

Good Shepherd Centre Bishopton Secure Accommodation Service

Good Shepherd Centre Secure Unit
Greenock Road
Bishopton
PA7 5PW

Telephone: 01505 864 500

Type of inspection:
Unannounced

Completed on:
20 June 2025

Service provided by:
The Good Shepherd Centre Bishopton

Service provider number:
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Service no:
CS2012308171

About the service

Good Shepherd Centre is a secure accommodation service located in a semi-rural setting near Bishopton and provides care and support to a maximum of 18 young people aged from 12 to 18 years. The service has the capacity to care for a 19th young person in emergency circumstances in an arrival bedroom separate from the main houses.

Young people live in one of three adjoining houses, Lyle, Nevis and Kilpatrick, each caring for a maximum of six young people. Each house has single en suite bedrooms, a number of well-furnished and decorated communal areas, large and small, and access to secure outdoor recreational areas.

Attached to the residential part of the centre, young people have access to well-resourced education facilities, a gym hall, fitness suite and outdoor sports pitch.

The service is situated in extensive grounds encompassing woodland and green spaces.

The Care Inspectorate is a member of <https://www.nationalpreventivemechanism.org.uk> - a group of organisations designated to monitor the treatment and conditions of those people who have been deprived of their liberty. This includes children and young people in secure care.

About the inspection

This was an unannounced inspection which took place on 10 June 2025, 11 June 2025, 12 June 2025, 17 June 2025 and 18 June 2025. The inspection was carried out by four 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 12 people using the service and eight of their family and representatives;
- spoke with 32 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

During our inspection year 2025-2026, the Care Inspectorate and Mental Welfare Commission are undertaking shared visits to all secure centres. This is so both organisations can look together at the culture, policies and outcomes of the use of restrictive practice.

Key messages

- Young people felt most safe when they were supported by adults with whom they had established and trusting relationships.
- Some improvements were needed to ensure that all incidents of restrictive practice were always proportionate and justifiable.
- Staff demonstrated resilience and a strong commitment to young people.
- Young people benefitted from individually tailored learning opportunities.
- The service needed to ensure that the assessment, documentation and management of risk was effective in supporting all young people.
- Leaders had a vision for the service which was centred on improving outcomes for young people.
- Staffing challenges impacted on some young people's experiences and the service needed to ensure this was evaluated when making staffing arrangements.
- Quality assurance needed to improve to effectively monitor, evaluate and respond to young people's experiences of restrictive practice.

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?	3 - Adequate
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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?

3 - Adequate

We evaluated both quality indicators within this key question as adequate, as whilst strengths had a positive impact on people, key areas needed to improve.

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

Keeping young people safe and protected from harm was the priority of the service. Most young people described feeling safe and their sense of physical and emotional security was enhanced when they were supported by key staff, who knew them well and with whom they had connected and trusting relationships.

The collective needs of young people living in the service, at times, resulted in high levels of complex risk and for some young people, this meant they felt less safe, particularly when staff had to be moved to prioritise the safety of others.

All young people had access to responsible adults from out with the service, including independent advocacy. The wide range of partnerships were instrumental effectively navigating the ongoing safety needs for some young people, promoting their wellbeing and ensuring their rights were respected. Key staff within the centre also advocated on behalf of young people and supported them to have their voice heard at formal meetings, when decisions about their care were being considered.

The service was striving to provide safe, stable and therapeutic care for all young people, and there were many examples, where, through good relational care, people were effectively and responsively supported through difficult experiences. One young person told us 'I feel safe and the work I have been doing has been helpful and people have noticed I manage my anger better'.

At times, the collective impact of staff's inexperience, and young people's complex needs and risks, led to some reactive responses to behaviour. Young people described frequent activation of alarms that created a sense of unpredictability, and we found occasions when some young people experienced disproportionate responses to their communication of distress or unwillingness to follow staff guidance or instructions. One young person told us 'The pit (alarm) is pulled a lot, and it can be for a small thing or a really serious incident, we never know and it's a worry, staff should only be allowed to use it when things are unsafe'.

