

Millview Cottage Care Home Service

DUNDEE

Type of inspection:
Unannounced

Completed on:
23 September 2025

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2003000496

About the service

Millview Cottage is a residential care home for up to six young people. It is provided by Dundee City Council and is located close to the centre of Dundee. The location offers good transport links and easy access to a wide range of shops and community services.

The service provides modern accommodation on one level in six single bedrooms with en-suite facilities. Young people have use of a large sitting room, dining kitchen, activities room, cinema room and meeting room. The home is surrounded by spacious gardens with an outdoor sports area.

About the inspection

This was an unannounced inspection which took place on 11 September, 12 September, 15 September and 17 September 2025. 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:

- spoke with people using the service and where possible, their representatives;
- spoke with 10 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

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 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.

Key messages

- Most young people were safe most of the time.
- Young people's access to independent advocacy should improve.
- Some young people flourished whilst living in Millview.
- Learning from incidents of restrictive practice must improve.
- Young people were cared for by caring and committed staff.
- Young people's experiences must be robustly evaluated through better quality assurance.

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 two quality indicators within this key question. 7.1 was evaluated as weak and 7.2 was evaluated as adequate, thus the service was graded overall as weak, as whilst we identified some strengths, these were compromised by weaknesses.

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

Most people living in the service were safe most of the time and the caring adults in the service understood the critical role they played in protecting young people. At times safety was compromised as the complexity of some young people's needs, meant the team did not always have the required environment or resources to effectively and consistently contain behaviour that challenged. This led to some restriction in the spaces young people could use and affected the atmosphere of the house.

Young people all had access to adults from out with the service and there was a drive to strengthen partnerships with named social workers. Staff were passionate in their desire to advocate on young people's behalf, but the independent advocacy provision was not sufficient nor specialised enough to ensure all children's voices, views and experiences were heard and understood. (See area for improvement 1).

Where young people's needs were understood, routines reflected their needs, and day to day life was predictable, but for others daily life was stressful and uncertain.

Since the last inspection a complaint was upheld in June 2025 and two requirements were made relating to the use of restrictive practice at the service. We found that although progress had been made to ensure that young people were supported by adults who were trained and accountable, since the complaint was upheld, it was difficult to evaluate if restrictive practice was always proportionate and followed best practice guidance as the service had only very recently begun to sufficiently document and notify the Care Inspectorate when incidents of restraint or restriction occurred. We discussed our findings with the management team noting they had already begun to act, thus we extended the timescale of the requirement to support this. (See requirement 2 under 'What the service has done to meet any requirements or areas for improvement we made at or since the last inspection').

Some young people enjoyed warm and nurturing relationships and were flourishing because of their care. We were concerned that others, whose needs were less well understood and who did not have these established connections, were not experiencing consistent, trauma informed care that meaningfully considered their previous experiences or recognised their behaviour as a communication of their needs. Certain young people had thrived as a result of their care and their health, wellbeing and day to day accomplishments were significantly improved as result of living in Millview. Others were disadvantaged as the team were not clear how to support more difficult to reach young people to fulfil their potential and we found a lack of reflection and learning that promoted a culture of seeing things from a child's perspective. (See requirement 1).

The service was effective in safely and considerably supporting family connections, and when possible, welcomed family and friends into the house. There was a demonstrable commitment to ensuring young people understood their right to continuing care.

The variability in young people's experiences was also evident in personal plans. Some young people's care

was driven by good quality risk assessment and personal plans that captured their needs, their strengths and what they needed from adults to achieve, stay safe and feel protected from harm. Others were limited in detail and did not provide enough individualised information to ensure adults could recognise and respond consistently when young people were in need or distressed. The latter lacked ambition nor conveyed a belief that young people could aspire and achieve, and they were overly focussed on what young people needed to change as opposed to the support they needed to thrive. (See requirement 2)

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

The team in Millview described supportive leaders who had a vision for the service that was underpinned by The Promise. As outlined in this report, not every young person was experiencing the care that The Promise aspires to thus we continued the area for improvement made at the last inspection

There was a structure of quality assurance at Millview, reflective of the model for all the local authorities' residential houses, however, there was a lack of documented evidence to assure us that young people's experiences were being evaluated, as the expected quality assurance was incomplete. Notifications of incidents had not been made to the Care Inspectorate as required and there was no staffing needs assessment to ensure the individual needs of young people were met. We had made an area for improvement at the last inspection, and we were concerned that current quality assurance within the service was not robust enough to monitor and evaluate people's experiences. (See requirement 3.)

Since the last inspection, external manager arrangements had changed several times, and it was unclear how previous external oversight had contributed to ensuring the service had the capacity to meet and champion young people's needs and rights. Historic matching decisions had led to some young people with complex needs moving into Millview, and the service had been unable to care for them in a way that supported them to fulfil their potential. In recent weeks a more assertive approach to external oversight assured us that there was a drive to ensure specific young people were better understood and plans were underway to ensure the care they received was more tailored to their individual needs.

Young people were cared for by many committed and caring staff who were safely recruited and supported through induction. Whilst staff described a positive experience of supervision and development, we could not see how robust learning and evaluation of all young people's experiences meaningfully drove improvement in the service. (See requirement 3).

Requirements

1. By 31 March 2026 the provider must ensure that young people are cared for by a team who have the required skills to engage all young people meaningfully in their care.

To do this the provider must at a minimum;

- a) Implement a model of practice that ensures all young people experience consistent, compassionate, trauma informed care.
- b) ensure model of practice creates a culture of reflection and learning that is focussed on evaluating all young peoples day experiences of care.

