service

Cupar

Type of inspection:
Unannounced

Completed on:
30 May 2025

Service provided by:
Kincairn Residential Childcare Ltd

Service provider number:
SP2023000422

Service no:
CS2023000380

About the service

Kincairn Residential Childcare Ltd sits on the outskirts of the town of Cupar. The service sits in a rural location, but has close access to the town and amenities. The service can care for up to three young people.

The house is spacious and decorated to a high standard. In addition to the bedrooms there were two living areas, and spacious gardens to the front and rear of the building.

About the inspection

This was an unannounced inspection which took place on 27 and 28 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 two of their family/representatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals.

Key messages

- We found recent matching processes to be good in consideration of the service's ability to meet the needs of young people, including careful consideration of the transition to the service.
- The service's approach to child and adult protection had been much improved. This included improved policies, coupled with training for staff.
- Staff recording and organisational debriefing processes should be improved, with increased oversight and awareness from managers.
- The service's connection with families was impressive. Family members told us that they were very impressed with the care, support, and thoughtfulness that went in to supporting their time and visits with their child.
- Managerial processes had been impacted by staff shortage cover, including staff supervision and performance management. This required improvement
- Quality assurance systems were largely ineffective. this required improved to ensure effective oversight of all aspects of care.
- The service had created a continuing care policy which outlined young people right to continuing care in line with the ethos of 'the promise'.

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 service had made improvements to their assessment processes for young people coming to the service. We found recent matching processes to be very good in consideration of the service's ability to meet the needs of young people, including careful consideration of the transition to the service. This meant there was a much higher likelihood of placements being successful. Whilst this area of practice had improved there was scope to further develop internal recording of the service's assessment.

The service's approach to child and adult protection had been much improved. This included improved policies, coupled with training for staff. Managers had undertaken lead training to ensure they had the necessary skills to manage concerns effectively. Whilst these arrangements are in place, the service should ensure that staff and managers practice these skills to ensure they remain effectively skilled in the absence of ongoing processes.

Where young people experienced behaviours that caused risk, the service had comprehensive risk assessment processes in place. These were sufficiently detailed to ensure staff knew what was required of them. Despite clear plans we found that the quality of staff recording was insufficiently detailed, in addition post incident debriefs did not routinely happen. This meant there was insufficient ability to scrutinise staff practice and assess whether this conformed to strategies outlined in plans. **(See Area of Improvement 1)**

The service offered a warm and homely environment. The service had appropriately adapted space and resources to meet the needs of young people using the service. Young people we spoke with were very happy with the facilities available to them.

Young people had access to a variety of activities that met their social and developmental needs. Young people told us that staff were always keen to get involved in activities with them and they had some 'great adventures.'

Young people's mental and physical health was prioritised. The service liaised appropriately with external services to access information and supports as required. Again, the quality of staff recording in relation to physical health and the impact of changes to medication for some young people should improve. This would ensure accurate and up to date information was available for future review.

The service's connection with families was impressive. Family members told us that they were very impressed with the care, support, and thoughtfulness that went in to supporting their time and visits with their child.

Advocacy arrangements were in place, meaning that young people had access to external people who could represent their views independently.

Young people were not accessing formal education. We found that the service had put plans in place, but these had been impacted by reasons out with their control. They should continue to assess and progress this area of practice to ensure they maximise education engagement and attainment for young people using the service.

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

All staff spoke of feeling highly supported by leaders within the service. It was clear that leaders offered an inspiring culture, staff told us that they 'believe in the culture that the service is trying to create, and trust that necessary improvements will be made.'

We found that staff recruitment processes had improved. Managers had improved oversight of processes through an internal recruitment tracking system. This meant that all necessary checks and safeguards were in place before employment.

The service had improved the training offered to staff; this was largely due to improved oversight of this area of practice from managers. Additional training has also been sought to ensure that staff had the rights skills to support young people's specific needs. Staff did outline a wish to receive more face-to-face training instead of online offering, this was something the service was considering.

