

# Glasgow City Council Fostering Service Fostering Service

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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
Glasgow City Council

**Service provider number:**  
SP2003003390

**Service no:**  
CS2004082461

## About the service

Glasgow City Council fostering service provides support to children, young people and their families who are assessed as in need of alternative care arrangements. The service recruits and supports fostering families.

The service is delivered by a dedicated team of supervising social workers and management who work across both the fostering and adoption services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

The inspection of the adult placement and adoption services took place at the same time, and the findings of those inspections are provided in separate reports.

## About the inspection

This was a short notice inspection which took place between 8 September 2025 and 2 October 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 five caregivers
- spoke with 20 staff and management
- reviewed documents
- spoke with visiting professionals
- reviewed MS survey responses from caregivers, staff and external professionals
- reviewed MS survey responses from 25 children and young people.

## Key messages

Children and young people experienced enduring loving relationships with caregiver families.

Staff were skilled and responsive to the support needs of caregivers.

Matching considerations when a child or young person moves into a family or when there is a change in circumstances must improve.

Young people were able to remain with their foster families beyond the age of 18 years, however, further progress is required to ensure they are all living with caregivers who are appropriately approved to do so.

Quality assurance oversight and tools had improved and were supporting improved outcomes.

There was a strong confidence in the ability of the leadership team to continue to develop and progress.

Risk assessment and safe care planning must improve.

## 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 people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**3 - Adequate**

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve.

Children and young people benefitted from meaningful, affectionate and secure relationships with their caregiver families. They were experiencing improved outcomes as a result of the care and support they received.

Caregiver families felt very well supported by the service and enduring relationships were evident. One carer survey told us 'We have an excellent relationship with our worker. She's insightful and her experience is so

helpful to us. We feel very well supported.'

Children and young people's rights were prioritised and promoted. Independent advocacy was sought where appropriate to support children and young people to effectively improve their care planning. Caregivers were also seen to be strong advocates for the young people living with them.

Children and young people experienced highly personalised care and support from caregiver families who understood their needs. Caregivers demonstrated a knowledge of the impact of trauma on children and young people and were attuned to their needs.

Caregiver families worked well with important people in children's lives. We saw examples of caregivers working collaboratively with birth parents and a promotion of sibling relationships. Glasgow Family Connections Assessment was a positive piece of work designed to support child centred, relationship-based practice with children and young people to help plan for young people who are part of a wider sibling group.

Children and young people were achieving very positive outcomes in education and employment, had access to a range of leisure and social activities and enjoyed holidays with their caregiver families. Children and young people were being supported to have fulfilling lives with high aspirations for success and this positive culture contributed to positive outcomes.

Caregiver families had access to a range of training to support them in their role. The service progression of online training has taken longer than expected and there remained a gap in the provision and tracking of caregiver training. We asked the service to ensure that safeguarding and child protection form part of mandatory requirements. The service is progressing work with the Learning and Development team, and we are confident that plans for a training needs analysis will be supportive of caregiver training in promoting improved outcomes for children and young people. (Area for Improvement 1)

Some children and young people were not always being kept safe. Whilst protection processes were generally being followed, we identified situations which could have been better managed to ensure children were kept safe. Improved recording would support clearer assessments, and the protection of children and young people would be enhanced through the early identification of any concerns and action taken to support both caregivers and young people. (Requirement 1)

Young people experienced positive health outcomes because of the care they received. Caregivers were supporting young people to be well-informed about how to lead a healthy lifestyle and positive mental health was a priority.

Children and young people's ability to develop a positive identity and sense of self was promoted. Staff and caregivers recognised the importance of ensuring children could understand their own unique life story and complex family dynamics.

Child plans identified involvement and input from a range of professionals and specialists, supporting the child, their family and the caregivers. This contributed to holistic and comprehensive assessments to promote positive outcomes for children and young people.

Caregiver families were comprehensively assessed to ensure that they have the capacity to meet the needs of children and young people. Assessment for annual review, panel review and permanence approval were generally of a good quality.

The safety and wellbeing of children, young people and their caregivers was at times compromised by poor

planning around new people joining the family. Lack of considered matching meant that some young people did not experience care which enhanced improved outcomes. At the time of the last inspection new matching paperwork and processes had recently been introduced. However, these contained very little information and did not constitute assessments of the needs of young people, the needs of any young people currently living in the household or the skills/experience of the caregivers. There was no information relating to gaps or vulnerabilities or how these would be addressed or efforts to mitigate shortfalls. Matching was an area for improvement at the last inspection. The lack of progress had the potential for poor outcomes for children, young people and their caregivers, and a requirement will now be made. (Requirement 1)

The leadership team showed commitment to improving existing matching document and processes. This forms part of the service development plan and is being considered as part of a wider whole service review and we look forward to seeing this at the next inspection.

