

Spark of Genius Woodside Care Home Service

Ayr

Type of inspection:
Unannounced

Completed on:
23 September 2025

Service provided by:
Spark of Genius (Training) Ltd

Service provider number:
SP2006008009

Service no:
CS2015342800

About the service

Spark of Genius - Woodside was registered with the Care Inspectorate in January 2016 and is registered to provide residential care for up to six young people within two houses in Ayrshire. One house is registered for up to five young people, and the other for a single young person.

The main accommodation consists of five bedrooms with shared kitchen, bathroom and laundry facilities. There are three different living areas within the house, as well as two small rooms used as offices. There are several unused outbuildings and a large garden area.

The smaller house consists of one bedroom available for a young person, a living room, kitchen, bathroom and a second bedroom that is used as an office and a staff sleepover room.

The main house is set within its own grounds in a rural location outside of a south Ayrshire village; Staff provide transport to young people to access local facilities in the community. The second house is a detached building also set in its own grounds within an east Ayrshire village.

At the time of the inspection, four young people were using the service.

About the inspection

This was an unannounced inspection which took place on 17 September 2025 13:30 until 19:00 and 18 September 2025 10:30 until 15:00. 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 four people using the service
- Spoke with seven staff and two management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- Staff had built positive relationships with the young people.
- Staff were benefiting from consultation and guidance from the providers clinical psychologist.
- Young people's identities and beliefs were respected and supported.
- Young people were supported to meet with family and others of importance to them.
- Staff presented young people with exciting and new experiences in the community.
- Young people's talents and strengths were being supported and promoted.
- The management had responded to emerging risks to provide a stable environment for young people.
- Staff support was not being provided to a consistent level across the staff group.
- Matching and impact assessments required review due to gaps in information.

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 wellbeing? We evaluated the service as good as there are a number of important strengths which, taken together, clearly outweigh areas for improvement. These strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

All young people we spoke with stated they had good relationships with staff and could identify particular staff they would seek out to confide in. Overall, staff had a good understanding of the young people's needs. They employed this knowledge in engaging with young people to develop positive relationships in aiming to support positive outcomes for them. Where there had been disruptions to these relationships, the manager had taken steps to address the issues identified. This action was supported through the advice and guidance of the clinical psychologist employed by the provider. This support was proving beneficial in assisting achieve positive engagement between young people and staff.

Young people's mental and physical health needs were monitored and reviewed with the assistance of visits from school nurses, occupational therapists and the clinical psychologist. Whilst these appointments were not consistently engaged with, the support was available to young people to ensure their health needs were assessed. Staff were pro active in contacting any additional health services identified as required to maximise the young people's health and well-being. For example, they advocated for young people to have access to children and adolescent mental health services (CAMHS). This additional support was important for young people in building resilience and self-care skills.

Young people's physical health was promoted through engaging in outdoor activities such as hill walking and playing sports.

Having access to independent advocacy is very important for young people in care to ensure their rights are being considered and respected. It was good to hear, therefore, that some young people had accepted access to independent advocacy. Through this support, young people were assured that their voice would be heard and their views communicated. Young people who had declined this support should be offered it again, occasionally, to promote the understanding of their rights.

Positive relationships between staff and young people had been progressed. Young people experienced warm, trusting, nurturing care and support through these relationships. There had been an unsettled period through the year, however the circumstances had improved more recently. It was positive to note there had been very few instances of restraint within the service since the previous inspection. Reflective discussions were being had and recorded following incidents. Whilst these discussions are very good practice there were suggestions they were not being held consistently. In discussion with managers we advised that a review of support to staff should be conducted to ensure all staff felt supported following the recent disruptions in the service.

Young people's individual talents and interests were promoted, and involvement in related activities supported. This provided young people with a sense of achievement whilst developing their skills and providing new experiences and enjoyment. We heard from young people of exciting opportunities to attend concerts of favourite artists, attending community sports clubs, engaging with community groups that encouraged participation in favoured activities and short breaks with staff.

Most young people were engaging in education and were achieving good outcomes in college, school or through their personal education plan. This provided young people with confidence and hope for their plans and ambitions. It was positive to note that some young people who had disengaged from education had attended some placements. This provided hope and optimism for future prospects. Some young people were opting to pursue employment that reflected their skills and interests.

Appropriate connections to family members were supported by staff. This provided young people and their families with assurances that these important relationships would be nurtured and maintained.

