

# Glenlyon Care Home Service

LEVEN

**Type of inspection:**  
Unannounced

**Completed on:**  
25 July 2025

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2021000060

## About the service

Glenlyon is a residential care home for young people run by Fife Council. It is a detached property close to the centre of Leven over two floors with a large enclosed garden. At the time of the inspection two young people were resident within the service.

## About the inspection

This was an unannounced inspection which took place on 22 and 23 July.

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 young people using the service and two of their family, spoke with six staff and management, observed practice and daily life, reviewed documents and spoke with two external professionals.

## Key messages

- Children and Young people were kept safe and clear risk management plans were place.
- Children and young people experienced warm and nurturing relationships.
- Staff require ongoing support to provide consistent therapeutic care.
- Family relationships were well supported by the service.
- Improvements are required to enhance the external environment.

## 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?	4 - Good
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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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and young people clearly outweighed areas for improvement.

Children and young people were kept safe. Staff worked well with external agencies to manage risk and clear plans were in place outlining service actions. Consistency of practice had improved but there had been occasions staff practice had led to increased risk to children and young people and this had been addressed by management.

Children and young people generally experienced therapeutic stable care which supported their emotional wellbeing. Development activity has focused on team culture, restraint reduction and reducing the criminalisation of children and young people. Levels of restrictive practice in the service were low and best practice principles were followed.

Some staff expressed concerns about the impact of managing competing demands on the quality of care provided by the service. Management should ensure staff have appropriate resources to deliver consistent trauma informed care and this should remain a focus of ongoing improvement activity.

Children and young people experienced warm, trusting and nurturing relationships based on a full understanding of their needs. Positive interactions were observed during inspection and clear plans were in place outlining how children and young people should be supported.

Children and young people experienced spontaneity and fun, they had the opportunity to engage in individualised activities they enjoyed and were given choice to direct their support. The interior of the setting had been improved and had a homely feel. Speed of repairs had improved which had enhanced the appearance of the service. The exterior of the building, in particular the rear garden was in need of further improvement and this forms part of the ongoing service development plan.

Children and young people had access to independent advocacy and were well supported by the service to engage in meetings and decision making forums.

Children and young people's health needs were well met and staff received additional training to meet assessed need. Medication administration had at times been inconsistent in the service and additional training had been put in place. Some issues in medication recording were noted in this inspection but these did not impact on outcomes. The service should continue to monitor practice in this area.

Children and young people were supported to build life skills through gaining independent living skills and the service were reviewing how young people could be supported to have pets. Family relationships were well supported and we received positive feedback from the family members we spoke to about the quality of communication from the service and how family relationships were supported.

Children and young people were included in their care planning and benefitted from having SMART goals in place to support their needs and aspirations.

## 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 young people's wellbeing, the provider should continue to improve learning and reflection when incidents occur.

This should include but is not limited to, improved recording and analysis of incidents within the service.

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 2 May 2023.**

#### Action taken since then

Management overview of incidents within service and evidence of de-briefs being undertaken with staff and young people. Evidence of team reflecting on practice via team meetings and team development days to improve outcomes.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure young people experience a quality environment, the provider should ensure that repairs are carried out timeously.

This should include but is not limited to ensuring that the rear fence is repaired without delay.

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 5.17).

**This area for improvement was made on 2 May 2023.**

#### Action taken since then

House generally in good order with maintenance issues being attended to, plans for further house improvements forms part of the development plan.

Garden area requires further maintenance to ensure that this provides a welcoming environment.

This area of improvement has been met.

## Previous area for improvement 3

To improve outcomes the service should continue to improve it's approach to care planning.

This should include but is not limited to, promoting greater engagement from young people in their care planning and identifying more specific goals to improve SMART planning.

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 my care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices" (HSCS 1.15).

**This area for improvement was made on 2 May 2023.**

### Action taken since then

Care plan format revised and SMART goals in place. Young people included in their care planning and identifying of goals.

This area for improvement has been met.

## 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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good

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