Positively we saw that a number of young people were supported to remain within their caregiver families past the age of 18. The provider has now registered an adult placement service, however, there were a high number of young people being cared for in households who were not assessed and approved to do so. We will repeat the requirement made at the last two inspections. (Requirement 2)

We considered that there has been a shift in practice and culture around young people being looked after on a short break basis. There was evidence of strengthened management oversight of admissions. Positive examples were evident where caregivers used their family networks for support to provide an extended family experience.

Embedded tracking systems and regular meetings are supporting the progression of permanence work. The service continues to take a proactive approach to supporting colleagues in the locality team with this and we saw evidence of positive collaborative working with area team colleagues. The area for improvement made at the last inspection was met, however, we encouraged the service to remain focused on this area of work. There is significant work required across the authority, including a full review of their processes, to minimise drift and delay for children and young people.

## Requirements

1. By 30 June 2026, the provider must ensure that all young people over the age of 18 years are being cared for by caregivers who are assessed and approved to do so. To do this the provider must as a minimum:

- a) ensure that their processes meet the requirements of continuing care
- b) assess and approve carers looking after this age group as adult placement carers
- c) promote the young person's right to welfare assessments
- d) ensure carer registration accurately reflects the carers assessment and approval.

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

2. By 31 January 2026, the provider must ensure the safety and welfare of children and young people. The service must ensure that is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family. To do this the provider must as a minimum:

a) assessment should identify carer strengths and vulnerabilities in relation to meeting the needs of a specific child including any additional support required to ensure that children's needs are fully met

b) consider the needs of all young people living in a home

c) consider the need for reassessment of matching in the event of a change of circumstances such as when a young person becomes a parent.

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

## Areas for improvement

1. To keep children and young people safe the service should ensure that all caregivers have access to and complete training specific to the needs of those in their care. Recording systems of caregiver training attendance should support analysis for future needs. A detailed training needs analysis would be supportive of caregiver development in promoting improved outcomes for young people.

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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. Whilst the strengths had a positive impact, key areas needed to improve.

We identified significant progress in relation to quality assurance and oversight.

We saw that a strong, visible and transparent management team has now been established which has led to a shift in quality assurance and improved self-evaluation and improvement planning.

There was a notable improvement in the culture within the staff group with a strong confidence in the ability of the leadership team to continue to develop and progress.

The Panel and Agency Decision Maker provided scrutiny to carer review and applications for approval for fostering families and were able to challenge assessments presented to them.

We found that there was a lack of progress with panel member appraisals. At the time of the last inspection processes had been put in place, however, we saw very little evidence of further progress or embedding of this process this year. (Area for Improvement 1)

Whilst the service had improved quality assurance systems in place to ensure children's wellbeing is maintained, we saw that these were not always effective. The service should continue to improve quality assurance systems for monitoring key areas which are outlined in fostering regulations to ensure that children remain safe within their fostering families.

Panel review of caregivers has improved and the administrative procedures supporting this have made a notable difference, however, our case sample and the service's own audits evidenced a number of gaps in annual foster carer reviews taking place. This meant that there were, at times gaps in carer checks and unannounced visits and carer approval lacked oversight in line with best practice. (Area for Improvement 2)

The service has not made sufficient progress regarding the review of unplanned endings to identify themes and learning. There continues to be a lack of policies and procedures and a lack of clarity regarding timescales. The requirement made at the last two inspections is unmet and will be repeated. (Requirement 1)

## Requirements

1. By 31 January 2026, the provider must ensure that there is reflection and clear learning points identified if an unplanned ending occurs within the service. To do this the provider must as a minimum:

- a) ensure there is a clear policy and procedure for unplanned endings, both permanent and interim, and that all staff and carers are aware of these
- b) ensure that policies and procedures provide clarity of timescales and that these are adhered to
- c) hold reflective reviews which identify learning in all cases when children are moved between caregiver families on an unplanned basis.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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).

## Areas for improvement

1. The service should ensure that all care givers are reviewed annually, after a significant event or incident or when out with approval in line with best practice.

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).

2. The provider should ensure that all panel members are provided with regular appraisals which inform training needs. All panel members should be provided with a range of learning and development opportunities.

This is to ensure that care and support is consistent with the health and social care standards which state that: 'I have confidence in people because they are trained competent and skilled, are able to reflect on their own practice and follow their professional organisation codes' (HSCS 3.14).

