ITEM No …4……..

REPORT TO: **SCRUTINY AND AUDIT COMMITTEE - 24 JUNE 2026**

REPORT ON: **CARE INSPECTORATE REPORTS ON CHILDREN'S HOUSES**

REPORT BY: **INTERIM EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE**

REPORT NO: **151 - 2026**

1.0 PURPOSE OF REPORT

1.1 This report provides a summary of Care Inspectorate findings in recent inspections of Children's Houses at Craigie Cottage, Millview Cottage and Drummond House.

2.0 RECOMMENDATION

2.1 It is recommended that the Scrutiny Committee notes the contents of this report, including findings and work being undertaken to progress further improvements.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from the agreement of this report.

4.0 BACKGROUND

4.1 All inspections were unannounced and focussed on Key Question 7 of the Care Inspectorate's Quality Framework, where the two quality indicators are:

1.27.1 - children are safe, feel loved and get the most out of life; and

1.37.2 - leaders and staff have the capacity to meet needs and rights.

Quality Indicator	**Craigie Cottage**	**Millview Cottage**	**Drummond House**
7.1 Children and young people are safe, feel loved and get the most out of life.	**2024**	**2022**	**2023**
	Adequate	Very good	Good
	2025	**2025**	**2025**
	Very good	Weak	Very Good
Quality Indicator	**2024**	**2022**	**2023**
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights.	Good	Good	Good
	2025	**2025**	**2025**
	Very Good	Adequate	Not assessed

Craigie Cottage

4.2 This inspection took place in May 2025, and the Care Inspectorate found that all requirements and areas for improvement from the previous inspection were met. The service demonstrated significant strengths and improvement, moving from Adequate and Good to Very Good for both quality indicators. Key messages included:

- Children's needs were well understood thus they were emotionally and physically safe.
- Children benefited from warm, compassionate and nurturing relationships.
- The stable and therapeutic care provided by the team allowed children to flourish.

- Children were meaningfully engaged in their communities.
- Leaders were highly skilled, committed and had an inspirational vision for the service.

4.3 The inspector found high quality personal plans reflected the individual needs and wishes of children and underpinned the outcome focused, trauma informed and compassionate care that they experienced. Children were supported to develop their own goals that ensured their hopes, aspirations and personal preferences were the main drivers in their care.

4.4 There were no requirements or areas for improvement other than the house team being encouraged to strive for excellence and continuous improvement. As part of a leadership development programme with all Children's House and Area Team Managers, this approach has been shared to promote consistently high standards and ambition.

Millview Cottage

4.5 This was an unannounced inspection which took place in September 2025. The inspection identified mixed performance. While staff were safely recruited, caring and supported and some young people flourished, improvements were required in advocacy access, quality assurance, risk management and learning from incidents. Key messages included:

- Most young people were safe most of the time.
- Young people's access to independent advocacy should improve.
- Some young people flourished whilst living in Millview.
- Learning from incidents of restrictive practice must improve.
- Young people were cared for by caring and committed staff.
- Young people's experiences must be robustly evaluated through quality assurance.

4.6 As context, the inspector noted that Millview had struggled to adapt to historic matching decisions on some young people with complex needs and found it challenging to care for them in a way that supported them to fulfil their potential. Improvements were needed in relation to the recording of risk assessment/management and notifications of incidents.

4.7 At the time of inspection, a more assertive approach to external oversight provided assurance that there was already a drive to ensure these young people were better understood and plans were underway to ensure the care they received was more tailored to meet their individual needs.

4.8 This was recognised by the inspectors, who reinforced this with 3 related requirements and 1 related area for improvement. An Improvement Plan was developed immediately and has been actively progressed with continued weekly external managerial oversight, support and challenge.

4.8.1 **Requirement 1**: *By 31 March 2026, the provider must ensure that young people are cared for by a team who have the required skills to engage all young people meaningfully in their care.*

4.8.2 Managers are all now trained in the PACE model and all staff have completed Essential Starting models including Trauma, Nurture, Child Protection and Restrictive Practice and PACE. Team Meetings are used to reflect on good practice and identify additional practice support needed, with themes recorded and incorporated into the House Development Plan.

4.8.3 **Requirement 2**: *By 31 March 2026, the provider should ensure that young people are effectively supported as their needs and risks are well understood.*

4.8.4 'My House Plans' are now relevant to what young people want to achieve and include risk assessments covering all aspects of risk they may experience, with additional audits carried out to provide assurance. A Missing Persons Procedure for all Children's Houses has been updated and implemented with quarterly reporting to senior management.

