

Action for Children - Lisalanna Care Home Service

Cumnock

Type of inspection:
Unannounced

Completed on:
1 September 2025

Service provided by:
Action for Children

Service provider number:
SP2003002604

Service no:
CS2003000782

About the service

Lisalanna is a registered care home service provided by Action for Children. The service provides care to a maximum of five young people with learning disabilities, some of whom may also have a physical disability. The service offers long-term residential placements, as well as short breaks.

The service is a detached bungalow located in Cumnock, Ayrshire. It is centrally located, in a semi-rural area, and has access to public transport links and local amenities. The house has its own driveway and gardens to the rear of the property.

The bungalow is split into two self-contained houses, with separate garden areas to the rear of the property. Both houses have living rooms. There is also a kitchen and sensory room. Three young people live in the house, and all have their own bedrooms. The living areas are furnished and decorated to a good standard.

About the inspection

This was an unannounced inspection carried out by one inspector from the Care Inspectorate. The inspector visited on 25 August 2025 between 11:30 - 21:30.

To prepare for the inspection, we reviewed information about the service. This included previous inspection findings and registration information. We also reviewed information submitted by the service and information gathered throughout the inspection year.

To inform our evaluation we:

- met four young people using the service
- spoke to four family members
- spoke to nine members of staff and the management team
- spoke to representatives from social services, education and advocacy
- reviewed survey responses received from family, staff and external professionals
- observed practice and daily life
- reviewed key documents.

Key messages

- Young people were supported with their health and education needs, including accessing specialist health and education services.
- Staff were warm and respectful, prioritising young people's dignity and care.
- The staff and management team had developed their understanding of child protection, adult protection and whistleblowing procedures.
- The leadership team had prioritised staff training, ensuring suitable staffing arrangements, and implemented quality assurance processes.

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

This inspection considered our Key Question 7: How well do we support children and young people's rights and wellbeing? This key question has two quality indicators associated with it. We evaluated this key question as good, where there are a number of important strengths which, taken together, clearly outweighed areas for improvement.

Observations of young people, and feedback from stakeholders, indicated that young people using the service felt safe. Staff had an understanding of child protection, adult protection and whistleblowing procedures. We made a requirement in our report dated 28 January 2025 in relation to staff protection training. This requirement has now been met.

We found that staff had an understanding of risk which was documented within individual risk assessments and incident recordings. We found that the service had improved its response to identifying indicators of concern and notifying the Care Inspectorate. We made a requirement in our report dated 28 January 2025 in relation to submitting notifications to the Care Inspectorate. This requirement has now been met.

Young people needed support with their medication. It was pleasing that the service had continued to improve medication procedures, quality assurance processes and provided ongoing staff training and development.

We saw that staff prioritised their relationships with young people, that all staff knew young people well and that relationships were warm and respectful. This respect was also reflected in the quality of the environment and resources available for young people, including child-friendly murals, a sensory room and photographs.

There was a varied level of staff skill and experience within the team, however, all staff had an awareness of emotional safety and trauma. We found that the majority of staff had received core behaviour support and trauma training. This ensured that strategies to support children and young people continued to be developed. We made a requirement in our report dated 28 January 2025 in relation to trauma training and strategies to support young people. This requirement has now been met.

There was an understanding of children's rights, and bespoke training was introduced as part of the service's mandatory training. Independent advocacy arrangements were in place for some young people. This meant that some young people were aware of their rights, that these were respected and acted upon, where possible, in accordance with The Promise. It was pleasing that the service had service improvement and training plans in place to develop staff skills and knowledge. We made a requirement in our report dated 28 January 2025 in relation to children's rights training. This requirement has now been met.

Safer recruitment processes were in place, and clear induction processes meant staff were individually supported to meet the needs of young people. A staffing needs assessment had also been developed. This ensured staff had the appropriate skills, knowledge, experience and training to meet the needs of young people. We made a requirement in our report dated 28 January 2025 in relation to the assessment of staffing. This requirement has now been met.

Service leaders had worked hard to develop a supportive culture, to prioritise learning and role modelling. Staff commented on the leadership team's support. This was reflected in handovers, debriefs and staff supervision. It was pleasing that plans were in place to prioritise team meetings to ensure the best care for young people.

Quality assurance processes were in place, including management, external management and peer audits which provided an evaluation of service delivery. It was pleasing that plans were in place to continue to develop quality assurance to ensure ongoing appraisal of young people's outcomes, experiences and their setting. We made an area for improvement in our report dated 28 January 2025 in relation to quality assurance. This area for improvement has now been met.

Admissions and matching assessments were in place for all new young people. All children and young people had care plans and risk assessments in place. These were child-friendly and individual to the young person.