When young people experienced restraint or were subject to restrictions, documentation was not detailed enough to provide assurance that staff were consistently justified in their actions. Opportunities to learn from incidents were, at times, missed as recorded information indicated that post incident reflection mostly focussed on young people's behaviour and failed to explore if adults responded effectively, proportionately, and in line with young people's individual needs. **(See requirement 1).**

We saw examples of warm, playful, nurturing care, and all young people we spoke with told us they were cared for by at least one or more trusted adults. When supported by these staff, people felt heard, valued and understood. The service was investing time and effort to embed their 'Supporting Young People Policy' (and Practice Resources) to ensure young people were always treated in line with the active values of the organisation. Significant changes in staffing impinged on this practice approach becoming embedded, which led to some young people experiencing inconsistency in their care.

Some young people told us rules weren't always clear and sometimes staff issued consequences that led to

removal of belongings or experiences that they didn't fully understand or believe were fair. Whilst the service had a responsibility to ensure young people's safety and provide opportunities to learn from their choices, the lack of detailed recording made it difficult to establish if consequences were always justifiable and proportionate.

(See requirement 4).

Young people's living and learning environments conveyed a message of respect, and the service worked hard to provide and maintain good quality spaces. The organisation continued to make significant investment to ensure the buildings and grounds offered young people safe and positive experiences. Safe care checks were effective in maintaining aspects of environmental safety and the service responded promptly when we highlighted fixtures that presented potential risk to young people.

People's physical and mental health needs were responsively met through a collaboration of internal health and wellbeing services and external health partnerships. This had been further enhanced by the addition of a speech and language therapy service. Parents were particularly happy with the health and wellbeing interventions that young people had received. One parent told us, 'I'm relieved that at long last my child's needs are being assessed and understood'.

Young people were supported to stay connected to those who were important, and families told us of the creative and sensitive ways that some visits had been organised. Some families spoke of their frustration that planned calls sometimes didn't go ahead and getting through to the houses or having calls returned proved challenging. The service had introduced new equipment to support connections, and we emphasised the need to ensure this was running to its full potential.

New, and enjoyable experiences were being offered to young people through a range of outdoor, nature related activities and education was a strength in the service. Young people were both attending and achieving because of the highly individualised approach to learning. One young person told us, 'I like going to school and I've gained some qualifications'.

At the last inspection we identified an area for improvement in relation to care planning as the newly developed personal plans needed to begin at the point young people arrived. The service had undertaken a great deal of work in this respect and extensive information about young people's needs and experiences allowed their care plan to begin much sooner. Ongoing work was needed to fully embed the care plan model to ensure they reflected all young people's individual needs and goals. **(See area for Improvement 1).**

Risk assessment was undertaken by a range of people to inform young people's support. We were concerned that some risk assessments were being completed by staff who were not trained, this had the potential to misrepresent young people's needs. The newly implemented individual crisis support plans were not consistently followed and changes in risk were not always clearly documented, thus physical intervention did not always take account of known physical health needs. When young people were subject to additional, significant restrictions, there was limited evidence that robust, multi-agency assessment of safety concerns informed these decisions; thus, it was difficult to ascertain if the separation young people experienced, was the least restrictive option to ensure their safety, or the safety of others. Improvement was needed to ensure that the service's approach to assessing and managing risk was, individualised, well documented and proportionate to the needs of the young people.

(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.

Committed leaders in the Good Shepherd Centre had a vision for the service that was driven by the values of the organisation and focussed on improving outcomes for all young people. The service had expanded managerial capacity across several roles to drive their service development plan forward. The provider had been adapting to major legislative changes within this sector and in recent months, to reduce the risks to young people, had consciously paused arrivals in recognition of the pressures on the service.

