

Barnardo's Fostering Service Glasgow Continuing Care Adult Placement Service

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Type of inspection:
Announced (short notice)

Completed on:
5 December 2025

Service provided by:
Barnardo's known as Barnardo's
Scotland

Service provider number:
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Service no:
CS2019375597

About the service

Barnardo's Fostering Glasgow Continuing Care adult placement service is provided by Barnardo's, a charitable organisation which provides a wide range of services to children and young people. The adult placement service is registered for the purpose of providing continuing care to young people aged 18-21 years of age.

The service shares the same leadership and management, staff team and panel membership as the Barnardo's Scotland Fostering Glasgow service, which was inspected in conjunction with the adult placement service. A separate report is produced in relation to the inspection of that linked service.

About the inspection

This was a short notice inspection which took place between 17 November 2025 and 5 December 2025. The inspection was carried out by two inspectors from the Care Inspectorate. This inspection took place as part of a pilot where we are testing a new inspection model to promote a more proportionate approach within a reduced timescale.

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:

- Met with six carers
- Spoke with nine members of staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with the panel chair and agency decision maker
- Reviewed questionnaire feedback from young people, carers, staff, panel members and external professionals.

Key messages

- Young people were kept safe and experienced nurturing, individualised care and support within caregiving households.
- Review of the arrangements for mandatory carer training has resulted in increased completion and engagement with key training.
- Carers advocate on behalf of young people and engage effectively in partnerships working to ensure young people's needs were met and rights promoted.
- Carers did not have a clear understanding of their entitlements and expectations within continuing care.
- The service has experienced staffing challenges which has impacted on service capacity.
- Carer approval processes were embedded within the service alongside streamlined paperwork which supported assessment and review.

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 people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Young people were kept safe and the service followed national guidance and good practice in relation to concerns that arose.

Mandatory pre-approval training had been introduced at an early stage to ensure timely completion in advance of continuing care approval. A Requirement was made at the last inspection in relation to this which has been met.

However, there was no further mandatory training for continuing care carers including Adult Support and Protection training refreshers or training specific to supporting young adults. Although training was

regularly reviewed by learning and development leads within the wider organisation, a small number of carers advised they were not asked for feedback on quality or course content. (See Area For Improvement 1)

Young people experienced nurturing, individualised care and support within caregiving households. This promoted positive care and support experiences and outcomes into young adulthood.

Carers advocated on behalf of young people and engaged effectively in partnership working to ensure young people's needs were met and rights upheld.

The importance of family relationships was recognised and supported by caring households and young people experienced continuity of relationships with people who matter to them.

With the support of their caregiver families, at the right time and pace, young people were supported to develop an increasingly wide range of life skills. These promoted confidence and help them to get the most out of life.

Young people experienced a sense of permanence, being embraced and nurtured as part of the family into young adulthood and beyond. This stability offered a sense of security and belonging. Where assessed as appropriate this was enhanced by legal measures, including guardianship, being secured.

Young people were informed of their rights in relation to continuing care. The service supports an increasing number of households providing continuing care and have anticipated this will continue to grow.

The foster carer handbook incorporated limited information for carers on continuing care and not all carers were clear around the entitlements and expectations in relation to continuing care held by the service, including in relation to short break provision for older young people. We strongly encouraged that this document is reviewed and amended to support a clear and transparent approach to continuing care.

Areas for improvement

1. To promote the safety and wellbeing of young people, the service should review the provision of training for carers offering continuing care. This should include consideration of refresher adult protection and safeguarding training and specific training regarding the needs of older young people.

This is in order 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 because people have the necessary information and resources." (HSCS 4.27)

How good is our leadership?

3 – Adequate

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

The service have experienced a number of staffing issues since the time of the last inspection including staff absence, staff turnover and vacancies within the team. Although recruitment is being undertaken to fill some vacancies, this has meant the team has been working with depleted numbers at front line and management levels. We were concerned about the capacity of the service to undertake and achieve desired effectiveness of quality assurance given ongoing staffing challenges (See Requirement 1).

Staff felt supported by their practice manager, the registered manager and their colleagues within the team. However, staffing issues impacted the provision of consistent formal supervision, line management for some staff and quality assurance practice within the service.

Staff were committed to one another, young people and their caring households. However, morale continues to be impacted by provider wide organisational changes and staffing issues within the service.

The service benefitted from an experienced and knowledgeable panel chair and agency decision maker. The panel and agency decision maker offered scrutiny to approval and review, supporting the quality assurance functions within the service. Newly introduced systems of panel review provided the opportunity for reflection on decisions to support any development and improvement of panel function.

The service worked to involve young people in quality assurance and service development. Young people's questions have been introduced as standard into panel agenda for approval and review of caring households. In addition, inspection of the service by Barnardo's young inspection volunteers enabled meaningful participation.

A process for responding to complaints/concerns raised in respect of the fostering and continuing care services is in place. Carers felt confident to raise concerns and progress complaints with the service as required. We encouraged the service to ensure these are consistently applied across both services in relation to any concerns raised.