Care planning documents were in the process of being developed. This included ensuring care plans were SMART (specific, measurable, achievable and timebound), and identified strategies and goals to support young people. Ongoing staff training and service development would further enhance the delivery of therapeutic work with young people and young people's inclusion in care planning. Therefore, we look forward to seeing the outcome of this at future inspections.

The service prioritised stable care with some young people continuing to remain in the service after turning 16 years of age, under continuing care arrangements. Young people were supported to access services including health and education. Young people's individual interests were supported and they enjoyed activities such as going on holiday, the cinema, swimming and shopping.

Young people were also supported to maintain connections with people important to them. Families described Lisalanna as a "brilliant, safe, happy place" and a "home from home." Families commented that their children felt "loved" and "happy" when they visited and described relationships with staff as "family like". It was pleasing that the service planned to continue newsletters, family day events and parent/carer meetings to continue to support these connections.

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

Requirements

Requirement 1

By 10 May 2025, the provider must ensure the health, welfare and safety of all people. To do this, the provider must at a minimum:

- (a) ensure that child protection, adult support and protection and whistleblowing procedures are fully understood by all staff and managers working in the service
- (b) ensure that effective child protection and adult support and protection training is in place
- (c) ensure that managers who play an important role in safeguarding, make an effective and sustained contribution to service improvements.

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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This requirement was made on 5 March 2025.

Action taken on previous requirement

- (a) Service leaders ensured that child protection, adult protection and whistleblowing procedures were fully understood by all staff and managers working in the service.
- (b) The majority of staff had undertaken child protection and adult protection training. This also included a bespoke safeguarding session and whistleblowing training. This was added to the service's mandatory training plan. A plan was in place for all remaining staff to attend the bespoke training by November 2025.
- (c) Service leaders made an effective and sustained contribution to service improvements. This included supporting learning, providing training, including bespoke sessions and including these in the service's mandatory training plan. Child protection procedures had been reviewed and updated. Quality assurance included safeguarding audits and reviews of all incidents. Training trackers were also introduced to ensure all staff received appropriate training and refreshers.

Met - within timescales

Requirement 2

With immediate effect, the provider must ensure that to support effective scrutiny of the service, managers submit notifications in accordance with guidance and that sufficient detail is added to accurately reflect the incident and provide assurance to the Care Inspectorate that the service is responding appropriately.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This requirement was made on 5 March 2025.

Action taken on previous requirement

The service had developed an incident tracker which was reviewed by the management team. This ensured that all reportable incidents had been notified to the Care Inspectorate.

Met - within timescales

Requirement 3

By 10 May 2025, the provider must ensure there is an appropriate number of staff on shift, with the correct balance of skills and experience to meet the health, safety and welfare needs of children and young people. To do this, the provider must as a minimum ensure that:

- (a) all staff have undertaken training in relation to trauma-informed practice
- (b) all staff have undertaken training in relation to children's rights
- (c) effective and clear strategies to support children and young people are identified and implemented
- (d) an accurate and continuous assessment of staff skills, knowledge, experience, training and numbers of staff on shift is in place.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019. This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This requirement was made on 5 March 2025.

Action taken on previous requirement

(a) Staff had completed behaviour support training and the majority of staff had completed trauma training. This was added to the service's mandatory training plan. A plan is in place for remaining staff to complete outstanding online trauma training.

(b) Service leaders supported staff's understanding in relation to children's rights and The Promise. A bespoke children's rights training session had taken place. This was added to the service's mandatory training plan. A further children's rights training session had been arranged for remaining staff by November 2025.

(c) Risk assessments and behaviour support plans detailed strategies individual to the young person. Feedback was provided during the inspection process to continue to drive improvements, ensuring that care planning documents are SMART (specific, measurable, achievable and time-bound).

(d) Service leaders had developed a staffing needs assessment to ensure the correct balance of staff skill, knowledge, experience and training. This included training needs analysis, staffing ratio risk assessment and staffing arrangements assessment. Feedback was provided during the inspection process to continue to develop these assessments.

The service had experienced staffing shortages. Plans were in place to mitigate the impact this had on young people and recent recruitment had been successful.

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

To promote high quality care and support for all young people within a culture of continuous improvement, the provider should ensure that robust quality assurance processes are in place to promote improved outcomes for young people.

This is to ensure that care and support is consistent with 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 5 March 2025.

Action taken since then

Quality assurance processes had been developed to support continuous improvement and promote improved outcomes for young people. This included audits undertaken at staff, team leader, management and senior management level. Peer reviews had also been undertaken. Tracker documents had been implemented, as well as clear recording systems. Feedback was provided during the inspection to continue to develop these processes.

This area for improvement has been met.

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

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