

# Duneaton Care Home Service

Biggar

**Type of inspection:**  
Unannounced

**Completed on:**  
12 March 2025

**Service provided by:**  
Common Thread Ltd

**Service provider number:**  
SP2005007437

**Service no:**  
CS2015336900

## About the service

Duneaton is a care home service for up to five children and young people. The premises consist of three houses sharing the same grounds, each with outdoor space.

The 'house' can accommodate up to two young people. Young people have their own bedroom and there is also a kitchen with conservatory, an additional living room with conservatory and a staff office used for sleepovers.

The 'lodge' can accommodate up to two young people. Young people have their own bedroom and there is an open plan living, dining and kitchen and a staff office used for sleepovers.

The 'cottage' accommodates one young person who has their own bedroom, as well as a living room, kitchen, bathroom, and a staff office which is used for sleepovers.

At the time of this inspection there were three young people living within the service, all in separate houses.

The service is in a rural location a few miles from Abington, a small village in South Lanarkshire, and is close to the M74. Lanark, a larger town with a range of facilities and amenities is about 19 miles away.

The service is part of the Common Thread Group, an independent provider of residential childcare.

## About the inspection

This was an unannounced inspection which took place on 26 February 2025 between 10:30 and 17:15 and 3 March 2025 between 10:00 and 15:30, with feedback given on 12 March 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection and complaint investigations findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two young people using the service and one of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Our inspection raised significant concerns in relation to how children and young people's health, welfare and safety needs were met. As a result, we issued the service with a letter of serious concern on 27 February 2025, and then an improvement notice on 13 March 2025. For further details of this enforcement, see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

## Key messages

- We had significant concerns about practice and outcomes with regards to the safety of children and young people.
- Staffing levels were not at a safe level for young people or adults and inexperienced members of staff were not well supported in their role.
- Poor communication was apparent at multiple levels within the service and the wider organisation which undermined the consistency of young people's care and led to heightened risk.
- Some members of staff lacked confidence and skill in responding to distress in a trauma informed way and had insufficient guidance to support the development of good practice.
- Young people were positive about some members of staff and were all able to identify someone that they felt they could trust within the team, but found the inconsistent staffing difficult at times.
- External management governance of the service was insufficient and ineffective in supporting service development.
- Four requirements made in previous inspections and complaints investigations were unmet. These covered a wide range of essential areas of practice including internal handling of complaints, medication administration, risk assessment, and safe admissions processes. Two of these requirements had remained unmet over a period of four years.

## 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?	1 - Unsatisfactory
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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?

### 1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

We had significant concerns about practice and outcomes regarding the safety of children and young people. Although the young people living within the service told us that they felt safe, a number of serious incidents demonstrated that the ability of the staff team to promote safety for young people was significantly compromised. These shortcomings also impacted on the safety and wellbeing of the staff team. This led to a high turnover of staff and a lack of consistency for children and young people.

We found that safety concerns were exacerbated by environmental challenges of the service. Young people and the staff working with them were isolated for long periods of time. This meant that young people and members of staff could not get additional support when it was needed. This placed both young people and staff at significant risk of harm. (Refer to improvement notice issued 13 March 2025).

The provider's child protection policy was unclear and did not support best practice. There was no separate policy for adult protection. We identified a need for staff to undertake further child protection and adult protection training to strengthen their assessment and response to risk. We also identified a need for the provider to review their internal protection policy and procedure. This undermined the capacity of the staff team to effectively safeguard children and young people (Refer to improvement notice issued 13 March 2025).

We found that staff had an unsatisfactory understanding of their responsibilities in relation to medication management. We also had concerns about the governance of medication management. A requirement made regarding medication processes, following a complaints investigation in November 2024, had not been met. During the inspection, we identified errors in medication recording and audit. This had the potential to significantly undermine the safety and wellbeing of children and young people. (Refer to improvement notice issued 13 March 2025).

We noted that poor communication within the service undermined the consistency of young people's care. The staff team had an inconsistent understanding of how information should be recorded, and communicated with management and partner agencies. This led to inconsistent practice, frustration and directly heightened the risk of harm to young people and staff. (See improvement notice issued on 13 March 2025).

Young people's wellbeing and sense of personal history was undermined by poor record keeping practices. Some personal information had been lost due to ineffective safe storage. We were told that other records were deleted by staff. This meant that young people did not have access to some written records of their experiences, which may impact on their understanding of their history should they wish to review these documents later in life. (See Area for improvement 1).

Care and support was not underpinned by strong personal planning. Young people's care plans were lacking detail and focused on generalised goals instead of clear specific, measurable, achievable, realistic and time limited (SMART) actions. The care plans did not provide sufficient guidance for new members of staff to understand young people's day to day routines and preferences. This impacted on outcomes for young people in all areas of life (See requirement 1).

The safety of young people was further compromised by unsatisfactory risk assessment practice. Whilst risk assessments were in place for each young person, these were not up to date or sufficiently detailed about the needs of each young person. This led to inconsistent and unsafe practice and poor outcomes for children and young people. (Refer to improvement notice issued on 13 March 2025).