The service had improved their assessment of staffing needs. Recording could be improved to ensure this was in line with guidance. Despite improvement we found key managerial tasks had been impacted by staff shortages. This meant managers spent large periods of time supporting young people. As a result, key staff supports such as supervision had been impacted. In addition, the relatively small team was complicated by poorly defined role definitions. This meant that performance management was not progressed against role expectations. **(See Requirement 1)**

Care planning processes had improved. Young people's views were evident, and crucially, the steps required from staff to meet goals set within these were clear. Young people told us the 'knew they had a care plan' and staff spoke to them about this. This made them feel their views were heard. We suggested the service could improve their review of goals to ensure those that were met made way for others, or that barriers to progress were effectively addressed.

Whilst many improvements had been made as a result of regulatory inspection activity, the services governance arrangements were not clear. Some quality assurance systems had been created, but these were poorly structured. Quality assurance in practice was largely ineffective. When issues were identified such as gaps in fire checks, it was difficult to see what difference processes had in resolving these issues. We outlined the need to ensure that quality assurance processes were evaluative and importantly led to improvements in practice. **(See Requirement 2)**

The service improvement plan did not clearly show areas of practice that needed to improve. As with quality assurance processes, evaluative statements and suitably matched goals should be created. The service would benefit from the use of SMART (specific, measurable, achievable, realistic, and timely) goals to ensure effective ability to assess advances and barriers in progressing these **(See Area of Improvement 2)**

The service had created a continuing care policy which outlined young people right to continuing care in line with the ethos of 'the promise.' This was a welcome introduction. We suggested this could be further improved by creating a young person friendly version. The service agreed to progress this.

Requirements

1.

By 01 October 2025, you must ensure there is evaluative scrutiny and oversight of all aspects of the care provision within the service. This is to ensure that children and young people experience high quality, consistent care and support. In particular you must:

a) Ensure that the roles and responsibilities of the registered manager, operations manager, and staff are well defined to allow regular oversight and scrutiny of practice.

b) Ensure that managers are supernumerary, and that managerial tasks are well planned.

c) Ensure that all staff receive regular supervision and performance management processes that ensure high standards of care and support.

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).

2.

By 01 October 2025, you must ensure there is evaluative scrutiny and oversight of all aspects of the care provision within the service. This is to ensure that children and young people experience high quality, consistent care and support. The service must include but not limit to:

a) Ensuring that the service develops clear quality assurance processes to cover all aspects of care

b) Ensuring that those responsible for completing this have the necessary knowledge and skills to undertake this, and know fully their own roles in this.

c) Ensuring that any areas of improvement identified by third parties are quickly progressed and that managers have oversight and awareness of this.

d) Ensuring that any practice or training issues identified by this process are responded to.

This is to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To support the young people's wellbeing, and outcomes, the service should review their staff recording and post incident debrief processes. The service should but not limit to:

- a) Ensuring that staff record fully the supports they offer young people.
- b) Ensuring that recorded staff practice is subject to managerial scrutiny, including assessment of practice against agreed plans.
- c) Ensure that posts incident debriefs offer effective scrutiny of staff practice, and are fully undertaken after all incidents within agreed timeframes. Learning from incidents should inform future supports.

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).

2. To support the young people's wellbeing, and outcomes, the service should review their service improvement 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

To support children's wellbeing, the provider must ensure that they follow 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services', published by the care inspectorate'. The provider must 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 requirement was made on 28 June 2024.

Action taken on previous requirement

The service has further considered its ability to meet the needs of young people coming to the service and followed their matching process to do so. Managers keep oversight through the use of a tracker and appropriately involved the team in assessing their ability. We found evidence of steps taken to ensure staff had appropriate skills to manage and support young people's needs through additional training.

Matching and initial referral forms were in place, but we would suggest that the service further develops their ongoing assessment to ensure their evaluations are recorded within these documents.