This is in order to comply with Regulation 4(1)(a) (welfare of users); 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).

2. By 31 March 2026 the provider should ensure that young people are effectively supported as their needs and risks are well understood.

To do this the provider must at a minimum:

- a) Implement a recognised model of risk assessment that takes account of all potential vulnerabilities a young person may experience.
- b) Develop support plans that clearly guide caring adults to effectively support peoples needs in the least restrictive way possible.
- c) Develop personal plans that support young people to fulfil their potential.

This is in order to comply with Regulation 5(1)(3)(personal plans); 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 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).

3. By 31 January 2026 the provider must ensure that young people are cared for by a knowledgeable, well-trained and supported workforce, with robust quality assurance systems in place which have managerial oversight.

To do this the provider must, as a minimum:

- a) Deliver and accurately record staff training to demonstrate a well-trained and skilled workforce.
- b) Deliver and document formal supervision for all staff.
- c) Develop accurate aims and objectives which accurately reflect the service being provided.
- d) Develop a service development plan that is informed by the evaluation of young people's experiences.
- e) Undertake and implement a staffing needs assessment which determines how the needs of young people will be met.
- f) Implement robust quality assurance processes which have managerial overview.

This is in order to comply with Regulation 4(1)(a) (welfare of users); Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210) and Regulation 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:

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

'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. To ensure young people's safety and wellbeing, the provider should ensure that young people's voices are heard, rights upheld and wishes known.

To do this, at a minimum, the provider should ensure that children and young people have access to an independent advocacy service relevant to their needs

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11).

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

Requirements

Requirement 1

This requirement was made following a complaint investigation.

By 31 July 2025, the provider must ensure that no child or young person is subject to restrictions to their liberty unless it is the only practicable means of securing the welfare and safety of the child or young person.

In particular, the provider must:

- a) Ensure that all children and young people's personal plans and risk assessments are appropriately detailed and updated regularly in relation to the use of restraint and restrictive practices.
- b) Ensure clear guidance is given to staff about safe strategies to use, based on the individual needs of the children and young people.
- c) Ensure that any use of restraint or restrictive practice is documented, includes pertinent detail and is shared timeously with relevant partner agencies, including the social work department, the Care Inspectorate and any other relevant agencies.
- d) Ensure that restrictive practices are effectively overseen by management to ensure staff compliance with training and practice standards.
- e) Ensure managers analyse and review incidents where restraint or restrictive practice has been used to decipher any patterns and learning needs for the staff team.
- f) Ensure any incidents of improper use of restrictive practice are dealt with appropriately

To be completed by: 31 July 2025

This is in order to comply with: Regulation 4(1)(c) 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 Health and Social Care Standards (HSCS) which state that:

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively'. (HSCS 1.3).

This requirement was made on 27 June 2025.

Action taken on previous requirement

The service has ensured that all staff are trained in a recognised model of physical intervention, thus increasing staff confidence and accountability in the justification for restrictive practice. For those impacted by restrictive practice a clear risk assessment was in place. Notifications to relevant people, including the Care Inspectorate, were now being submitted.

Met - outwith timescales**Requirement 2**

This requirement was made following a complaint investigation.

By 31 July 2025, the provider must ensure that all incidents of concern are addressed with staff and documented effectively.

In particular, the provider must:

- a) Record all incidents on an incident form, particularly where there is injury to staff or young people.
- b) Ensure that individual de-briefs are carried out with staff following all incidents, particularly where there is injury to staff or young people. Support offered and provided is recorded clearly and actions reviewed by managers.
- c) Record an analysis of the strategies used by staff and ensure this identifies staff learning to improve future practice.
- d) Ensure that any incident where there is harm to staff or young people includes pertinent detail and is shared timeously with relevant partner agencies, including the social work department, the Care Inspectorate and any other relevant agencies.

To be completed by: 31 July 2025

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 is to ensure care and support is consistent with 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 27 June 2025.

Action taken on previous requirement

Whilst the service had implemented a model of debrief they focussed solely on the experiences of adults and failed to consistently identify learning or evaluate the experiences of the young person who had been subjected to restrictive practice.

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 support young people's wellbeing and safety, the service should ensure staff are confident in understanding their role in assessing, documenting and managing risk. This should include, but is not limited to, implementing a model of risk assessment that recognises all aspects of young people's vulnerability, and which informs support plans that clearly details how risk will be managed and mitigated.

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

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

This area for improvement was made on 5 October 2022.

Action taken since then

The service had made some progress and some young people had comprehensive personal plans that supported the understanding and management of risk, however, this was not in place for every young person living in the service and given the impact we made a requirement.

Previous area for improvement 2

To support positive outcomes for young people, the service should further implement the principles of the promise. This should include but is not exclusive to, developing service aims and objectives that are aspirational and reflect the rights of young people.

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

'I get the most out of life because the people and the organisation who support and care for me have an enabling attitude and believe in my potential'. (HSCS 1.6).

This area for improvement was made on 5 October 2022.

Action taken since then

The service had undertaken development work that led to staff having some knowledge of aspects of the promise but not all young people were benefiting from a consistent application of these aspirational values, thus we continued this area for improvement.

Previous area for improvement 3

To optimise young people's experiences, the service should ensure continuous improvement is well informed. This should include but is not limited to, review and update of the service development plan that reflects stakeholder feedback and evaluation of quality assurance processes.

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 October 2022.

Action taken since then

The provider had devised a model of quality assurance that intended to evaluate people's experiences but the service had no documented evidence that this was regularly carried out. Given the findings of this inspection and the impact on people, we made a requirement.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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	2 - Weak
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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