4.8.5 **Requirement 3**: *By 31 January 2026 the provider must ensure that young people are cared for by a knowledgeable, well trained and supported workforce, with robust quality assurance systems in place which have managerial oversight.*

4.8.6 As well as the points highlighted above, the service-wide improvement plan is being implemented with a child-friendly version for young people. Within Millview, daily planners are in place for all children to ensure their needs are met. A strengthened staff supervision format has been implemented across the service.

4.8.7 **Area for Improvement**: *To ensure young people's safety and wellbeing the provider should ensure that young people's voices are heard, rights upheld and wishes known. To do this at a minimum the provider should ensure that children and young people have access to an independent advocacy service relevant to their needs.*

4.8.8 *Who Cares?* Now visits the house regularly and staff have an area in the house highlighting children's rights and contact details for advocacy. A Voice and Participation Group has been established and provides training to staff. The group is developing a Children's Charter 2026 which will be finalised by Autumn 2026.

Drummond House

4.9 This was an unannounced inspection which took place in December 2025, noting significant strengths and improvements since the previous inspection in 2023. Key messages included:

- Young people were safer because of their care in Drummond House.
- Young people experienced compassionate, nurturing and trauma informed care
- Young people were skillfully supported to meaningfully maintain relationships
- Young people were at the heart of their care

4.10 The inspector found skilled leaders who assertively and authoritatively addressed risks, contributed towards a multi-agency approach and prevent harm. Young people experienced stable and therapeutic care because relationships were prioritised and based on a good understanding of trauma. They had fun and were involved in decisions affecting them.

4.11 Leaders were confident in understanding young people's right to continuing care and were passionate in ensuring these rights were upheld. High quality personal plans reflected the individual needs, wishes and voices of young people, and they underpinned the outcome focused, trauma informed and compassionate care that young people experienced.

4.12 All 3 areas for improvement from the previous inspection in 2023 were fully met and there had been no complaints There were no new requirements or areas for improvement.

5.0 CONCLUSION

5.1 In two of these inspections, Craigie Cottage and Drummond House had made significant progress and are now graded as Very Good but Millview Cottage was experiencing specific challenges at the time and this was reflected in the weakened grades. At the time, the house struggled to care for an individual child who had significantly complex needs.

5.2 Going forward, to continue to enhance oversight and improvement across all 7 Children's Houses, including through pro-active and timeous responses to any emerging issues, a service-wide Improvement Plan with 8 key priority areas is being implemented. The plan is overseen by the Senior Service Manager and focuses on:

- Leadership
- Partnership Approach
- Policy & Procedure
- Inclusion & Participation
- Model of Care
- Staff support, learning and development
- Staff recruitment and retention
- Quality Assurance

5.3 This has been supported by a Leadership Programme for House Managers and Practice Managers directly overseeing the Houses. Self-evaluation has now been completed with positive findings. Verbal feedback from our Link Inspector about all 3 houses and others reinforces the positive progress being made.

6.0 POLICY IMPLICATIONS

6.1 No changes to policy, procedures or funding are required.

7.0 CONSULTATIONS

7.1 The Council Leadership Team has been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 Appendices attached.

Glyn Lloyd
Interim Executive Director of Children and Families Service
Chief Social Work Officer

Alison Penman
Interim Head of Children's and Justice Services

MAY 2026

APPENDIX 1

Craigie Cottage
Care Home Service

Dundee

Type of inspection:
Unannounced

Completed on:
10 May 2025

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2003000483

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Inspection report

About the service

Craigie Cottage is a residential care home for children and young people and has six registered places. The service is provided by Dundee City Council and the aims and objectives set out to provide a short to medium term residential placement for children under thirteen.

The house is a large, detached property, set out over one floor, with six en-suite bedrooms. There is a large living room, kitchen and dining room and there are additional social spaces that can be used flexibly for a range of activities. The house has a large, enclosed garden to the rear. The service is located in a residential area close to the centre of Dundee with good access local amenities and nearby transport links.

