

Dunelm Care Home Service

Kilmarnock

Type of inspection:
Unannounced

Completed on:
7 July 2025

Service provided by:
Imagine Care Ltd

Service provider number:
SP2022000146

Service no:
CS2024000319

About the service

Dunelm is a care home service situated in a small rural location outside of Kilmarnock in East Ayrshire. The registration also currently consists of a second house, called Rose Cottage, located in the North Ayrshire village of Dreghorn. The service is provided by Imagine Care Ltd and is registered to provide a care service to a maximum of 2 children and young people at each location.

The Dunelm service is located in a detached building on one level contained within its own grounds. There is a large lounge, a conservatory and large private gardens for the young people. Each young person has their own room decorated to their own choice. The service building also contains a large kitchen and discrete office space for the manager and staff.

As the service is in a relatively rural location the young people are dependent on the staff for transport to local facilities.

The Rose Cottage service is located in a detached building over two levels and is contained within its own grounds. There is a large lounge, a second smaller lounge and large private exterior space to the back of the building for the young people. Each young person has their own room decorated to their own choice. The service building also contains a large kitchen and office space for the manager and staff.

Rose Cottage is located in a residential area with local shops and transport links immediately available.

About the inspection

This was an unannounced inspection which took place on 2nd July 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 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 representatives
- Spoke with seven staff and three management members
- Observed practice and daily life
- Reviewed documents

Key messages

- Progress had been made on the previously set requirements.
- Staff had nurtured positive relationships with the young people currently accommodated.
- Parents for some young people were actively included in care planning.
- Staff ensured positive, meaningful relationships with family and friends were maintained for young people, where appropriate.
- Social workers told us that they were pleased with the progress the young people were making with the service support.
- Matching and admissions procedures would continue to benefit from review.
- The interior décor of Rose Cottage would benefit from further renewal.
- Phone calls to the service suffered frequent intermittent disconnections.

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
--	----------

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 made an evaluation of good for this key question, as we recognised several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

Young people's needs were being met by knowledgeable staff who were in the process of building nurturing relationships. Young people we spoke with told us of positive relationships with staff and identified individual staff they would confide in and trust. There had been some placements terminated early. This was either through decisions made elsewhere, due to the risks young people were placing themselves and others at, or by the service, in recognition that the young person required an alternative placement to meet their needs. This also in part reflected the quality of the matching processes of the service. These were subject of a requirement following the last inspection. Given there has been some progress with the matching procedures this requirement has been removed and an area for improvement has been made to address any outstanding issues. (see area for improvement 1)

Whilst staff had built good relationships with some young people, this had not been consistent throughout the service. Staff we spoke with had a basic understanding of trauma informed practice. There were occasions however where staff's responses to young people's behaviours could have been more effective in employing this understanding. Consequently, a trauma informed approach to care had not been sustained and embedded throughout the service for all of the young people. Whilst some trauma experienced young people's responses and actions will be unpredictable at times, staff trained in trauma response should be alert to this and confident in presenting consistent, predictable responses young people can rely on. The service had improved the post incident debrief and reflective discussion processes following incidents, and these reflections were leading to review of how the young people were being supported by staff. The level of recorded reflection and analysis had improved and more effective exploration on how to manage and/or minimise the possibility of repeat situations was being discussed. This is a welcome improvement and we hope to see these practices further embedded during the next inspection.

The environment provided young people with homely, well-kept accommodation in the Dunelm service. Rose Cottage required some repair and redecoration, some of which had been completed. Young people told us they liked their rooms and had been given the opportunity to say how they would like it decorated. The accommodation in both locations provided space for young people to spend time on their own and in privacy or to engage with others in communal rooms. Outdoor space differed across both houses. The Dunelm service has a good area of grass on the grounds for young people to relax in or play games. Rose Cottage had a tarmac area which provides outdoor space for games. We acknowledge there are plans to develop the Rose Cottage service and look forward to seeing these. However we have set an area for improvement for the internal décor to be reviewed with the aim of presenting a less institutionalised appearance to some of the spaces. (See area for improvement 2).

Some parents had previously raised the issue of difficulty in completing calls to the service. We also experienced difficulty on occasion in trying to contact the service or in completing calls efficiently. We have continued this as an area for improvement. (See area for improvement 3).

Young people spoke of the activities they had enjoyed in the company of staff. Trips to local areas of interest, swimming, football, trampolines, and planning for camping trips were all described. The service newsletter offered photographic accounts of some of these activities enjoyed by the young people.

Young people's identity and sense of self worth were also promoted through staff's efforts to have them participate in activities young people had previously shown an interest in and had demonstrated very good ability in.

The service had improved links with education and young people's social workers were very happy with the progress young people were making in this area of their care plan.

Young people continued to have access to the people that were important to them. The service facilitated family time and provided transport on longer journeys to enable young people to meet with relatives and friends. We heard of occasions where the staff had included parents in activities with the young people in the community and provided support and accommodation for this. This reassured young people and their parents that the staff recognised the importance of these relationships and were supportive of their maintenance.

