

Duneaton Care Home Service

Biggar

Type of inspection:
Unannounced

Completed on:
6 October 2025

Service provided by:
Common Thread Ltd

Service provider number:
SP2005007437

Service no:
CS2015336900

About the service

Duneaton is a care home service for up to five children and young people. The premises consist of three houses sharing the same grounds, each with outdoor space.

The 'house' can accommodate up to two young people. Young people have their own bedroom and there is also a kitchen with conservatory, bathroom, an additional living room with conservatory and a staff office used for sleepovers.

The 'lodge' can accommodate up to two young people. Young people have their own bedroom and there is an open plan living, dining and kitchen, bathroom, and a staff office used for sleepovers.

The 'cottage' accommodates one young person who has their own bedroom, as well as a living room, kitchen, bathroom, and a staff office which is used for sleepovers.

At the time of this inspection there were two young people living within the service, in separate houses.

The service is in a rural location in South Lanarkshire, and is close to the M74. Lanark, a larger town with a range of facilities and amenities is about 19 miles away.

The service is part of the Common Thread Group, an independent provider of residential childcare.

About the inspection

This was an unannounced inspection which took place on 30 September 2025 and 1 October 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:

- spent time with two people using the service and two of their family members
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- Young people had built trusting relationships with staff who listened to them and helped them to build their skills.
- The service followed best practice guidance in relation to child protection.
- Young people had been negatively impacted by information gathering and decision making around matching and admissions.
- Young people continued to be impacted by staffing pressures, exacerbated by a high staff turnover.
- The staff team did not always feel well supported by the wider organisation.

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?	2 - Weak
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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?

2 - Weak

We evaluated this key question as weak. While some strengths were identified, these were hindered by significant weaknesses which impacted on the outcomes and experiences of children and young people.

Young people had formed warm and trusting relationships with some staff and managers who listened to them and helped them feel understood. Staffing plans aimed to ensure that young people always had access to familiar and trusted adults. However, this was not always achieved due to high staff turnover and frequent use of cover staff. This meant that young people did not always receive consistency of care and support.

Risk assessments and care plans were detailed, and most staff were familiar with them. However, some staff, particularly those deployed from other parts of the organisation, lacked awareness of the finer details of these plans. While staff were caring and committed, unfamiliarity with individual plans limited their effectiveness.

Young people were significantly affected by poor matching and transition planning when a new young person joined the service. Although an admissions process was followed, documentation evidenced that risks were minimised. The decision to admit the new young person was made before managers had access to their full risk assessment and management plans. Additionally, the provider approved the match before a specialist external assessment of a young person already within the service had been completed, despite known serious risks.

As a result, we have issued a requirement related to matching and admission. This is an amended version of the requirement previously included in the improvement notice from February 2025.

The measures subsequently put in place to manage the risks for the young people significantly limited the young people's freedom at home, with constant monitoring in place. These risks remained challenging for staff to manage and led to frequent use of restrictive practices. We were concerned that this situation was unsustainable and negatively impacted on the wellbeing and development of the young people.

We noted that any use of restriction or restraint followed best practice guidance. Staff were appropriately trained, and managerial oversight and evaluation were well established. However, the risk management plan did not sufficiently mitigate the risk of distressed or unsafe behaviour. The service was encouraged to use the Care Inspectorate's Restrictive Practice Reduction Toolkit to support self-evaluation and promote a more proactive approach.

Young people benefitted from a transparent and effective approach to child protection. Complaints or protection concerns were appropriately recorded, shared with families and placing social workers, and followed up by service managers. All staff interviewed had at least a basic understanding of their child protection responsibilities. This helped to promote young people's wellbeing.

Young people were cared for by staff with some knowledge of trauma informed practice, with some demonstrating strong skills. Staff were nurturing and prioritised young people's wellbeing. However, the team's capacity to support recovery and build resilience was limited by poor matching and team instability. This means that young people did not always benefit from consistent and skilled therapeutic care.

Staff used their knowledge of young people's preferences to engage them in community activities. They actively sought opportunities that appealed to young people and supported them in building relationships locally. Young people's rights and sense of identity were promoted daily.

Young people were supported to maintain and strengthen connections with family and other people who were important to them. For example, one young person's parents were regular visitors with staff supporting and monitoring family time. Another young person had overnight visits with family, supported by staff staying nearby to provide assistance if needed. These efforts enhanced young people's wellbeing and social development.

At the time of inspection, none of the young people were fully engaged in education. One had recently returned after a break, while the other lacked suitable provision after moving to the service. Staff and service managers were proactive in advocating for young people's right to access education but the provider should ensure that timescales around robust educational plans are agreed at the time when young people are admitted to the service.

Since the last inspection, the leadership team has worked collaboratively to model high standards of practice and promote positive outcomes. Staff generally felt well supported by their immediate managers, including the external manager who maintained a strong presence in the house.

However, staff did not always feel supported by the wider organisation, particularly during high-risk or distressing situations. The emotional impact of these incidents on staff was not consistently recognised, which appears linked to ongoing high staff turnover. While staffing challenges are widespread across the organisation, improving staff retention will require cultural change.