We found that the admissions and matching process did not support positive outcomes for children and young people. The skill profile of the staff team and the risks and vulnerabilities of young people already within the service were not fully explored when new young people moved to live at Duneaton. Although young people lived in separate buildings, there was still a risk to assess in terms of the dynamic between young people, which we found had not been managed. The impact of this was a high number of concerning incidents regarding young people's interactions with each other which impacted on placement stability and, on some occasions, the safety and wellbeing of young people (Refer to improvement notice issued on 13 March 2025).

The young people we spoke with were positive about some members of staff and were able to identify adults that they trusted and felt safe with. However, this was negatively impacted by staffing shortages and high staff turnover within the service. One young person told us that they did not like it when there was last minute changes to who was working with them. This undermined their sense of security and stability.

Children and young people did not benefit from the care of a skilled or experienced staff team. A large proportion of the team were not sufficiently confident or skilled in trauma informed care. The need for staff within the service to use trauma informed language was identified as an area for improvement after the complaint investigation in November 2024. This had not been met. Direct practice with young people was often not trauma informed. For example, we noted several occasions where the approach of members of staff had actively escalated the responses of young people leading to unsafe situations. This impacted on relationships and meant that young people did not always receive the nurturing care they needed. Although staff recently had some relevant training there was little evidence of this leading to improved practice in the short term. (See Requirement 2).

We found young people were supported to exercise choice in their day to day lives. This was evidenced in their decisions around what they ate and what they did with their time. One young person told us that they felt frustrated that they were not allowed to do things they felt other young people their age were allowed to do. However, we were confident that these restrictions were agreed in conjunction with the young person's social worker and reflected the assessed needs and care plan. This meant that some young people were protected from external risks whilst living in the service.

However, young people within the service had limited opportunities to develop their skills and interests. There was little evidence of young people being supported to achieve ambitions, or participate in the wider community. Only one young person was actively considering a return to education, after a long period without any educational input. The staff team talked about feeling disheartened by the lack of progress they saw young people making in their care. The staff team lacked confidence and skill in helping young people to build more positive routines. This impacted upon outcomes and opportunities, and impacted upon young people's ability to build links with the wider community.

The staff team made significant efforts to support young people to maintain relationships with friends, family and people who were important to them. However, we heard from members of staff and placing social workers that communication around this was not always clear. This meant that whilst time with family was supported, this was often a source of uncertainty and frustration for young people undermining the positive impact of time with loved ones.

We found leaders within the service were committed to the needs of the young people. However, a lack of effective governance within the service and the wider organisation had contributed to poor outcomes for children and young people. Although most staff told us that they could raise concerns with the registered manager, not all felt that this would be responded to appropriately by the registered or external manager. This meant that concerns identified by staff, placing social workers and the Care Inspectorate were not robustly addressed, demonstrating limited capacity for improvement within the service.

We had concerns about the service's handling of concerns and complaints. This was highlighted during the November 2024 complaints investigation and a requirement was made in relation to this. During this inspection, two further complaints were received about the service, highlighting significant concerns. The service did not address these in a responsive and effective manner and we continued to be concerned about a lack of capacity to respond to concerns about the service (See Requirement 3).

The quality assurance processes and systems within the service were not robust and did not lead to a noticeable improvement in practice. Practice around the management of significant incidents was poor, and staff debriefs and reparative work with young people were often not undertaken. Quality assurance systems did not address practice development and further demonstrated a limited capacity for improvement and learning.

The service leaders listened to our concerns during the course of the inspection and during feedback. They have responded appropriately and gave us assurances that they will make the necessary improvements. We will work alongside the service to support this.

## Requirements

1. By 26 May 2025 the provider must ensure that children and young people have robust care plans, in order to promote wellbeing, learning and development.

This should include, but is not limited to:

- a) care plans having the most up to date information with evidence of regular review
- b) care plans have SMART (Specific, Measurable, Achievable, Realistic, Timebound) goals young people's voices being central to care planning

This is in order to comply with: Regulation 5 (2) 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 states that:

'My care and support meets my needs and is right for me.' (HSCS 1.19).

2. By 26 May 2025, the provider must seek to develop or source learning and development opportunities to support the staff team to develop a stronger trauma skilled approach to ensure that children and young people benefit from a high quality therapeutic care.

This should include but not be limited to:

- a) ensuring the staff team have access to high quality specialist training to further develop skills and knowledge
- b) ensuring all staff have an opportunity to engage in reflective discussions about their practice to support learning and development

This is in order to comply with 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 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, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.2)

3. By 26 May 2025, young people's wellbeing and rights should be supported by a good complaint handling system. To do this, the provider must, as a minimum:

- a) review the current complaint handling system and documents to ensure that it is reflective of the ethos and vision of the organisation
- b) develop clear systems for recording concerns and complaints which also charts how they have been addressed
- c) provide training to all staff on the complaints system and processes, including any changes made because of this requirement.