About the inspection

This was an unannounced inspection which took place on 6 , 7 and 8 May 2025. 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 people using the service and their representatives;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to 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 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

Children's needs were well understood thus they were emotionally and physically safe.
Children benefitted from warm, compassionate and nurturing relationships.
The stable and therapeutic care provided by the team allowed children to flourish.
Children were meaningfully engaged in their communities.
Leaders were highly skilled and committed and had an inspirational vision for 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?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

Inspection report

How well do we support children and young people's rights and wellbeing? 5 - Very Good

We found significant strengths in the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Children were thriving in Craigie Cottage, and they were emotionally and physically safer because of their care. They benefitted from consistent, nurturing and fun staff. The team were able to use the strong relationships they had built with the children to identify and reduce risks. Children's needs were well understood, and this combined with a flexible, emotionally containing and responsive approach by staff, ensured children were supported to navigate difficult feelings and experiences thus build their resilience.

Children experienced therapeutic and stable care, and the use of restraint was minimal and followed best practice. When used, physical restraint was undertaken therapeutically, and to protect children from harm and only as a last resort, as compassionate and attuned relationships were highly effective in supporting them during difficult times. Children had access to a wide range of responsible adults outside the service who worked in partnership with the Craigie team to meet their needs.

Children had meaningful connections to family and adults who were important to them. The team's therapeutic approach and strong professional partnerships, meant adults worked well together to ensure children had the opportunity to safely reconnect and build stronger bonds with those they had been separated from. This gave children a strong sense of belonging and strengthened their sense of identity.

All children in Craigie Cottage had meaningful access to learning and some children were flourishing in education. They all received individually tailored support to participate fully in learning and maximise attainment and attendance. When accessing learning proved difficult, the team passionately advocated for what was best for their children, thus everyone was effectively supported to learn in a way that was right for them.

Children were in good health, had lots of fun and had access to great outdoor space that offered age-appropriate play experiences. The respectful care they experienced was reflected in the cared for environment they lived in and the healthy home cooked food that was prepared for them. Children were involved in decisions about house life that were reflective of their age and stage and were supported to engage in their care and the decisions affecting them.

High quality personal plans reflected the individual needs and wishes of children, and underpinned the outcome focused, trauma informed and compassionate care that they experienced. Children were supported to develop their own goals that ensured their hopes, aspirations and personal preferences were the main drivers in their care.

A skilled and highly committed leadership team, which was now fully staffed, ensured the culture was supportive and empowering. The managers modelled consistently high standards of practice and successfully championed the best possible outcomes for children. There had been a significant effort to support the team to provide trauma and attachment informed care and this was ensuring children were recovering from their past experiences.

External managers were clear about their roles and responsibilities and effectively performed these. They played a key role in monitoring the quality of children and young people's experiences, safeguarding and

improving outcomes.

Children's transitions were minimised because of considered matching decisions, and this supported the house to feel settled, and allowed children to grow together. As a local authority service, there were occasions when children had to be cared for at short notice. When children had arrived in an emergency with limited opportunity to fully assess their needs, leaders were quick to respond in ensuring the correct professional network and staffing arrangements were in place to effectively support all the children.

Children's needs were effectively met as the carefully considered approach to staffing ensured they were supported by the right staff with the right skills. This dynamic approach was driven by leaders who understood that children needed the adults to constantly adapt to get it right for them.

Passionate leadership, self-evaluation and improvement activities drove forward how the service was being delivered. This was centred around the recognition that all children have the right to access excellent care and was based on a very good understanding of the significant impact that care has on children's lives.

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

Requirements

Requirement 1

Requirement 1

By 30 September 2024, the provider must ensure that children are cared for in an environment that is safe and supports their development and wellbeing.

To do this the provider must, at a minimum:

a) robustly make safe all damaged windows and doors;

b) ensure that an assessment of risk is undertaken to prioritise repair of all damage;

c) ensure that an environmental review is undertaken and a clear plan devised, to minimise further damage and develop a house that reflects the developmental needs of the children living there.

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 environment is secure and safe '(HSCS 5.19) and
'The premises have been adapted, equipped and furnished to meet my needs and wishes'(HSCS 5.18

This requirement was made on 2 May 2024.

Action taken on previous requirement
The service has developed robust quality assurances that ensures the environment is now well maintained. All fixtures and fittings were intact and necessary repairs actioned quickly. Strong connections with property mangers ensured the need of children were prioritised through quick responses to maintenance requirements. The caring adults were proudly ensuring the house was furnished in a homely, child friendly manner.

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 promote children's safety and sense of wellbeing, the service should ensure that all staff can confidently recognise signs of escalating risk and when to intervene in incidents.