## How good is our staff team?

**4 - Good**

We made an evaluation of good for this key question, as 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.

Staff practice, observed through sampled cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards.

The service had experienced some staff changes, however, there remained a core group of long standing, skilled staff. Morale had improved since the last inspection and consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff worked hard to take on additional work for locality colleagues in order to try to progress care plans for some young people where needed. Staff were passionate about their role to support care givers to deliver positive outcomes for children and young people.

Staff appreciated the level of support they received from their visible management team. They received regular formal supervision in addition to a high level of informal supervision. As with our findings at the last inspection the recording of staff supervision could be improved to evidence better oversight of quality assurance and of reflective practice. We will follow up progress on this at the next inspection. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Strong leadership was supporting staff a culture of reflection and there was a confidence that staff were being equipped to deliver best quality practical and emotional care and support.

Staff had access to appropriate training and development opportunities and felt professional development in their role was well supported within the organisation. The service should continue to review staff training needs in line with needs of children and caregiver families and to improve the tracking and oversight of attendance. This will ensure that service delivery is responsive and constantly evaluated.

## How well is our care and support planned?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made requirements for improvement.

Children and young people were generally able to express their views in relation to care planning. Meetings were conducted in a child friendly manner, and children and young people were being supported to express their views. Access to independent advocacy further supported the ability of children and young people to participate in care planning.

Staff worked collaboratively with children and families' social workers to support care planning. They



attended meetings, undertook joint visits and understood their role in supporting positive outcomes.

Participation and the views of children and young people for reviews of caregiver families could be strengthened as we saw limited evidence of children and young people expressing their views in relation to caregiver reviews. Staff had developed good relationships with young people living with families and they use these relationships to ensure their views were sought and shared appropriately. The service had already included this in their service development plan, and we will assess the impact at the next inspection.

Children and young people's safety and welfare was not enhanced through the consistent use of individualised safer caring plans. Safer caring plans we saw were family policies. There was insufficient overview of the needs of all children and young people living within fostering households and this had led to some poorer outcomes.

There was inadequate oversight of risk within fostering households. Risk assessments were not being routinely completed, even for children and young people where this would be required to assess and mitigate risk to support their care and support needs. Caregivers were not equipped with sufficient information on how best to manage risks for children and young people. This meant that there was potential for very poor outcomes. The need for risk assessments for children and young people has been a formal area for improvement at the last two inspections, which has not been actioned. A requirement will now be made to ensure children and young people's safety. (Requirement 1)

The leadership team have shown a clear commitment to self-reflection and improvement as outlined in key question 2.

## Requirements

1. By 31 January 2026, to ensure the safety and wellbeing of children and young people, the provider must ensure that robust plans are in place to support children in caregiver families. To do this the provider must as a minimum:

- a) ensure that individual, comprehensive safer caring plans are in place for all children and young people
- b) children and young people have appropriate assessments and plans in place which identify, assess and highlight strategies for the management of risk
- c) safer caring plans and risk assessments are reviewed regularly and when circumstances change or after a significant incident.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met as well as my choices and wishes' (HSCS 1.15).

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

### Requirements

#### Requirement 1

By 31 October 2024, the provider must ensure that all young people over the age of 18 years are being cared for by caregivers who are assessed and approved to do so. To do this the provider must as a minimum:

- a) ensure that their processes meet the requirements of continuing care
- b) assess and approve carers looking after this age group as adult placement carers
- c) promote the young person's right to welfare assessments
- d) ensure carer registration accurately reflects the carers assessment and approval.

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

**This requirement was made on 26 June 2024.**

#### Action taken on previous requirement

The service has recently registered an Adult Placement to support young people's journey into continuing care. A Continuing Care policy was being written at the time of inspection to support this process. However, we heard from carers and staff that the processes and procedures had not be clear during the intervening period.

A significant number of caregivers are not yet approved for adult placement, and we have seen no clear action plan on how this is to be addressed or timescales for this.

The service have acknowledged that promoting the rights to welfare assessments remains a work in progress with locality teams.

This requirement has not been met and will be repeated.

**Not met**

#### Requirement 2

By 31 October 2024, the provider must ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations with monitoring and review to identify areas of continuous improvement. To do this, the provider must as a minimum ensure:

- a) systems are in place for identification and panel review of foster carers
- b) that the safety of children and young people is improved through unannounced visits taking place within required timescales and tracking of these

- c) full carers checks are monitored and kept up to date
- d) carers out with approval tracking are closely monitored and returned to panel for review in a timely manner
- e) the recording system of staff and care giver training attendance supports analysis for future needs this has not been met
- f) service level oversight of complaints.