The service continues to be impacted by high staff turnover and some health related absence. The team is not yet stable, although a core group of staff work well together and know the young people. Some staff reported feeling at risk of burnout due to the intensity of the work and the high level of vigilance required to keep young people safe.

A staffing needs assessment is in place and reflects the changing needs of young people. It aims to ensure that at least one experienced and trusted staff member is always present. However, on occasion planning was disrupted by unexpected absences or redeployment within the organisation.

A requirement related to staffing, similar to that in the improvement notice earlier in the year, will be made.

Since the last inspection, the service has improved its approach to quality assurance and self-evaluation. Internal processes have led to more consistent recording of incidents, including protection concerns. Risk assessments and care plans are regularly updated and reviewed.

Requirements

1. By 1 December 2025, the provider must ensure that their admissions procedures are effective to keep young people safe and promote their wellbeing. This should include but not be limited to:
 - a) The assessment which will take place prior to a referral being accepted detailing how the service will meet young people's needs and details of how reviews of the assessment will take place. This should

include a consideration of young people's educational and health needs.

- b) The assessment which will take place to ensure that staff have the specific skills and training to meet individual needs and support identified risks if the referral is accepted.
- c) The assessment which will take place when considering referrals to identify the current risks in the service at the time, the needs within individual houses and the service as a whole, and the impact on other young people should the referral be accepted.

This is in order to comply with Regulations 4(1)(a) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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 am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18)

2. By 1 December 2025, the provider must ensure the safety of young people and staff by ensuring that staffing arrangements meet the needs of children and young people living in the service. In particular they must:

- a) Undertake a robust and comprehensive assessment of staffing needs, which determines how the needs of young people are going to be met.
- b) Implement the results of the staffing needs assessment.
- c) Ensure all external managers take account of this assessment whenever consideration is given to moving staff to other services, so that the assessment is not undermined.

This is in order 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) and Section 7(1) 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:

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

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

Requirements

Requirement 1

By 26 May 2025 the provider must ensure that children and young people have robust care plans, in order to promote wellbeing, learning and development.

This should include, but is not limited to:

- a) care plans having the most up to date information with evidence of regular review
- b) care plans have SMART (Specific, Measurable, Achievable, Realistic, Timebound) goals young people's voices being central to care planning

This is in order to comply with: Regulation 5 (2) 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:

'My care and support meets my needs and is right for me.' (HSCS 1.19).

This requirement was made on 15 April 2025.

Action taken on previous requirement

Care plans are strongly individualised, based upon up to date information, and are updated regularly. Care plans are SMART and young people's views are evident within these although this element could be stronger.

Met - within timescales

Requirement 2

By 26 May 2025, the provider must seek to develop or source learning and development opportunities to support the staff team to develop a stronger trauma skilled approach to ensure that children and young people benefit from a high quality therapeutic care.

This should include but not be limited to:

- a) ensuring the staff team have access to high quality specialist training to further develop skills and knowledge

- b) ensuring all staff have an opportunity to engage in reflective discussions about their practice to support learning and development

This is in order to comply with Regulation 15(b)(i) 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 have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.2)

This requirement was made on 15 April 2025.

Action taken on previous requirement

The service has a training plan in place including mandatory training as part of induction and probation, as well as additional face to face sessions relevant to delivering therapeutic care. This is further supported by staff supervision, team meetings and group therapeutic supervision. The impact of this is difficult to evaluate as the staff team has experienced constant change and flux, as retention of staff has been a challenge and so this work needs to continue to be embedded.

Met - within timescales

Requirement 3

By 26 May 2025, young people's wellbeing and rights should be supported by a good complaint handling system. To do this, the provider must, as a minimum:

- a) review the current complaint handling system and documents to ensure that it is reflective of the ethos and vision of the organisation
- b) develop clear systems for recording concerns and complaints which also charts how they have been addressed
- c) provide training to all staff on the complaints system and processes, including any changes made because of this requirement.

This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS) which state that:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.' (HSCS 4.21)

This requirement was made on 15 April 2025.

Action taken on previous requirement

The provider has an updated complaints policy, and there is clear information for young people and families about how complaints can be made. All concerns raised by young people have been recorded, discussed and where necessary independently investigated. Young people are provided clear feedback on the outcome of any complaint, verbally and in age appropriate written form.

Met - within timescales**Requirement 4**

By 26 May 2025, the provider must ensure there are effective quality assurance processes in place. To do this, the provider must, at a minimum:

- a) ensure quality assurance systems are effective and reflect action taken once issues have been identified
- b) ensure audits are effective in identifying areas for improvement in care plans, risk assessments and incident recording

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

This requirement was made on 15 April 2025.

Action taken on previous requirement

There is clear evidence of regular internal and external management overview and audit of key processes, including incidents, child protection concerns, care planning and medication. We noted a significant improvement in recording and key processes since the time this requirement was made.

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**

In order to ensure young people's records are and personal information is accessible and treated with respect, the service must ensure that these are stored securely. This includes but is not limited to ensuring

that all written records of work undertaken with me are held safely on a centralised system that can be accessed by any member of staff.

This is to ensure 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, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.2).

This area for improvement was made on 15 April 2025.

Action taken since then

There are now key processes in place to ensure records of any work undertaken with young people is backed up and stored safely.

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?	2 - Weak
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	2 - Weak

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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