

Dunoon School Hostel

School Care Accommodation Service

68 Hunter Street
Dunoon
PA23 8JR

Telephone: 01369 703 744

Type of inspection:
Unannounced

Completed on:
23 October 2025

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2006115758

About the service

Dunoon School Hostel is managed by Argyll and Bute Council. The accommodation provides care and support for up to 70 children and young people, from a range of communities in and around the Dunoon area and wider parts of Argyllshire.

The property comprises several floors, with separate sleeping accommodation for boys and girls. On the ground floor there is a large open plan lounge, dining room, kitchen and several other smaller rooms in which young people can play and relax. The bedrooms, some of which are shared, are located on the upper floors and there are bathroom facilities nearby.

The outside space is enclosed and is laid mainly to lawn, with a small patio area and shrubbery.

About the inspection

This was an unannounced inspection which took place on 30 September 11.30 - 19.30. 1 October 9.30 - 19.15 & 2 October 2025 9.30 - 12.30. 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:

- Spoke with 21 young people and received four responses to our survey. We also received 11 survey responses from parents.
- Spoke with eight members of staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- Most young people were happy living in the hostel.
- Most felt there was a good focus on activities.
- We were impressed with newly implemented approach to getting to know young people prior to them coming to live in the hostel.
- Staff morale had improved.
- Improved safeguarding measures were in place.
- Personal plans had improved.
- We remained concerned about several aspects of practice and management.
- We have repeated requirements and an area for improvement made at previous inspections, as we were not assured of adequate progress.

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?	3 - Adequate
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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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Most young people were happy and liked living in the hostel. Most said they had good relationships with staff and that they felt safe. However, for several young people, their feelings of safety and security was undermined, as they continued to feel disrespected by the practice of particular staff. We discussed this extensively with the provider and we have repeated the area for improvement, that identified the need for all young people to be treated with respect (see area for improvement 1).

Most young people felt there was a good focus on activities. Young people liked the changes to the common room, where opportunities to get together had increased. We noted improvements to the environment throughout the hostel, as did parents who commented, 'I've seen some improvement in the hostel. It looks so much homelier. My child loves the pool table and table tennis'.

We were impressed by the newly developed approach to getting to know young people, prior to them coming to live in the hostel. This was a positive development which supported an improved knowledge of individual needs and wishes. This view was endorsed by parents who commented, 'There has been excellent support and communication from the hostel about issues relating to my children'. Whilst this provided a positive change, some parents felt that aspects of life in the hostel could be better and we shared some of these examples with the provider.

Since the last inspection, staff morale was better. Staff members who spoke with us said that overall, they felt things were improving. We acknowledged this and highlighted where further improvement was needed. Notifications to the Care Inspectorate are important because they help us to identify risk and monitor standards. The provider had not notified the Care Inspectorate in line with regulations and national guidance and we therefore repeated the requirement made previously (see requirement 1).

With regard to safeguarding, we acknowledged the considerable focus on improving protection procedures with regard to young people living in the hostel. At this stage of developments, we were confident that appropriate measures were in place to ensure robust responses to child protection concerns. We did however, believe that further assurance was necessary with regard to the implementation of these procedures and we have therefore repeated the previous requirement relating to the need for external leaders, who play an important role in safeguarding, to promote effective and sustained improvement (see requirement 1).

We also made a requirement previously about the need for external leaders to maintain oversight of management practices, to provide assurance of quality care for young people and as we were not yet assured of sustained and systematic improvement, we have repeated this requirement (see requirement 3).

Review of young people's personal plans and risk assessments confirmed that aspects of these had improved. Personal plans were more focused on SMART outcomes. It was acknowledged that further development was needed and we have identified this work as an area for improvement (see area for improvement 2).

Risk assessments were better formulated, but some of these lacked critical detail relating to the risk management of young people.

We have repeated the requirement that asks that risk assessment adequately encompasses the full range of risks relating to specific young people's needs (see requirement 2), and the process of auditing risk assessments and other related documentation was inconsistent. We have repeated the requirement as the care and support for young people had not been sufficiently quality assured (see requirement 3).

