

Woodlea Cottage Care Home Service

Perth

Type of inspection:
Unannounced

Completed on:
6 November 2025

Service provided by:
Perth & Kinross Council

Service provider number:
SP2003003370

Service no:
CS2009236865

About the service

Woodlea Cottage is a care home service. It provides short breaks of no more than 28 consecutive days for a maximum of five children and young people aged between five and 18 at one time. Children and young people using the service have severe, complex and multiple factors leading to significant and enduring additional support needs

The premises was purpose-built in 2010. All areas accessed by young people using the service are on the ground floor. They include a main open-plan living and dining room with adjacent kitchen and an annexe with an additional open-plan kitchen, living and dining room. All bedrooms are for single occupancy and most have shared use of an adjacent shower or bathroom, two of which have ceiling hoists. There is a separate self-contained area with a bedroom, living room and kitchenette. There is also a utility room and medical room. Development of a sensory room is underway. At the rear of the building is a fenced garden with a playroom and outdoor equipment. The premises can be accessed by wheelchair.

Woodlea Cottage is situated in a residential area about a mile and a half from the city centre, which has local services and facilities such as shops, schools and parks.

About the inspection

This was an unannounced inspection which took place on 28, 30 and 31 October 2025. Visits to the service took place between 11:55 and 19:10, 09:45 and 17:10 and 09:35 and 17:10 respectively. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- reviewed survey responses from five family members, ten staff and nine external professionals
- spent time observing care of three children and young people visiting Woodlea during the inspection and spoke with two family members
- spoke with eight staff and managers
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

Key messages

- Staff familiarity with young people and effective risk management contributed to keeping them safe.
- Alternative responses to children experiencing distress minimised the use of restrictive practices and physical restraint. Managers should now consider how they can support staff confidence in implementing a positive behaviour management approach.
- Children and young people benefitted from positive and nurturing relationships with the staff caring for them. They had strongly individualised care and routines.
- Significant events should be notified more consistently to the Care Inspectorate.
- Whilst there were early signs of improvement, the service had experienced a very challenging period of staff absences, the impact of which had been felt by managers, the staff team and young people and their families.

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

We evaluated this key question as **good**. This means that the service had important strengths which taken together, clearly outweighed areas for improvement.

Staff were familiar with their professional responsibilities, though gaps in protection training should be addressed, and this should be extended to all ancillary staff. Risk management plans were effective, strongly individualised and regularly reviewed to keep them up to date. These contributed to keeping young people safe. Improved recording of all stages of the assessment and decision-making process would support good practice in this area.

There had been very minimal use of restrictive practices by staff, including no instances of physical restraint, for some time. Alternative strategies for responding to young people in distress reduced the potential for compromising their dignity and wellbeing. The provider's decision to discontinue staff training in the use of restraint and physical intervention reflected this approach. We found no evidence of adverse outcomes as a result, though following staff feedback, concluded that a clearer framework of practice in relation to positive behaviour management would support a trauma-informed approach and promote staff confidence.

We signposted the manager to Care Inspectorate guidance to ensure that all significant events are formally notified to us. Most incident records demonstrated appropriate, sensitive responses to young people by staff. They also showed evidence of management oversight and identification of learning to prevent recurrence.

Young people's positive relationships with staff meant they could enjoy and make the most of their stays. Low staff turnover was a contributory factor in this. Comments about staff included: 'lovely', 'can't fault them'; 'amazing'. However, the service was just emerging from a prolonged and challenging period of staff absences. Staff had worked additional hours or changed working arrangements, and whilst most felt well supported, they had not had access to regular, planned supervision during this time (*see area for improvement 1*). Managers had on occasions provided direct care, which had constrained their capacity for quality assurance and improvement activities, though it should now be possible to resume these. There had also been heavier than usual reliance on supply staff and frustrating delays in recruitment. Despite their efforts, the provider had been unable to avoid cancelling or changing a number of short breaks. This had had a negative impact on the young people and families affected, though it was difficult to quantify this. A request for more short breaks also featured in some of the feedback we received.

Improvements to and maintenance of the environment contributed to positive experiences for young people. Staff prepared the setting with individual needs and preferences in mind, though there was scope for softening and enhancing some areas.

Children's routines were strongly individualised and reflected their preferences to maximise enjoyment of their visits. Staff sought feedback from parents during reviews and listened to suggestions, adapting plans accordingly. The service was considering further ways of using technology to improve communication with parents to enhance their experiences of the service.

Effective management of medication contributed to positive health outcomes for young people. A wide range of training was available to support staff to provide high quality care, but more up-to-date training records are needed so managers can monitor this more easily.

In discussion with parents, staff identified some proportionate goals for children to work towards during their visits, to develop a range of skills. Plans were child-centred and contained a wealth of information to guide staff in providing familiar, beneficial routines. Staff should now explicitly evaluate progress at each review, and continue to ensure recording practice fully reflects the service's respectful ethos. To maximise positive outcomes, some plans should also be more proportionate to need, and be underpinned by SMART principles (specific, measurable, achievable, realistic and time-bound).

Areas for improvement

1. To support staff welfare and enable them to carry out their role safely and effectively and provide the best quality care for young people, the provider should ensure the staff support and development framework is fully implemented. This should include, but is not limited to, regular staff supervision.

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 is to ensure that staff support is consistent with the SSSC Codes of Practice for Social Service Workers and Employers.

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

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