

# Kincairn Residential Childcare Ltd

## Care Home Service

Tarvit Cottage  
Tarvit Home Farm  
Pitscottie Road  
Cupar  
KY15 5ST

Telephone: 07818505303

**Type of inspection:**  
Unannounced

**Completed on:**  
28 June 2024

**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, but at the time of inspection had two young people using the service. The provider had made the decision not to fill the other space at present.

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 the 20 - 24 of June 2024. 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 representatives
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

## Key messages

- The service was required to improve the way it assessed its abilities to care for young people being referred to the service.
- Staff and leaders were not confident in child and adult protection, this meant that there was an inconsistent response to protection concerns for the services.
- Young people spoke highly of their relationship with staff, and felt they could confidently raise any concerns.
- Young people were supported to access clubs. We felt that the service could strengthen young people's formal educational attainment.
- The service did not follow safer recruitment procedures, we outlined the need and dangers around this.
- The service had inadequate assessment and provision of training for staff, this required attention.
- Care and risk support plans needed to be more specific and reflective of the views and wishes of young people.
- The service did not have quality assurance arrangements in place, this required immediate attention, ensuring those responsible for completing to have full awareness of their role in this.

## 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
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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?

2 - Weak

We made an evaluation of weak for this key question. Whilst strengths could be identified these are outweighed by significant weaknesses.

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

At the time of inspection there were two young people using the service. We had concerns about the services' ability to meet their emotional and physical safety, due to insufficient assessment of the known needs of young people prior to admission. There was also insufficient assessment of the skills, staffing levels, and experience of the management and staff team. Staff training was not sufficient to meet the extremely complex needs of young people, thus placing them at increased risk. **(See Requirement 1)**

We were concerned about the services' response to safeguarding and protection concerns. The service did not always follow best practice and basic procedures were frequently not adhered to. The service required to update their protection policies and to provide clear practice guidance to all staff. All staff required additional training in this area of practice to increase understanding of their roles and responsibilities. This included those in management roles who had lead responsibility for safeguarding and protection to ensure that appropriate and timely decisions were made, and always included collaboration with relevant external partners. Significant improvement was required in the detail and consistency of information shared and notified to external partners including the Care Inspectorate. **(See Requirement 2)**

We found that the service did not clearly record all critical incidents, and in addition staff did not routinely receive debriefs from managers which helped reflect on successful and unsuccessful supports for young people. This meant that there was not a culture of learning which influenced future practice or reduced the likelihood of incidents reoccurring.

Despite this, the service leaders created a warm and homely environment for young people. Young people spoke highly of the relationship they had with staff. Young people told us they could speak to staff or managers if they had concerns or complaints. We highlighted the need for the service to formalise these complaint arrangements to ensure that all external partners are informed timeously, and that the services responses to do not compromise any other multi-agency processes.

The young people accessing the service were supported to keep in touch with those close to them, where possible visits with families were prioritised and supported by the service. Family members told us that they were happy with the care their child was receiving.

The service was aware of the importance of advocacy in supporting the rights of young people. Advocacy arrangements were in place, these were in the early stages, and it was difficult to fully assess the impact of these arrangements. We had confidence these supports would continue.

Young people were not accessing formal education. This is something the service should consider prior to young people accessing the service to support positive educational outcomes. Where young people would benefit from activities and structure it was clear that the service had taken steps to access clubs.

One young person spoke of how life changing this had been for them, and how she has found something she will continue to do for life.

## **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, and staff spoke about being regularly supported in direct practice.

Recruitment has been an issue for the service. The service had been affected by staff turnover, and some gaps in recruitment. Leaders also noted that at times their ability to undertake improvements was constrained through the pressures associated with this. Despite having a clear recruitment policy in place, we found that the service did not consistently follow this. This meant that the service was exposing young people to unnecessary risk. We highlighted that the service must address this area of practice immediately. **(See Requirement 3)**

Many staff did not have the knowledge, experience, and skills to build therapeutic relationships to effectively meet the complex needs of the young people. We saw no evidence of the service's development plan to ensure improvement in this area, and we identified several training needs for the staff team. This included key training such as fire safety, child and adult protection, and medication. We had concerns that leaders did not have oversight, or assessment of this area of practice. **(See Requirement 4)**

Young people did not feel involved in their care planning process. We found little evidence of their views or wishes represented in these. In addition, systems in place were not effective for the identification, assessment, analysis, management, and mitigation of risk. There were no systematic approaches to understand risk and its presentation. To improve this area of practice the service must ensure that all staff are appropriately trained and understand their roles and responsibility in identifying and managing risk. Young people's personal plans and risk assessments were not specific, measurable achievable, realistic or time specific (SMART). Plans required to be updated regularly with positive approaches to individualised risk reduction and achieving positive outcomes for young people. The service required to have appropriate quality assurance systems of risk assessment and risk management practice in place and implemented to ensure that young people receive high quality consistent care and support that protects them from harm. **(See Area of Improvement 2)**

There were no quality assurance systems in place to monitor service delivery. During inspection we found no evidence of systematic auditing of internal safeguards such as fire safety, medical processes, and stock checks. Actions that had been highlighted to the service by third party services had not been progressed or actioned. We also found evidence of incorrect medication counts, which had not been identified by the service. This meant that staff and young people were at increased risk. In addition, the service did not have a clear service improvement plan that supported a co-ordinated approach to improving standards for young people. **(See Requirement 5)**

We highlighted the need for the service to develop a continuing care policy which would help ensure that young people are fully aware of their rights, and what they can expect of the service and provider. **(See Area for Improvement 3)**

## Requirements

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).

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).

3.

By 31 August 2024, you must ensure that at all times suitably recruited, qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of children and young people. This is to ensure the safety of children and young people. The provider must include but not limit to:

- a) Ensuring that the registered manager understands their role in recruitment and follow the organisational recruitment policy consistently.
- b) Ensuring that all relevant checks are undertaken, and complete, before any staff member has direct contact with young people
- c) Ensuring that all staff have applied to register with appropriate bodies within appropriate timescales.

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:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

4.

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).

5.

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).

## Areas 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).

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)

"My human rights are central to the organisations that support and care for me" (HSCS 4.1).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

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

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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