Requirements

1. By 1 February 2026, the provider must ensure the health, welfare and safety of all young people.

To do this, the provider must, at a minimum:

- a) Notify the Care Inspectorate in line with regulations; and
- f) Ensure that external leaders who play an important role in safeguarding, make an effective and sustained contribution to service improvements.

This is in order to comply with section 53(6) of the Act and 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:

'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 originally made on 19 December 2024.

This requirement had not been met and we agreed an extension until 1 July 2025.

2. By 1 February 2026, the provider must ensure the health, welfare and safety of all young people.

To do this, the provider must, at a minimum:

- a) ensure that risk assessments adequately encompass the full range of young people's needs.

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:

'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 originally made on 19 December 2024.

This requirement had not been met and we agreed an extension until 1 July 2025.

3. By 1 February 2026, the provider must ensure there is effective quality assurance processes in place.

To do this, the provider must, at a minimum, ensure that:

a) There is oversight of management practices to provide assurance of quality leadership and management of the service; and

b) Personal plans and risk assessments are regularly audited.

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:

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

This requirement was originally made on 19 December 2024.

This requirement had not been met and we agreed an extension until 1 July 2025.

Areas for improvement

1. To ensure that all young people feel that their privacy, dignity and feelings of security are promoted, the provider should re-visit respectful practices with all staff.

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

'I experience care and support where all people are respected and valued' (HSCS 4.3).

2. To ensure high quality care and support for young people, the provider should ensure that personal plans contain SMART (specific, measurable, achievable, realistic and timebound) outcomes, which adequately address the needs of young people, particularly where there is a need for additional support.

This is to ensure that care and support is consistent with Health and Social Care Standards which state:

'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).

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

Requirements

Requirement 1

By 1 February 2025, the provider must ensure the health, welfare and safety of all young people.

To do this, the provider must, at a minimum:

- a) Ensure that child protection procedures are understood by all staff working in the service;
- b) Provide assurance of the identification of risk and of appropriate reporting and recording systems, where protection concerns occur;
- c) Ensure that effective safeguarding training is in place;
- d) Ensure that child/adult support and protection and safeguarding concerns are shared and fully understood by staff, who provide care and support for young people;
- e) Notify the Care Inspectorate in line with regulations; and
- f) Ensure that external leaders 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:

'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 19 December 2024.

This requirement had not been met and we agreed an extension until 1 July 2025.

This requirement was made on 30 April 2025.

Action taken on previous requirement

- a) At this inspection, we were more assured of all staff awareness of child protection procedures. Recent training and an increased focus on wider aspects of child protection procedures had been undertaken. MET

- b) All staff involved in this inspection were able to identify indicators of risk. The implementation of a child protection concern form was familiar to all staff and there was a clear understanding of the need to complete this, in each instance, where a protection concern was known. MET
- c) We had previously evaluated the quality of child protection training, believing this to be supportive of staff development. MET
- d) There had been a renewed commitment to transparency and involvement of staff, where required. All staff had awareness of protection concerns regarding young people. MET
- e) The provider had not submitted all relevant notifications in line with regulations and Care Inspectorate and guidance. We have repeated this aspect of the requirement as we were not yet fully assured of the provider's understanding of the need to comply with this expectation. NOT MET
- f) The external manager had been involved in the development of safeguarding processes, specific to supporting young people who live in the hostel. Good progress had been made with regard to intended practices. New lines of communication and agreed representation of hostel staff, at key discussions, where this involved young people living in the hostel, had only recently been implemented. We have repeated this aspect of the requirement as we believed that there was continued need for external leaders, who play an important role in safeguarding, to promote effective and sustained improvement, to ensure the safety and wellbeing of all young people. NOT MET.

Not met

Requirement 2

By 1 February 2025, the provider must ensure the health, welfare and safety of all young people.

To do this, the provider must, at a minimum:

- a) Ensure that personal plans and risk assessments adequately encompass the full range of young people's needs; and
- b) Ensure that personal plans contain SMART (specific, measurable, achievable, realistic and timebound) outcomes, which adequately address the needs of young people, particularly where there is a need for additional support.

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:

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

and

'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 requirement was made on 19 December 2024.