Met - outwith timescales

Requirement 2

By 31 August 2024, you must ensure that the child and adult protection practice is reviewed and developed. This review must be informed by effective analysis of safeguarding issues. The provider must include but not limit to:

- a) Ensuring that child protection procedures and policies are reviewed, and updated to reflect current best practice guidance.
- b) Ensuring that the service develops an adult protection policy and guidance.
- c) Ensuring that staff who have lead responsibility for safeguarding and protection receive appropriate training. This is to ensure that they make appropriate timely decisions and involve all relevant partners to ensure the safety and protection of children and young people.
- d) Ensuring all staff are provided with up-to-date child and adult protection training in relation to their roles and responsibilities in the protection of children and young people and are fully supported to embed this training in practice.
- e) Ensuring robust oversight by senior managers of child or adult protection concerns which may arise to strengthen reflection within the staff team and support learning for future practice.
- f) Ensuring that child protection, adult protection and safeguarding concerns are reported to the appropriate agencies, including the social work department and any other relevant agencies.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) 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:

'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 28 June 2024.

Action taken on previous requirement

The service had taken steps to address gaps in staff adult protection training and all staff felt confident in their role. The registered manager had undertaken lead training relating to adult protection.

Child protection training was in place and staff had the appropriate training to fulfil their role, including lead training for managers. Staff reported that they felt confident in processes and knew what actions to take to ensure they took appropriate steps to safeguard children and young people.

Met - outwith timescales

Requirement 3

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 must 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) Conducting a retrospective staffing needs assessment ensure that training requirements for young people are identified and sought, and where these are not in place the service takes steps to mitigate risk whilst these are accessed. The service should create an action plan to address these gaps.

c) Ensuring 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.

d) Considering 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.

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 28 June 2024.

Action taken on previous requirement

The service had consulted staff on their training needs following the previous inspection. This led to improvement in both core and additional training for staff and managers. Staffing levels were appropriate, however staffing shortages meant that managers were spending extended time covering shifts to mitigate any impact of this on staffing levels. We have addressed this concern with a new requirement on this inspection. We also highlighted the need to further improve recording processes around assessment to ensure in line with Care Inspectorate guidance. We were satisfied the service had taken appropriate steps to satisfy the points on this requirement.

Met - outwith timescales

Requirement 4

By 30 September 2024, you must ensure there is evaluative scrutiny and oversight of all aspects of the care provision within the service. This is to ensure that children and young people experience high quality, consistent care and support. The service must include but not limit to:

a) Ensuring that the service develops clear quality assurance processes to cover all aspects of care

b) Ensuring that those responsible for completing this have the necessary knowledge and skills to undertake this, and know fully their own roles in this.

c) Ensuring that any areas of improvement identified by third parties are quickly progressed and that managers have oversight and awareness of this.

d) Ensuring that any practice or training issues identified by this process are responded to.

This is to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 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:

'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 28 June 2024.

Action taken on previous requirement

This requirement was insufficiently progressed and systems in place to measure quality of care and provision were largely ineffective. Service improvement fell short of that expected and as such this requirement will be carried forward

The roles of those in lead positions were not effectively defined and as such meant that it was difficult to see what their role was in monitoring the service.

Not met

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, and outcomes, the service should review its care planning processes to ensure they fully reflect the wishes and needs of young people, and inform staff fully of their role in supporting them. The service should ensure that:

- a) Young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) 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) 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) Managers and external managers have oversight of plans, and can assess advances and barriers in progressing 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:

'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 28 June 2024.

Action taken since then

Care planning and risk assessment processes were much improved. The format and content of these was informative and gave a clearer picture of how staff should support young people.

There is still need to further improve these through more timely and specific goals to ensure that advances and barriers can be progressed against responsibility areas.

Previous area for improvement 2

The service should develop a continuing care policy to set 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 28 June 2024.

Action taken since then

The service has implemented a continuing care policy; this was a welcome addition. The policy set out what the service will do to support continuing care.

The service has further developed this area of practice with a young person's guide in addition to organisational policy. Further considering some of the areas and objectives of adult life and how these impacts on matching for other young people should continue to be developed.

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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