This should include but is not limited to, providing reflective opportunities for the team to consider thresholds of risks and through post incident debrief, consider if intervention was timely and proportionate.

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).

This area for improvement was made on 2 May 2024.

Action taken since then
The service has implemented highly individualised support plans that clearly outline children's needs and how best to support them. All staff are trained in CALM physical intervention, regular supervision and debrief offers opportunities for staff to reflect on practice.

Previous area for improvement 2

To support children's safety and wellbeing, the service should ensure that risk assessments further develop to ensure all staff have clear guidance when managing and responding to risks.

This should include but is not limited to, accurately detail the likelihood and impact of specific risks, with clearly defined strategies, and responsibilities of what people should do and when. This should include when to notify the Care Inspectorate.

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 roles and responsibilities'. (HSCS 3.20).

This area for improvement was made on 2 May 2024.

Action taken since then
The service has implemented a robust model of risk assessment that clearly details the needs and strengths of young people. They offer highly individualised approaches to supporting young people and are maintained to a high standard through robust managerial oversight.

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?	5 - Very Good
7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	5 - Very Good

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APPENDIX 2

Drummond House
Care Home Service

Dundee

Type of inspection:
Unannounced

Completed on:
11 December 2025

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2003034640

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Inspection report

About the service

Drummond House is a residential care home provided by Dundee City Council and is registered to care for for up to 7 children and young people. The single storey premises is located in a quiet residential area of Dundee, close to travel links, local shops and amenities. All children and young people living in Drummond House have their own, spacious en-suite bedroom, large living dining room, a hobby room and people living there have their own private garden space equipped with a trampoline and outdoor seating.

About the inspection

This was an unannounced inspection which took place on 10 December and 11 December 2025. 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 people using the service;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

Young people were safer as a result of their care in Drummond House.

Young people experienced compassionate, nurturing and trauma informed care.

Young people were skilfully supported to meaningfully maintain relationships with those important to them.

Young people were at the heart of their care, their voices were encouraged and their rights were respected.

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?	5 - Very Good

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?

5 - Very Good

We found significant strengths in the care provided, and how these supported positive outcomes for young people, therefore, we evaluated this key question as very good.

Young people were safer as a result of living in Drummond House. The confident staff team, led by skilled leaders who assertively and authoritatively addressed risks, effectively contributed to a multi-agency approach to minimise and prevent harm to people. The team knew young people well and the trusting, non-judgmental relationships they developed allowed young people a safe space to explore their needs and choices.

People living in the service all had access to external professionals and the strong collaborative approach to young people's care, where communication was a strength, led to the effective and timely implementation of national protection guidance.

Young people experienced stable and therapeutic care because relationships were prioritised and based on a good understanding of trauma. Use of restraint was extremely rare as the team at Drummond House skilfully and effectively used their compassionate and connected relationships with young people to support them during difficult times. Use of wider restrictive practice was carefully considered and proportionately applied to protect young people and this was effectively balanced with upholding young people's rights

Young people's needs were well understood, and the skilful use of reflective practice, professional psychological consultation and a flexible and responsive approach by staff, supported young people to navigate the risks they faced and build their resilience.

Young people had fun and the respectful care they experienced was reflected in the warm and well equipped environment they lived in. They were involved in all decisions about house life and were supported to engage in their care, and the decisions affecting them. One young person told us,' I'm involved in decisions the way any young person should be'.

Young people had access to health provision that was reflective of their individual circumstances and the team understood young people's health needs well. Shared opportunities to eat together and be active together, promoted good physical and mental health and staff assertively addressed barriers to young people's well-being.

Family and friends, where possible, were welcomed into the house and time together was skilfully supported in a variety of settings. The attuned relationships young people developed with sensitive and experienced staff, allowed young people to be meaningfully and safely develop or maintain relationships with those who were most important to them.

Young people's hopes and aspirations were embraced and supported. When young people were unsure about their future plans, the team offered a range of experiences to help them make informed choices. When young people faced barriers to fulfilling their potential, the team passionately advocated on their behalf. A strong message of hope and value was embedded in the culture of the service, this helped young people to believe in a positive future.

The service was highly committed to young people staying for as long as they need and want to and they supported enduring relationships. Leaders were confident in understanding young people's right to continuing care and were passionate in ensuring these rights were upheld.