This requirement had not been met and we agreed an extension until 1 July 2025.

This requirement was made on 30 April 2025.

Action taken on previous requirement

a) We acknowledged progress and improvement with regard to personal plans and risk assessments. Some individual risk assessments continued however, to omit important information relating to young people's needs and this failure to capture key indicators of risk, increased the likelihood of risk, in some instances. We have repeated this aspect of the requirement as we believed that further development was required, to ensure the safety and wellbeing of young people. NOT MET.

b) We found that all young people had a personal plan based on SMART outcomes. There had been a commitment to developing plans which better encompassed young people's needs and wishes. In some instances, the aims of the plan, did not adequately support the identified needs of some young people. However, we were satisfied that progress had begun to address support for positive outcomes. This aspect of the requirement was MET. We have advised the provider of the need to continue to develop personal plans and have identified this an area for improvement. that we will review at the next inspection.

Not met

Requirement 3

By 1 February 2025, the provider must ensure there is effective quality assurance processes in place.

To do this, the provider must, at a minimum, ensure that:

a) There is oversight of management practices to provide assurance of quality

leadership and management of the service; and

b) Personal plans and risk assessments are regularly audited.

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:

'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 19 December 2024.

This requirement had not been met and we agreed an extension until 1 July 2025.

This requirement was made on 30 April 2025.

Action taken on previous requirement

a) We noted the implementation of hostel management engagement meetings, chaired by the external manager. These meetings helped to provide a layer of quality monitoring. We also noted the external manager's key involvement in improving safeguarding practices, in relation to young people who live in the hostel. We also appreciated the impact of conflicting demands on the time of the external manager and noted commitment to a level of physical presence in the hostel.

We remained concerned however about the lack of a systematic approach to improvement, now evident at several inspections. We saw limited evidence of consistent quality assurance or of a well developed, fully informed mindset, where self evaluation played a key role in determining broad priorities for improvement.

We believed that there was a need for continued oversight of management practices, to ensure a quality provision for young people. We have repeated this aspect of the requirement. NOT MET.

b) We found inconsistent practices in respect of auditing. This meant that the care and support for some young people had not been sufficiently quality assured. We repeated this aspect of the requirement. NOT MET.

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

To ensure that all young people feel that their privacy, dignity and feelings of security are promoted, the provider should re-visit respectful practices with all staff.

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

'I experience care and support where all people are respected and valued' (HSCS 4.3).

This area for improvement was made on 30 April 2025.

Action taken since then

The majority of young people who took part in this inspection, said they felt respected by most members of staff, with all young people saying they felt safe and well cared for. However, aspects of care practice, by specific members of staff, had the potential to diminish young people's voice and had created an environment where some young people felt disrespected. We were made aware of several occasions, by several young people, where disrespectful and disproportionate responses from some staff, had the potential to compromise feelings of safety and security and lead young people to be guarded in their responses.

With regard to this area for improvement, we asked that nothing is taken for granted in terms of the provider's expectations of staff values and attitudes. Being respectful to young people, is central to their wellbeing.

This area for improvement was NOT MET. We have repeated the area for improvement and will review progress at the next inspection.

Previous area for improvement 2

To ensure that there is adequate staffing in place to care for and support the individual needs and wishes of young people, the provider should review existing staffing arrangements.

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

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 30 April 2025.

Action taken since then

We reviewed the provider's safer staffing rationale and supporting documents. We were satisfied that significant progress had been made in respect of increases to staffing ratios, through a programme of staff recruitment.

We observed staffing ratios during the inspection visit and reviewed the staff rota to determine skill mix and experience within the staff team. It was accepted that newer members of staff had still to develop their practice within the hostel environment.

This area for improvement was MET.

Previous area for improvement 3

To ensure that all young people receive high quality care and support, the provider should improve the quality of information shared at daily handover meetings.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 30 April 2025.

Action taken since then

The daily handover was an improved version of what we had seen previously. There was considerable information shared about young people and importantly, key tasks were assigned to staff to guide practice for the up coming shift.

We were satisfied with progress and this area for improvement was 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?	3 - Adequate
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	3 - Adequate

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