Sector wide staffing challenges were having an ongoing impact on the service. Whilst the service continued to continually recruit, staff turnover had led to a high level of inexperienced and unqualified staff working in the service. This placed demands on the stretched workforce and was impacting on some young people's experiences. Whilst there were several ways to assess staffing and a commitment to using core staff to cover shifts, movement of staff across the centre combined with many new and experienced staff, contributed to young people's sense of uncertainty and experience of inconsistency in their care. **(See requirement 3)**

Staff were safely recruited, and the service was committed, through an ongoing programme of development to ensure the workforce could develop the necessary skills and qualifications to meet young people's needs.

The service had a range of quality assurance processes to monitor young people's care and there had been some developments since the last inspection in how the service scrutinised restrictive practice. During the inspection we identified a need for further improvement to ensure more effective oversight of young people's experiences to establish that all incidents of restrictive practice were justifiable, proportionate and in line with individual's needs.

(See requirement 4).

Requirements

1. By 10 November 2025, the provider must ensure that no young person is subject to restraint or restrictive practice, unless it is the only practicable means of securing their welfare and safety.

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

- a) Ensure that all young people's individual support plans are appropriately detailed and updated regularly in relation to the use of restraint and restrictive practices.
- b) Ensure the use of restraint is fully documented, including any deviation from TCI practice. This should be sufficiently detailed to support analysis and justification of actions.
- c) Ensure debriefs are undertaken and sufficiently recorded, supporting staff to learn from practice and identifying learning and development needs.

This is to comply with Regulation 4(1)(a), Regulation 4(1)(c) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2.
By 10 November 2025, the provider must ensure the safety of those who use the service. To do this the provider must at a minimum:

- a) Ensure individualised risk assessments are undertaken by staff who are trained, clearly detailing

individualised strategies and updated to reflect changing risk to keep people safe.

b) Ensure when additional levels of restriction are required, there is clear documentation that details the justification for restrictions.

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

3. By 3 November 2025, to ensure that young people's care and support needs are met, the provider must ensure that staffing arrangements are safe and effective.

To do this the provider must, at a minimum:

a) Regularly assess and review people's care and support needs.

b) Demonstrate how the outcome from people's assessments are used to inform staffing numbers and skill mix.

c) Implement quality assurance systems to evaluate if staffing arrangements are effective in providing responsive, individualised care and support.

This is in order to comply with section 7 (1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

4.

By 8 December 2025 the provider must ensure that effective quality assurance systems are implemented to ensure young people are being safely and consistently cared for.

To do this, the provider must at a minimum:

a) Establish effective quality assurance systems for all care practices including restrictive practices, sanctions or consequences, personal support plans and risk assessments.

b) Ensure that areas for improvement are being identified and pursued promptly.

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)

Areas for improvement

1. To ensure young people's safety and wellbeing the service should ensure an individualised approach to personal planning commences as soon as the young person arrives.

This should include but is not limited to implementing the newly developed model of care planning at point of admission, which immediately takes a individualised approach to identification of needs, aims of admission and goals, and includes clearly assessed, defined risks and support strategies.

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).

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

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'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).

This area for improvement was made on 23 May 2024.

Action taken since then

The service have now implemented their model of care planning at the point of young people's arrival. They have recently introduced individual crisis support plans (ICSPs) for every young person which detail how people should be supported when needs are changing. The content of both care plans and ICSPs were still developing and not yet fully embedded into day-to-day practice, thus we will continue this area for improvement.

Previous area for improvement 2

To ensure young people are protected and not subjected to unnecessary restrictive practice, the service should ensure effective oversight of recording and reviewing of restrictive practice.

This should include but is not limited to clearly defining expected standards of documentation, use of language and expected outcomes from incident review processes, and to ensure quality assurance of restrictive practice includes routine sampling of records by all people involved in quality assurance and not limited to reporting of data.

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

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

This area for improvement was made on 23 May 2024.

Action taken since then

The service were undertaking a major policy review and since the last inspection had re-introduced a care management meeting that partly focussed on reviewing incidents. These processes had not been effective in evidencing accountable decision making, recording and reporting of restrictive practice thus this area for improvement has not been met and we made a requirement.

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

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