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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 26 June 2024.**

#### Action taken on previous requirement

The service have made significant progress to ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations.

This requirement has been met.

#### Met - within timescales

### Requirement 3

By 31 October 2024, the provider must ensure that all caregivers are reviewed and presented to panel in line with guidance and legislation. To do this the provider must as a minimum:

- a) ensure tracking systems identify and plan for reviews and panels
- b) undertake annual reviews of all caregiver families
- c) ensure that all applicants and caregivers attend panels and that this adheres to fostering regulation timescales
- d) ensure all caregivers attend review after a significant event or incident
- e) review the capacity of the panel to ensure that carers are presented at panel in line with legislative requirements.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

**This requirement was made on 26 June 2024.**

#### Action taken on previous requirement

The service have made some progress on this requirement. There is now a tracking system in place to identify and plan for reviews and panels, however, more refinement is needed to this. There continue to be a significant number of caregivers with annual reviews which are out of date. We feel that enough progress has been made to say this requirement has been met but we will be making a new Area for Improvement re

annual reviews of caregivers and ensuring all caregivers attend review after a significant event or incident and monitoring and panel attendance for caregivers out with approval.

**Met - within timescales**

## Requirement 4

By 31 October 2024, the provider must ensure that there is reflection and clear learning points identified if an unplanned ending occurs within the service. To do this the provider must as a minimum:

- a) ensure there is a clear policy and procedure for unplanned endings, both permanent and interim, and that all staff and carers are aware of these
- b) ensure that policies and procedures provide clarity of timescales and that these are adhered to
- c) hold reflective reviews which identify learning in all cases when children are moved between caregiver families on an unplanned basis.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 26 June 2024.**

### Action taken on previous requirement

The service have not made sufficient progress to ensure that there is reflection and clear learning points identified if an unplanned ending occurs within the service. No unplanned ending policy has been developed, therefore, timescales and processes are not clear.

This requirement has not been met and will be repeated.

**Not met**

**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 the safety and welfare of children and young people, the service should ensure that is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family. Any assessment should identify carer strengths and vulnerabilities in relation to meeting the needs of a specific child including any additional support required to ensure that children's needs are fully met.

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 area for improvement was made on 26 June 2024.**

#### Action taken since then

Matching documentation we reviewed was not of a good quality.

We have concluded that this Area for Improvement has not been met and will become a requirement.

### Previous area for improvement 2

To ensure the safety and welfare of all children and young people being looked after the provider should develop a system which identifies and monitors all short breaks, including emergency admissions, to ensure that they comply with statutory regulations and best practice.

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 area for improvement was made on 26 June 2024.**

#### Action taken since then

We considered that there has been a shift in practice and culture around this area of practice.

This area for improvement has been met.

### Previous area for improvement 3

To improve permanence outcomes the provide should ensure that analysis of permanence practice informs continuous improvement and service development. This should include but is not limited to:

- a) identifying patterns and trends in relation to permanence practice
- b) taking this learning to inform ongoing development of practice.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with organisations having robust and transparent quality assurance processes" (HSCS, 4.19).

**This area for improvement was made on 26 June 2024.**

#### Action taken since then

We have evaluated this Area for Improvement as being met. We found that the service continues to take a proactive approach to supporting colleagues in the locality team with this and saw evidence of positive collaborative working with area team colleagues. However, there is significant work required across the authority, including a full review of their processes, to ensure children are not subject to unnecessary drift and delay.

### Previous area for improvement 4

To promote the safety and welfare of children and young people the provider should ensure that all complaints to the service are investigated within the timescales outlined in the complaints procedure and that there is clear learning and action progressed from the findings.

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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 26 June 2024.**

## Action taken since then

We saw evidence of new clear and robust procedures and support from the complaints team has made a valuable difference and ensured objectivity, consistency and external oversight/accountability.

We are confident that this Area for Improvement has been met.

## Previous area for improvement 5

To keep children and young people safe the service should ensure that there are robust risk assessment practices and that risk assessments are in place for all children and young people which are regularly reviewed when circumstances change.

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 area for improvement was made on 26 June 2024.**

## Action taken since then

We found no evidence that robust risk assessment practices and assessments are in place for all children and young people, that are regularly reviewed when circumstances change.

This Area for Improvement has not been met. Risk assessments and safer caring plans will form a new requirement.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	4 - Good

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	2 - Weak

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