During the previous inspection we extended the requirement relating to matching and admissions due to a lack of an overarching analysis of all young people's needs prior to arrival. Since the previous inspection a further admission resulted in a placement ending early. We acknowledge that on this occasion the service provider had recognised this was the appropriate action to take given the level of risk and need not being met. There were further decisions made, relating to matching and impact of young people already in the service, which evidenced improvements in these processes. We have therefore removed the requirement and set an area for improvement to see these processes further embedded in the service. (See area for improvement 1)

We were pleased to see that the effectiveness of staff's training was being evaluated through discussion at supervision meetings. Reflective discussion were also being undertaken to look at how staff's responses could be improved or best practice learning achieved.

There were improved systems in place to monitor aspects of service delivery. We were particularly pleased to see an increase in depth of analysis of these audits and quality assurance procedures. There remains some consistency to be achieved with these across both locations however and we will look at these on the next inspection.

Areas for improvement

1. To support care planning which meets individual needs, the provider should ensure that thorough and effective assessment of needs occur prior to moving to the service. This should include, but not limited to, assessments around physical, emotional, cultural and religious needs and that these assessments are incorporated into care planning ensuring that care is focused on positive futures.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. The service provider should continue with the development and repair to the environment in Rose cottage.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices. (HSCS 5.21) and I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

3. The service provider should ensure that effective, clear communication tools are available to young people and staff to enable calls to external agencies and people at necessary times.

This is also to ensure that care and support is consistent with the Health and Social Care Standards, which state: I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing (HSCS,2.18) and, If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet. (HSCS, 5.10)

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

Requirements

Requirement 1

By 13th June 2025, the provider must ensure that all young people receive support from staff who have the required skills and training. To do this, the provider must, at a minimum: a) ensure all staff complete all induction training within specified timescales b) implement staff learning and development plans which reflect the needs of the young people c) ensure consistent quality assurance processes to monitor effectiveness of training and staff competency d) provide regular and consistent supervision to staff and managers.

This requirement was made on 20 February 2025.

Action taken on previous requirement

In speaking with staff and inspecting documents, we learned that staff were provided regular supervision within which training was discussed and learning from the training explored. Quality assurance measures were strengthened to more thoroughly examine the completion and outcomes of training and learning and development plans were created for staff's professional development.

Met - within timescales

Requirement 2

By 13th June 2025, the provider must promote the health, welfare and safety of young people to keep them safe. This must include but is not limited to: a) ensure that all personal plans, risk assessments and related recording tools are accurate and contain sufficient detail to inform staff of young people's individual social, emotional and physical support needs in all aspects of daily living and that these needs are appropriately met b) ensure records accurately reflect any identified risks to the health of young people and includes an assessment of these risks and the steps that are to be taken to reduce and/or mitigate the identified risks c) ensure regular reviews of personal plans, risk assessments and related recording tools are carried out at least once in every six month period, and more often when there is a significant change in the health, welfare or safety needs of people experiencing care and that the records of young people experiencing care are updated accordingly.

This requirement was made on 20 February 2025.

Action taken on previous requirement

Inspection of care plans and risk assessments evidenced that care plans were more thoroughly completed with clear targets and goals identified for young people alongside a record of what supports would be offered to reach these. Risk assessments contained relevant information of vulnerable young people's present and or emerging risks and clear strategies for staff to support to manage or mitigate these.

Met - within timescales

Requirement 3

By 13th June 2025, the provider must improve the quality of admissions assessments for children and young people to assure that they receive the support they need to grow, thrive, achieve their potential, and experience placement stability. To do this the provider must, at a minimum: a) ensure that all admissions and matching assessments follow the Care Inspectorate guidance "Matching Looked After Children and Young People: Admissions Guidance for residential Services", OPS- 1118-418 b) ensure that the assessment and placing decision clearly includes the views of involved professionals and a review of previous assessments, utilising information about individual needs and plans.

This requirement was made on 20 February 2025.

Action taken on previous requirement

Admissions and matching processes were followed. However there continued to be some young people's placements terminated early. These early endings were due to either young people's needs being outwith the ability of staff to support and therefore young people continuing to place themselves and others at risk and/ or young people's outcomes being poor and decisions made to end the placement whilst alternative placements were sought. These outcomes could in part be explained by insufficient information being provided to the service provider at the beginning of the matching process. Consequently, whilst there has been some improvements in matching, we would want further reviews of the matching processes to aim to ensure more robust matching and impact assessments are completed. This requirement is therefore met in part and a new area for improvement made to address any outstanding issues.

Met - within timescales

Requirement 4

By 13th June 2025 the service provider should identify appropriate education provision for the young people on agreement of the placement and ensure that this is available to young people at the earliest opportunity. This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 20 February 2025.

Action taken on previous requirement

Education arrangements were in place for young people being admitted into the service. Social workers were positively satisfied with the current levels of progress the young people had made in respect of their education.

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

The service provider should ensure that effective, clear communication tools are available to young people and staff to enable calls to external agencies and people at necessary times.

This area for improvement was made on 20 February 2025.

Action taken since then

The service had upgraded their internet provider and believed the quality of calls to have improved. We found that several calls continued to experience failure, drop out and disconnections. This area for improvement has not been met and remains in place.

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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.