High quality personal plans reflected the individual needs, wishes and voices of young people, and they underpinned the outcome focused, trauma informed and compassionate care that young people experienced.

Inspection report

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 protect young people and uphold their rights, the service should ensure that practice, policy and procedures are underpinned by current legislation and best practice.

This should include, but is not limited to review of current procedure of room checks, and monitoring of staff practice in this area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My human rights are protected and promoted and I experience no discrimination'. (HSCS 1.2);
'I am supported to understand and uphold my rights'. (HSCS 2.3).

This area for improvement was made on 17 April 2023.

Action taken since then
The service have revised and updated both their policy and practice in relation to room checks involving young people and advocacy services. Staff confidently apply a rights based approach to this whilst upholding their health and safety responsibility to ensure the environment is safe.

Previous area for improvement 2

To protect young people's wellbeing, the provider should ensure that leaders are supported and confident to manage all relevant aspects of the service. This should include but is not exclusive to providing leaders with the necessary support and training to effectively address practice or performance issues, to review the current role of the registered manger within the service, to ensure leaders are clear in their responsibility to follow Care Inspectorate guidance.

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which state that :
'I use a service and organisation that are well led and managed'. (HSCS 4.23).

This area for improvement was made on 17 April 2023.

Action taken since then
Managerial lines of accountability now well established. Leaders have embedded a clear and consistent supervision structure.

Previous area for improvement 3

To support young people's wellbeing, learning and development, the provider should ensure all staff have access to relevant training and effective supervision. This should include but is not limited to, implementing a consistent model of supervision for all staff and develop oversight of staff learning and development needs and training.

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 area for improvement was made on 17 April 2023.

Action taken since then

The provider has developed a new system for the recording, auditing and evaluation of staff training. Staff training is now an integral part of the service's development plans and a consistent model of supervision has been embedded.

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?	5 - Very Good
7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very Good

Inspection report

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APPENDIX 3

Millview Cottage
Care Home Service

DUNDEE

Type of inspection:
Unannounced

Completed on:
23 September 2025

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2003000496

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Inspection report

About the service

Millview Cottage is a residential care home for up to six young people. It is provided by Dundee City Council and is located close to the centre of Dundee. The location offers good transport links and easy access to a wide range of shops and community services.

The service provides modern accommodation on one level in six single bedrooms with en-suite facilities. Young people have use of a large sitting room, dining kitchen, activities room, cinema room and meeting room. The home is surrounded by spacious gardens with an outdoor sports area.

About the inspection

This was an unannounced inspection which took place on 11 September, 12 September, 15 September and 17 September 2025 . 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 people using the service and where possible, their representatives;
- spoke with 10 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to 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 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

- Most young people were safe most of the time.
- Young people's access to independent advocacy should improve.
- Some young people flourished whilst living in Millview.
- Learning from incidents of restrictive practice must improve.
- Young people were cared for by caring and committed staff.
- Young people's experiences must be robustly evaluated through better quality assurance.

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?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

Inspection report

How well do we support children and young people's rights and wellbeing? — 2 - Weak

We evaluated two quality indicators within this key question. 7.1 was evaluated as weak and 7.2 was evaluated as adequate, thus the service was graded overall as weak, as whilst we identified some strengths, these were compromised by weaknesses.

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

Most people living in the service were safe most of the time and the caring adults in the service understood the critical role they played in protecting young people. At times safety was compromised as the complexity of some young people's needs, meant the team did not always have the required environment or resources to effectively and consistently contain behaviour that challenged. This led to some restriction in the spaces young people could use and affected the atmosphere of the house.

Young people all had access to adults from out with the service and there was a drive to strengthen partnerships with named social workers. Staff were passionate in their desire to advocate on young people's behalf, but the independent advocacy provision was not sufficient nor specialised enough to ensure all children's voices, views and experiences were heard and understood. (See area for improvement 1).

Where young people's needs were understood, routines reflected their needs, and day to day life was predictable, but for others daily life was stressful and uncertain.

Since the last inspection a complaint was upheld in June 2025 and two requirements were made relating to the use of restrictive practice at the service. We found that although progress had been made to ensure that young people were supported by adults who were trained and accountable, since the complaint was upheld, it was difficult to evaluate if restrictive practice was always proportionate and followed best practice guidance as the service had only very recently begun to sufficiently document and notify the Care Inspectorate when incidents of restraint or restriction occurred. We discussed our findings with the management team noting they had already begun to act, thus we extended the timescale of the requirement to support this. (See requirement 2 under 'What the service has done to meet any requirements or areas for improvement we made at or since the last inspection').

