

The Meadows Care Home Service

IRVINE

Type of inspection:
Unannounced

Completed on:
9 December 2025

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2007142325

About the service

The Meadows is a residential children's house provided by North Ayrshire Council. The service is registered to provide care for up to eight children and young people.

The service is based in a purpose-built building in Irvine. The building is detached and on one level with a car park and some garden space in the grounds. There are eight designated bedrooms within the house and each has en suite facilities.

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.

About the inspection

This was an unannounced inspection which took place on 2 December 2025 between 10:30 and 19:30 and 4 December 2025 between 10:00 and 17:30. 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 six people using the service and one of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- Staff had developed their trauma-informed practice and ethos, which contributed to positive outcomes for young people.
- Young people experienced kind and caring staff which allowed them to build trusting relationships.
- Young people were empowered through care that offered scaffolding and support at the right level.
- Continuing care was prioritised and relationships were maintained by staff with those young people who had transitioned out of The Meadows.
- Leaders contributed to a culture which promoted high standards of care and support.
- External oversight needs to improve to ensure decisions being made externally about the service did not impact on outcomes.
- The Promise was being consistently supported through a development and improvement plan that reflected the needs of young people.

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 was graded as very good, where there was significant strengths in aspects of the care provided and how these supported positive outcomes for people. Quality indicator 7.2 was graded as good, where here several strengths impacted positively on outcomes and clearly outweighed areas for improvement. This resulted in an overall grade of good for this key question.

Young people felt comfortable in their home and with staff. This contributed to them feeling emotionally and physically safe. Staff knew young people well and were attuned to their needs, which allowed young people the space and support when they needed.

Staff considered risks, vulnerability, and needs and these contributed to the care and support offered. Social workers visited the service on a regular basis and the service had an identified children's rights worker from Barnardo's who visited the service regularly and was available to young people. This contributed to safety within the service and within the community.

The service had responded to safeguarding concerns quickly to ensure the safety and protection of young people. Accurate recording of the concerns, actions, and outcomes should be held for each concern of this nature.

All staff promoted trauma-informed care, which supported young people's emotional wellbeing. There was an ethos that valued consistency and routines, which promoted trust for young people and further created safety and stability.

Staff worked hard to promote relationship-based practice, which had subsequently reduced the use of restraint and restrictive practice. The culture in the service promoted early intervention and de-escalation, which minimised a culture of using restraint.

The team had worked hard to develop a trauma-informed understanding of the young people they cared for and this contributed to interventions and support that was appropriate to their needs.

The staff team recognised where scaffolding was required for young people but also where young people's own skills could be promoted and empowered.

Children and young people experience a high level of respect from everyone involved in looking after them. We heard that young people's rooms were some of their favourite places and these had been decorated to a high standard. There were aspects of the communal environments that needed improvement and repairs had not always been carried out in a timely manner. External oversight was required in relation to these issues to ensure they did not impact on young people's experiences.

Young people were creatively engaged in their goal setting and support planning. Because of the relationships established with staff, young people could meaningfully engage in decisions affecting them and regularly attended looked after reviews. Care plans had improved since the last inspection, where there had been a new addition of photobooks to celebrate young people's goals and outcomes, which provided an opportunity for young people to feel valued. It will be important to ensure that these are integrated into the ethos of the service to ensure that outcomes and goals are reflected and celebrated.

Staff supported young people's family arrangements and offered support to families where this was possible, often in challenging circumstances. This contributed to young people's sense of identity and safety.

Young people attended a variety of hobbies and were supported to develop their interests. Young people were generally very active and this contributed to positive emotional and physical health. One social worker told us that the young people they worked with would have never previously had the opportunities they currently have at The Meadows.

The service promoted a positive ethos around school, higher education, and work, which valued taking part and celebrated positive attainment. This further promoted positive routines and outcomes for young people.

Some young people had lived within The Meadows for many years and were encouraged to use their right to continuing care should they wish. Staff clearly had strong attachments to young people and these continued even as young people moved on and became adults. This was a strength of the service and provided very good scaffolding to care experienced young people.

Leaders ensure the culture is supportive and empowering. They model consistently high standards of practice and successfully champion the best possible outcomes for children and young people.

External oversight of the service needed to improve to contribute to the promotion of high quality care and support. There have been changes made, at a provider level, to the provision of the house cook. This has resulted in the young people not receiving homemade meals at weekends (see area for improvement 1).

There continued to be emergency arrivals, which impacted on the team and leaders offering fully trauma-informed transitions. However, a proactive and protective approach had been taken by managers since the last inspection to ensure that young people did not experience distress or poor outcomes from transitions or arrivals into the service.

All staff, including relief staff, knew young people well. This contributed to young people developing enduring and trusting relationships. This resulted in reduced periods of distress and young people having increased feelings of safety and stability. Positive decisions had been made around staffing to ensure the service had the right number of staff to support.

Staff were trauma-informed in their practice and this contributed to good outcomes for young people. Trauma-informed care was promoted by leaders in the service and this supported staff to feel confident and valued in their role.

The development and improvement plan evidenced continued evaluation and reflection of young people's outcomes and experiences. Leadership within the service, including senior residential care workers, had worked hard to consider how their improvement and development would drive forward The Promise. This was less present in the external oversight of the service and will be important to ensure sustained service development.

Areas for improvement

1. To ensure that young people have access to a healthy and balanced diet, the provider should ensure that homemade food is provided on all days of the week.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in meal planning' (HSCS 1.33).

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

Requirements

Requirement 1

By 16 August 2024, the provider must carry out effective matching analysis to ensure that all arrivals are in the best interests of all young people.