This is in order to comply with: Regulation 18(3) 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 Standard (HSCS) which state that:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.' (HSCS 4.21)

4. By 26 May 2025, the provider must ensure there are effective quality assurance processes in place.

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

- a) ensure quality assurance systems are effective and reflect action taken once issues have been identified
- b) ensure audits are effective in identifying areas for improvement in care plans, risk assessments and incident recording

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

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

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

## Areas for improvement

1. In order to ensure young people's records are and personal information is accessible and treated with respect, the service must ensure that these are stored securely. This includes but is not limited to ensuring that all written records of work undertaken with me are held safely on a centralised system that can be accessed by any member of staff.

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, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.2)



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

### Requirements

#### Requirement 1

The young people must have up-to-date risk assessments that are reviewed weekly and in line with all changes in their environmental, emotional, and physical needs. These risk assessments will support staff and young people to remain safe at all times and lead to improved outcomes.

This is in order to comply with Regulation 4(1)(b) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective (HSCS 1.24); and I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20). Revised timescale: this requirement had not been met and we have agreed an extension until the end of May 2024.

**This requirement was made on 9 March 2021.**

#### Action taken on previous requirement

Young people have risk assessments in place. However, it is not clear when and how these assessments are updated. Some sections of risk assessment have not been updated since young people moved to the service or following significant change in circumstances and practice in this area needs to be more robust. This has been addressed in a new requirement in the Improvement Notice.

**Not met**

#### Requirement 2

The provider must ensure that young people admitted to the service are formally assessed and matched to the capacity of the service, in order to both fully meet all of their needs and the ongoing needs of those of young people who already have the service as their home. The assessment and matching process should adhere to the criteria detailed in the Care Inspectorate's 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services' October 2019.

This is in order to comply with Regulation 4(1)(a) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13). Revised timescale: this requirement had not been met and we have agreed an extension until the end of June 2024.

**This requirement was made on 9 March 2021.**

## Action taken on previous requirement

Matching and admissions documentation was not made available to us for all three young people in the service. We found the assessments we did see had been completed retrospectively and did not fully assess the risk in group dynamic. We will explore this more fully within the body of feedback. This has been addressed in a new requirement in the Improvement Notice

**Not met**

## Requirement 3

By 20 December 2024, young people's wellbeing and rights should be supported by a good complaint handling system. To do this, the provider must, as a minimum:

- a) review the current complaint handling system and documents to ensure that it is reflective of the ethos and vision of the organisation
- b) develop clear systems for recording concerns and complaints which also charts how they have been addressed
- c) provide training to all staff on the complaints system and processes, including any changes made because of this requirement.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me. This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 22 November 2024.**

## Action taken on previous requirement

The service has taken some steps to improve the handling of concerns and complaints, including introducing a 'grumble book' for young people within the service. However, there continue to be concerns about how robust the handling of concerns and complaints are within the service, and this requirement has not been met. This will be continued as a requirement within this inspection report.

**Not met**

## Requirement 4

By 20 December 2024, young people's safety and wellbeing should be supported by a good medication administration practice. To do this, the provider must, as a minimum:

- a) review the current medication administration system within the service and ensure that it aligns to the organisations policy
- b) develop specific administration guidance to support staff maintain consistency where there are complex factors around supporting young people who take medications.
- c) ensure that the internal and external auditing systems and processes are developed and are followed

d) provide medication administration refresher training to all staff and be satisfied that they demonstrate understanding of the policy and competence in administration practices.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective. 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 requirement was made on 22 November 2024.**

#### Action taken on previous requirement

Although all staff had undertaken SSSC online medication training, there continue to be concerns about how medication is managed and administered within the service, with a recent incident resulting in an investigation of two members of staff. This has been continued as a requirement in the improvement notice.

**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, the provider should ensure staff have a knowledge and understanding of trauma aware language and demonstrate this in interactions with young people. This should be in line with the aims and visions of the service.

**This area for improvement was made on 22 November 2022.**

#### Action taken since then

The service has introduced some development work and training with the staff team in this area, including in house PACE training. However, throughout the course of the inspection it was clear that some members of the staff team did not have a strong understanding of trauma aware language. This will be addressed in a new requirement in this inspection report.

#### Previous area for improvement 2

The provider will have an embedded system that analyses the staffing level required in all parts of the service throughout the day. This will inform young people's risk of harm to themselves and others, alongside their emotional and social needs. Service managers should review and record the staffing assessment on a four-weekly basis in line with Care Inspectorate guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and '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 22 November 2024.

Action taken since then

Although the service had a staffing needs assessment in place, this did not adequately reflect the needs of young people within the service or the skills and experience of members of staff. A requirement in relation to this was issued on 27.2.25 in a letter of serious concern and has continued to be a requirement in the Improvement Notice.

Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	1 - Unsatisfactory
7.1 Children and young people are safe, feel loved and get the most out of life	1 - Unsatisfactory
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	1 - Unsatisfactory

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