

Pleasantfield Cottage Care Home Service

Ayr

Type of inspection:
Unannounced

Completed on:
8 October 2025

Service provided by:
Imagine Care Ltd

Service provider number:
SP2022000146

Service no:
CS2024000022

About the service

Pleasantfield Cottage is a residential care home provided by Imagine Care, a private limited company. Pleasantfield Cottage is a modern four bedded house set in Ayrshire and provides care for up to four children and young people. The house provides a modern home to the young people. They have access to a large open plan kitchen/diner, and living room on the ground floor. All young people's bedrooms were en-suite. The house has a large garden and is surrounded by farmland. At the time of inspection there were three young people living in Pleasantfield Cottage.

About the inspection

This was an unannounced inspection that took place on 30 September 2025, 10:00-19:30 and 1 October 2025, 12:00-19:00. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered.

To inform our evaluation we:

- Observed practice and daily life of the young people.
- Spoke with two young people.
- Spoke with five staff and two managers.
- Spoke with family members
- Spoke with three social workers
- Reviewed documents, reviewed returned questionnaires from staff, young people, and external professionals.

Key messages

- Young people were safe.
- Young people experienced nurturing compassionate care.
- Young people had connections to the people that were important to them.
- Recording of medication administration was in places inconsistent.
- Children and young people were able to access supports, activities and education
- All notifiable events had not been submitted to the Care Inspectorate.

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

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

We made an evaluation of good for this key question. We could see important strengths, with some areas for improvement. The strengths found had a significant impact on young people's experiences and outcomes.

Young people were safe, the staff team were knowledgeable and responsive to their needs. There was good collaborative work with partner agencies to ensure that risk assessments were detailed and up-to-date.

Young people had access to Advocacy services this ensured that their rights were upheld. The care that the young people received was therapeutic and consistent.

The emotional wellbeing of the young people was a priority for the team. There was a policy of restraint reduction. All restraints followed best practice incidents were reviewed and there was learning from them.

Developing nurturing relationships was a strength for the service. The young people were treated with compassion by a staff team that had an understanding of their needs.

Staff demonstrated knowledge of trauma and the impact this had on the young people. There was ongoing training in this to improve staff understanding. This ensured that a knowledgeable team supported young people.

Building young people's resilience, managing, and understanding risk was a focus of work. This meant that young people felt cared for and supported.

Young people enjoyed spontaneity and fun with the staff team and participated in a wide range of activities. This allowed them to grow in confidence and develop new skills and interests.

Young people were shown high levels of respect by those involved in their care. This was reflected in the environment which was maintained to a very high standard making young people feel valued.

Young people were supported to engage in their care and support and to participate meaningfully in decisions that affected them. The use of specialist tools such as Makaton and social stories were in place, these were supporting young people to make choices and share their opinions this was an area of ongoing development.

Young people's sense of worth and identity was protected and nurtured. This ensured that they felt valued and confident to be themselves.

The physical and mental health needs of the young people were met promptly and appropriately ensuring their wellbeing.

There were some inconsistencies in medical recordings and a failure to conduct daily checks over a weekend. Gaps and inconsistencies in recordings can lead to medication errors and create a potential risk to young people. (See Area for Improvement 1)

Meaningful connections to family, friends and siblings were championed and sustained. This ensured that young people maintained and developed important relationships promoting their sense of identity and belonging.

Effective and timely communication between the service and families had been identified as an issue. The service had recognised this and was working closely with families and partner agencies to make improvements in this area that were agreeable to everyone.

We found that the service had failed to inform the Care Inspectorate of a significant incident within stipulated time limits. Management recognised this and were committed to addressing this moving forward. (See Area for Improvement 2)

Young people were supported to maximise their educational attainment with individually tailored plans. We saw that young people were making progress with their education and were developing new skills.

Care plans were found to be Specific, Measurable, Achievable, Realistic, Timely (SMART) and detailed. Plans were person centred and had risk assessment strategies that were responsive to changing needs. Plans were not formatted to be easily accessible to the young people. The service agreed that work could be done to improve this with photos or animations to help young people better understand the steps to achieving their goals.

Quality Indicator: 7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights.

Leaders were supportive and empowering modelling high standards of practice best outcomes for the young people were championed.

There had been recent change to the management structure with the appointment of an assistant manager. They were collaborating closely with the team to develop positive relationships. Staff reported that the management team were supportive.

External managers were clear in their role and were proactive in monitoring the outcomes and experiences of young people.

We saw evidence of matching and admissions processed; preparatory work had been undertaken prior to new young people living in the house. The impact on other young people had been assessed. This ensured that the needs of all of the young people had been considered reducing anxiety around admissions for everyone.

There was a good mix of experience and skills within the team. It was reflected by newer team members that it would take time to develop their relationships with young people and each other, providing greater continuity and understanding of needs.

Staff were supported to meet the needs of the young people in a therapeutic, trauma informed way. There was further training planned to develop the team's skill base in trauma informed practice and specialised communication methods, this would ensure that the needs of the young people could be better understood.

Staff received regular structured supervision supporting them be more confident practitioners.