Some young people enjoyed warm and nurturing relationships and were flourishing because of their care. We were concerned that others, whose needs were less well understood and who did not have these established connections, were not experiencing consistent, trauma informed care that meaningfully considered their previous experiences or recognised their behaviour as a communication of their needs. Certain young people had thrived as a result of their care and their health, wellbeing and day to day accomplishments were significantly improved as result of living in Millview. Others were disadvantaged as the team were not clear how to support more difficult to reach young people to fulfil their potential and we found a lack of reflection and learning that promoted a culture of seeing things from a child's perspective. (See requirement 1).

The service was effective in safely and considerately supporting family connections, and when possible, welcomed family and friends into the house. There was a demonstrable commitment to ensuring young people understood their right to continuing care.

The variability in young people's experiences was also evident in personal plans. Some young people's care

was driven by good quality risk assessment and personal plans that captured their needs, their strengths and what they needed from adults to achieve, stay safe and feel protected from harm. Others were limited in detail and did not provide enough individualised information to ensure adults could recognise and respond consistently when young people were in need or distressed. The latter lacked ambition nor conveyed a belief that young people could aspire and achieve, and they were overly focussed on what young people needed to change as opposed to the support they needed to thrive. (See requirement 2)

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

The team in Millview described supportive leaders who had a vision for the service that was underpinned by The Promise. As outlined in this report, not every young person was experiencing the care that The Promise aspires to thus we continued the area for improvement made at the last inspection

There was a structure of quality assurance at Millview, reflective of the model for all the local authorities' residential houses, however, there was a lack of documented evidence to assure us that young people's experiences were being evaluated, as the expected quality assurance was incomplete. Notifications of incidents had not been made to the Care Inspectorate as required and there was no staffing needs assessment to ensure the individual needs of young people were met. We had made an area for improvement at the last inspection, and we were concerned that current quality assurance within the service was not robust enough to monitor and evaluate people's experiences. (See requirement 3.)

Since the last inspection, external manager arrangements had changed several times, and it was unclear how previous external oversight had contributed to ensuring the service had the capacity to meet and champion young people's needs and rights. Historic matching decisions had led to some young people with complex needs moving into Millview, and the service had been unable to care for them in a way that supported them to fulfil their potential. In recent weeks a more assertive approach to external oversight assured us that there was a drive to ensure specific young people were better understood and plans were underway to ensure the care they received was more tailored to their individual needs.

Young people were cared for by many committed and caring staff who were safely recruited and supported through induction. Whilst staff described a positive experience of supervision and development, we could not see how robust learning and evaluation of all young people's experiences meaningfully drove improvement in the service. (See requirement 3).

Requirements

1. By 31 March 2026 the provider must ensure that young people are cared for by a team who have the required skills to engage all young people meaningfully in their care.

To do this the provider must at a minimum;

a) Implement a model of practice that ensures all young people experience consistent, compassionate, trauma informed care.
b) ensure model of practice creates a culture of reflection and learning that is focussed on evaluating all young peoples day experiences of care.

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This is in order to comply with Regulation 4(1)(a) (welfare of users); 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 experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

2. By 31 March 2026 the provider should ensure that young people are effectively supported as their needs and risks are well understood.

To do this the provider must at a minimum:

a) Implement a recognised model of risk assessment that takes account of all potential vulnerabilities a young person may experience.

b) Develop support plans that clearly guide caring adults to effectively support peoples needs in the least restrictive way possible.

c) Develop personal plans that support young people to fulfil their potential.

This is in order to comply with Regulation 5(1)(3)(personal plans); 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 a 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).

3. By 31 January 2026 the provider must ensure that young people are cared for by a knowledgeable, well-trained and supported workforce, with robust quality assurance systems in place which have managerial oversight.

To do this the provider must, as a minimum:

a) Deliver and accurately record staff training to demonstrate a well-trained and skilled workforce.

b) Deliver and document formal supervision for all staff.

c) Develop accurate aims and objectives which accurately reflect the service being provided.

d) Develop a service development plan that is informed by the evaluation of young people's experiences.

e) Undertake and implement a staffing needs assessment which determines how the needs of young people will be met.

f) Implement robust quality assurance processes which have managerial overview.