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

- a) Provide an analysis of how the arrival of any new young person may impact on young people already living in the service and how this will be supported.
- b) Provide a detailed assessment of how the service plans to support identified risk or need for young people referred to the service.

This is to comply with Regulation 4(1)(a) (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 am in the right place to experience the care and support I need and want' (HSCS 1.20).

This requirement was made on 4 June 2024.

Action taken on previous requirement

Managers had taken a proactive and protective approach to decisions around new arrivals and transitions to ensure young people did not experience distress or poor outcomes.

The service had made an effort to ensure that the service had not been over capacity and had evidenced discussions with external management to maintain this approach. This improved the experiences of young people living in the service and ensured the service was not overcrowded.

The service should continue to carry out matching assessments where there are planned arrivals. The service may also wish to develop a group dynamic assessment to better evidence considerations given to risks, vulnerability, and need when young people arrive on an emergency basis.

This requirement was assessed as met.

Met - outwith timescales

Requirement 2

By 31 October 2023, the provider must support people to ensure they review the use of restrictive practices within the service.

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

- a) Review all incidents which involved restrictive practice.
- b) Have a clear plan on how to reduce restrictive practice within the service.
- c) Ensure there is learning opportunities and support for staff, as to how best support the young people.

This is to comply with Regulation 4(1)(a) (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 18 August 2023.

Action taken on previous requirement

All restrictive practices had been reviewed by managers and reflective debriefs carried out with staff involved. This promoted reflective practice and a learning culture, which viewed restraint as a last resort.

For those young people who had experienced restraint, there had been successful plans in place to reduce restraint. This followed best practice and a trauma-informed approach, which sought to reduce distress and dysregulation.

Staff have a positive ethos around de-escalation and relationship-based practice, which was consistent with a trauma-informed approach.

This requirement was assessed as met.

Met - within timescales

Requirement 3

By 31 October 2023, the provider must support people to ensure they complete a comprehensive development plan for the service.

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

- a) SMART goals, which are regularly reviewed.
- b) Areas of development required in the service and how these will be met.
- c) Self evaluation to help inform developments required in the service.

This is to comply with Regulation 4(1)(a) (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 18 August 2023.

Action taken on previous requirement

The service had a development and improvement plan in place which had been regularly reviewed. There were clear goals identified, which had been developed through young people and staff evaluation of the service.

The format of this plan was accessible and there had been clear efforts to involve the wider staff team in supporting improvement in the service. This was being further reviewed to ensure all staff felt comfortable contributing and leading in areas they felt passionate about, which promoted a positive ethos where the staff team felt valued.

Self evaluation within this service and externally would be a further area that would be beneficial in the future.

This requirement was assessed as met.

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 promote consistent safe care practice, staff should work closely with other agencies and confidently use preventative risk assessed practice.

This should include, but is not limited to, effective inter-agency communication and regularly reviewing risk management plans and strategies. This would support a whole systems approach that seeks to reduce and manage any concerns 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 am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21); and 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

This area for improvement was made on 4 June 2024.

Action taken since then

Social workers spoke highly of the excellent communication from the staff team. We heard that staff were proactive and confident in responding to areas of risk. Staff contributed to multi-agency meetings and legal proceedings, ensuring all updates were shared in a timely manner.

Some risk assessments had been regularly reviewed. All contained the required information regarding risk and associated strategies to support young people. It will be important to ensure that there is oversight of all risk assessments, so they are reviewed regularly.

This area for improvement was assessed as met.

Previous area for improvement 2

To support children's wellbeing the service should implement person-centred personal support and risk management plans that utilise a SMART (specific, measurable, attainable, relevant, and time-bound) approach and should inform consistent safe care practice.

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); and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 4 June 2024.

Action taken since then

Support plans had improved to include clear goals and actions, where scaffolding required from staff was detailed. Additional information had been included around the service's 'Promise' to each young person, to ensure their support was right for them and those aspects were important in their lives.

We felt that these improvements had contributed to consistent and stable care, which ultimately resulted in better outcomes for young people.

This area for improvement was assessed as met.

Previous area for improvement 3

To ensure that children and young people's needs are met by the right number of staff, the provider should implement a system for assessing, reviewing, and recording the number of staff or staff hours, skills, and experience that are required throughout the day.

This is in order to comply with Section 7 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: 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 4 June 2024.

Action taken since then

The service had not yet developed a staffing needs assessment.

An improvement session is being offered to the service in January 2026 to support them to meet this area for improvement.

This area for improvement was assessed as not met.

Previous area for improvement 4

To promote the best possible care for children and young people, the service should ensure there are effective quality assurance systems in place which are supported by analysis, reflection, and self evaluation.

These systems should be used to inform improvements, developments, and changes required to practice and young people's care. This should include, but is not limited to, regular auditing of young people's risk assessments, care plans, and outcomes.

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 4 June 2024.

Action taken since then

Regular auditing of personal plans had taken place and for some risk assessments. There had been regular oversight of incidents and involvement in the team of reviewing outcomes for young people, which contributed to improvement and developments.

This had contributed to identifying areas of practice and support which needed to be altered or changed to improve young people's experience and outcomes.

The service should continue to embed self evaluation and external oversight to ensure that all aspects of young people's experiences and outcomes are evaluated.

This area for improvement was assessed as met.

Previous area for improvement 5

To support effective scrutiny of the service, the provider should ensure that managers submit notifications of significant events in accordance with guidance.

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 area for improvement was made on 4 June 2024.

Action taken since then

Notifications had not been submitted in accordance with the guidance.

An input is being offered to the service in January 2026 to support them to improve in this area.

This area for improvement was assessed as not 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	5 - Very 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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