Staff were safely recruited and registered we saw some evidence that the young people contributed to the recruitment process through the inclusions of questions from them at interview. This is an area that the team are looking to develop further to ensure that young people were central to staff recruitment.

Leadership and improvement activities were in place to drive forward how The Promise will be met. This is underpinned through the effective implementation of both child-centred care planning strategies and sustained service development.

Areas for improvement

1. To keep young people safe and promote their wellbeing the provider should improve recording of medical records to ensure that they are accurate and consistent. Management should be advised of any errors to ensure these are reviewed.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which states 'I have confidence in people because they are trained competent and skilled' (HSCS 3.14)

2. The provider should notify 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 of notification reporting" REG-0821-067.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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.' (HSCS4.18).

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

Requirements

Requirement 1

By 20 December 2024, children and young people's safety and wellbeing should be supported by good recording practices. To do this, the provider must, as a minimum:

- a) review the incident report format, and be satisfied that headings support staff to capture crucial post incident information.
- b) provide training to staff involved in de-briefs to ensure the system is effective for good incident management practices
- c) provide guidance to all staff on good case note and chronology recording practices.

This is to ensure care and support is consistent with Health and Social Care Standard 3.20: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'

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)

This requirement was made on 18 November 2024.

Action taken on previous requirement

Incident Format reviewed with Headings added to capture Crucial post incident information – including reviews and updates to risk management plans.

Post Response Crisis Training with all Managers arranged for 4.12.24.

Training Dates arranged 3 and 10 December 2024 to deliver training on case note and chronology recordings. Practice guides to Chronologies issues by Care Inspector to be shared with all staff.

All of this done once or twice a month across all the houses.

Met – within timescales

Requirement 2

By 20 December 2024, children and young people's safety and wellbeing should be supported by good risk management practices. To do this, the provider must, as a minimum:

- a) review all young people risk assessments and ensure they capture known risks accurately
- b) provide training to all staff on the risk assessment process and expectations for recording practices.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: 'I am assessed by a qualified person, who involves other people and professionals as required.' 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)

This requirement was made on 18 November 2024.

Action taken on previous requirement

Training arranged for staff team assessing and managing risk and how to accurately identify and record these. Measures to reduce or mitigate risk to be accurately recorded and reviewed regularly. Training dates identified for 3 and 10 December 2024.

All personal plans and Risk Assessments to be reviewed/updated on a monthly basis or after any significant/serious incident. New quality assurance systems to be put in place requesting All staff and Managers signature on our electronic recording platform CHARMS ensuring they are aware of updates to Plans and Risk Assessments. Three monthly audit to be completed by Senior Managers.

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All of this done once or twice a month across all the houses.

Met - within timescales

Requirement 3

By 24 January 2025, children and young people's safety and wellbeing should be supported by good quality assurance processes and practices. To do this, the provider must, as a minimum:

- a) review the quality assurance processes and systems and ensure they are sufficient to support improved practice
- b) provide clarity to all staff on their respective roles and responsibilities in the quality assurance process.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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.'

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)

This requirement was made on 18 November 2024.

Action taken on previous requirement

Incident forms uploaded to CHARMS with completed LSI and Debrief recordings. Staff, Manager and Head of Care signatures recorded on the electronic system of CHARMS.

Staff to complete weekly quality assurance – Staff to be given individual responsibilities.

Managers to complete Monthly Quality Assurance

Head of Care to complete three monthly quality assurance

Clear detailed monitoring paperwork to be put in place for each role.

Staff to complete weekly quality assurance as allocated by Manager.

Met – within timescales

Requirement 4

By 20 December 2024, children and young people's safety should be supported by appropriate transport arrangements. To do this, the provider must, as a minimum

- a) review the system for assessing and maintaining cars and ensure that it is effective
- b) provide guidance to all staff on their roles and responsibilities in assessing and maintaining cars to a quality standard.

This is to ensure care and support is consistent with Health and Social Care Standard 5.17: 'My environment is secure and safe.'

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)

This requirement was made on 18 November 2024.

Action taken on previous requirement

There is a car check log in place with a check sheet. Car checks to be completed daily by staff.

Car champions have been chosen within the staff team. It will be their responsibility to ensure all car checks are being completed and any maintenance has been passed to management and cars have been booked into be repaired.

Log will be in place to record all work that has been completed on the cars when they return from garage.

Diarised days for cars to be washed, cleaned and hoovered and a valet will be completed when needed.

Video of how to complete car maintenance checks has been shared with the staff.

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 support children's wellbeing, learning and development, the provider should ensure carers consistently apply their training to practice. This should include, but is not limited to, ongoing training and development in the delivery of Therapeutic Crisis Intervention.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14)

This area for improvement was made on 5 September 2024.

Action taken since then

This Area for Improvement has been Met.

Previous area for improvement 2

The service should ensure that all care plans and risk assessments are accurate, analytical, and SMART.

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)

This area for improvement was made on 5 September 2024.

Action taken since then

This Area for Improvement has been Met.

Previous area for improvement 3

To ensure that there is a culture of continuous improvement, the provider should ensure that quality assurance work is accurate and external quality assurance takes place on a regular basis.

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 area for improvement was made on 5 September 2024.

Action taken since then

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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