It is positive to note that the service provider has evidenced a commitment to continuing care, and some young people had chosen to remain in the service through these arrangements.

Care plans require to adhere to SMART principles of specific measurable achievable realistic and timeous. Young people's care plan goals were mostly specific and linked to the well being indicators. Risk assessments were well considered and offered staff and young people strategies to employ to mitigate or manage risks. The plans could be more explicit in respect of time frames however they were being regularly reviewed.

Most staff we spoke with were appreciative of the manager's leadership and support. Regular team meetings and individual supervision sessions offered staff opportunities for reflection and discussion about best practice and provided a further source of leadership support. However, we did see evidence that this was not consistent throughout the staff team with some staff indicating they had been impacted by some incidents that had occurred. We discussed this issue with the managers to highlight that some staff may be in need of additional support. We have identified this as an area for improvement. (See Area for improvement 1).

The external manager was a frequent visitor to the service providing further assurances to young people of the support offered.

Staff training was being tracked by the manager. Training was identified and offered relevant to young people's needs and residential care work. Staff were recruited through safer recruitment practices with all statutory checks being completed and relevant qualifications, experience and skills sought. Those staff that did not have prior experience in care did complete an induction programme process and the staff we spoke with felt that this had given them the skills and confidence to begin working in the service.

Training was identified and offered to staff relevant to young people's needs and residential care work. Staff were recruited through safe recruitment practices with all statutory checks being completed and relevant qualifications, experience and skills sought. All recruits to the service completed an induction programme. This was essential for those staff new to the service and with less experience.

The staff team was fairly stable with some changes of personnel. Having a stable staff team provides stability, familiarity and security for young people through them knowing who is there to care for them. It is recognised that this contributes to consistent, positive, trusting relationships that are crucial in supporting young people impacted by trauma. The management team were conducting weekly rotas and identifying staffing required for that week however there was no written assessment of staffing levels. We have identified this as an area for improvement. (See Area for improvement 2)

External management oversight played a role in monitoring the quality of young people's experiences and aimed to drive improved outcomes.

An external managers themed evaluation provided a good depth of analysis and audit of the service. An external agency evaluation was also conducted and together with manager's monthly audits and these external evaluations the progress of the service delivery was reviewed and scrutinised. These were completed to a good standard. However, we found that matching and impact assessments lacked analysis and some had gaps in information. Several areas of the assessments were not individualised and contained generic statements. These assessments are completed in order to maintain the safety and wellbeing of the young people, and to maintain a settled and therapeutic environment. We have therefore identified this as an area for improvement. (See area for improvement 3)

We identified some incidents that had occurred that we would expect to be notified of but had not been. We have therefore identified this as an area for improvement. (See Area for improvement 4)

The service development plan identified areas for development that align with the Promise. We would agree that these would be beneficial to young people and should be developed to enhance service delivery. The manager had identified a Promise champion for example, to promote the aims of the Promise and ensure young people were aware of the Promise aims, principles and values.

Areas for improvement

1. The service provider should ensure that all staff receive effective support and guidance so as to comply with section 7 (1, c) of the Health and Care (Staffing) (Scotland) Act 2019. Section 7 (1) states, 'Any person who provides a care service must ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for (a) the health, wellbeing and safety of service users, (b) the provision of safe and high-quality care, and (c) in so far as it affects either of those matters, the wellbeing of staff.'

2. The service provider should ensure that staffing levels of skilled, knowledgeable and experienced staff are sufficient for the needs of the young people. An assessment of these levels should be kept and made available as per the Care Inspectorate guidance document, Records that all registered children and young people's care services must keep and guidance on notification reporting (Publication code REG-0821-067 date: 25 October 2022), which states:

a) For everyone using the service, a provider shall keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices and as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual.

b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019 and 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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'My needs are met by the right number of people' (3.15).

3. 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 as per the Care Inspectorate guidance "Matching Looked After Children and Young People: Admissions Guidance for residential Services", OPS-1118-418. These should include, but are 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. The assessment and placing decisions should clearly include a review of previous assessments, utilising information about individual needs and plans.

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), and 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (HSCS 3.4).

4. To comply with statutory obligations the service provider should ensure that notifications are made to the Care Inspectorate of incidents as described within the Care Inspectorate publication, "Records that all registered children and young people's services must keep and guidance on notification reporting" REG-0821-067. .

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected". (HSCS 4.18)

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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