This is in order to comply with Regulation 4(1)(a) (welfare of users); Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210) and Regulation 7(1) 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 experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11); and
'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 ensure young people's safety and wellbeing, the provider should ensure that young people's voices are heard, rights upheld and wishes known.

To do this, at a minimum, the provider should ensure that children and young people have access to an independent advocacy service relevant to their needs

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11).

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

Requirements

Requirement 1

This requirement was made following a complaint investigation.

By 31 July 2025, the provider must ensure that no child or young person is subject to restrictions to their liberty unless it is the only practicable means of securing the welfare and safety of the child or young person.

In particular, the provider must:
a) Ensure that all children and young people's personal plans and risk assessments are appropriately detailed and updated regularly in relation to the use of restraint and restrictive practices.

b) Ensure clear guidance is given to staff about safe strategies to use, based on the individual needs of the children and young people.

c) Ensure that any use of restraint or restrictive practice is documented, includes pertinent detail and is shared timeously with relevant partner agencies, including the social work department, the Care Inspectorate and any other relevant agencies.

d) Ensure that restrictive practices are effectively overseen by management to ensure staff compliance with training and practice standards.

e) Ensure managers analyse and review incidents where restraint or restrictive practice has been used to decipher any patterns and learning needs for the staff team.

f) Ensure any incidents of improper use of restrictive practice are dealt with appropriately

To be completed by: 31 July 2025

This is in order to comply with: Regulation 4(1)(c) 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 Health and Social Care Standards (HSCS) which state that:
'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 27 June 2025.

Action taken on previous requirement
The service has ensured that all staff are trained in a recognised model of physical intervention, thus increasing staff confidence and accountability in the justification for restrictive practice. For those impacted by restrictive practice a clear risk assessment was in place. Notifications to relevant people, including the Care Inspectorate, were now being submitted.

Met - outwith timescales

Requirement 2

This requirement was made following a complaint investigation.

By 31 July 2025, the provider must ensure that all incidents of concern are addressed with staff and documented effectively.

In particular, the provider must:
a) Record all incidents on an incident form, particularly where there is injury to staff or young people.

b) Ensure that individual de-briefs are carried out with staff following all incidents, particularly where there is injury to staff or young people. Support offered and provided is recorded clearly and actions reviewed by managers.

c) Record an analysis of the strategies used by staff and ensure this identifies staff learning to improve future practice.

d) Ensure that any incident where there is harm to staff or young people includes pertinent detail and is shared timeously with relevant partner agencies, including the social work department, the Care Inspectorate and any other relevant agencies.

To be completed by: 31 July 2025

This is in order 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 Health and Social Care Standards (HSCS) which state that:
'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

This requirement was made on 27 June 2025.

Inspection report

Action taken on previous requirement
Whilst the service had implemented a model of debrief they focussed solely on the experiences of adults and failed to consistently identify learning or evaluate the experiences of the young person who had been subjected to restrictive practice.

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 young people's wellbeing and safety, the service should ensure staff are confident in understanding their role in assessing, documenting and managing risk. This should include, but is not limited to, implementing a model of risk assessment that recognises all aspects of young people's vulnerability, and which informs support plans that clearly details how risk will be managed and mitigated.

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 area for improvement was made on 5 October 2022.

Action taken since then
The service had made some progress and some young people had comprehensive personal plans that supported the understanding and management of risk, however, this was not in place for every young person living in the service and given the impact we made a requirement.

Previous area for improvement 2

To support positive outcomes for young people, the service should further implement the principles of the promise. This should include but is not exclusive to, developing service aims and objectives that are aspirational and reflect the rights of young people.

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 the organisation who support and care for me have an enabling attitude and believe in my potential'. (HSCS 1.6).

This area for improvement was made on 5 October 2022.

Action taken since then
The service had undertaken development work that led to staff having some knowledge of aspects of the promise but not all young people were benefiting from a consistent application of these aspirational values, thus we continued this area for improvement.

Previous area for improvement 3

To optimise young people's experiences, the service should ensure continuous improvement is well informed. This should include but is not limited to, review and update of the service development plan that reflects stakeholder feedback and evaluation of quality assurance processes.

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 5 October 2022.

Action taken since then
The provider had devised a model of quality assurance that intended to evaluate people's experiences but the service had no documented evidence that this was regularly carried out. Given the findings of this inspection and the impact on people, we made a requirement.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	3 - Adequate

Inspection report

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