The process for carer approval was embedded within the service alongside reviewed and streamlined paperwork to support assessment. Most young people had a pathways plan/welfare assessment in place however we identified one instance where this was not the case, that service recording was inaccurate and quality assurance mechanisms had not been effective in identifying this.

Requirements

1. By 27.03.26 the service must consistently use quality assurance systems that meet the needs of the service and inform service development.

This should include but is not limited to:

- A) Ensuring service oversight of key areas, including carer training, are accurate and inform service provision
- B) Ensure chronologies for caring households are up to date, detailed and of a high quality to support service oversight, assessment and quality of care and support
- C) Ensure quality assurance processes effectively support the provision of high quality and accurate information being provided to panel
- D) Ensuring the service has welfare assessments/pathways plans for young people within expected/required timescales and escalate this where gaps are identified

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 in order 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) and;

'I use a service and organisation that are well led and managed' (HSCS 4.23).

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

Requirements

Requirement 1

By 26.06.23 the provider must ensure the safety and wellbeing of young people is robustly supported by timely carer training, assessment and approval.

This should include but is not limited to:

- A) Ensuring carers attend all core and refresher training, particularly that relating to the protection of young adults.
- B) Ensuring mandatory pre-approval training to support the needs of carers and those young people moving into young adulthood is undertaken timely
- C) Ensure training is regularly reviewed to ensure it fully meets the needs of those people using 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 in order 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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 19 April 2023.

Action taken on previous requirement

Mandatory pre-approval training has been introduced at an early stage to ensure timely completion in advance of continuing care approval. There is no further mandatory training for continuing care carers including Adult Support & Protection training or training specific to supporting young adults.

Training is regularly reviewed by learning & development leads within the wider organisation to ensure it meets the needs of people using the service. However, the process for carers contributing to this was unclear, some advising they were not asked for feedback on quality or course content.

As a result we assessed that this requirement is MET.

A new Area For Improvement has been made to address outstanding issues.

Met - within timescales

Requirement 2

By 22nd May 2023 the service must ensure that robust processes are in place for the timely assessment and approval of carers for the purpose of continuing care.

This should include but is not limited to:

- A) The early introduction of preparatory discussions
- B) The timely and robust assessment of carers to support approval
- C) Timely presentation at panel for approval consideration

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 in order 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) and;

“I use a service and organisation that are well led and managed.” (HSCS 4.23).

This requirement was made on 19 April 2023.

Action taken on previous requirement

The process for carer approval was embedded within the service alongside reviewed and streamlined paperwork to support assessment.

This requirement was found to have been MET.

Met - within timescales

Requirement 3

By 22nd May 2023 the service must consistently use quality assurance systems that meet the needs of the service and inform service development.

This should include but is not limited to:

- A) The completion of a comprehensive development plan which is outcomes focussed, offers a strategic overview and the ability of benchmark progress
- B) The effective use of quality assurance systems to measure outcomes and experiences and effectiveness of interventions

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement

Inspection report

Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order 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) and;

“I use a service and organisation that are well led and managed.” (HSCS 4.23).

This requirement was made on 19 April 2023.

Action taken on previous requirement

The service have implemented a comprehensive development plan which offers strategic overview and anticipates future trends.

The service have a mechanism for benchmarking outcomes and the effectiveness of interventions provided in achieving these which were consistently used to inform commissioning and local authority liaison meetings.

We recognise that key areas of this requirement have been progressed and therefore it has been assessed as MET.

However, a number of areas were identified where quality assurance processes had not been as effective as the service would have hoped. For example in relation to the oversight of carer training, quality of recording, key young persons documentation not being in place and accuracy of information provided to panel.

We recognise that staffing challenges within the team have contributed to this.

Therefore a new Requirement will be made in respect of outstanding issues. Please see body of the report.

Met - within timescales

Requirement 4

Within 24 hours the service must achieve consistency in reporting through providing notifications to the Care Inspectorate as detailed in the document ‘Records that all registered care services (except childminding) must keep and guidance on notification reporting’.

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 in order 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.” (HSCS 4.18) and;

“I use a service and organisation that are well led and managed.” (HSCS 4.23).

This requirement was made on 19 April 2023.

Action taken on previous requirement

The service was found to be consistent in their reporting practices to the Care Inspectorate.

This Requirement was found to have been 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**

The service should work to achieve consistent engagement of carers in continuous learning through ensuring training runs as planned and is reviewed regularly to ensure to fully meets the needs of those people using the service.

This is to be consistent with the Health and Social Care Standards (HSCS) which state, 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 19 April 2023.

Action taken since then

The service have introduced a new approach to implementing the carer training calendar which has encouraged an increased level of engagement from carers.

This Area For Improvement was found to have been met.

However, although carers have the option for continuous learning, further to pre-approval continuing care and adult safeguarding training, those carers who only provide continuing care are not required to attend any further training unless identified as needed. This will form a new Area For Improvement – please see report

Previous area for improvement 2

In order to ensure the safety and wellbeing of young people and reduce vulnerability within caring households, the service should adopt a consistent approach to safeguarding concerns.

This is to be 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 area for improvement was made on 19 April 2023.

Action taken since then

We assessed that the service followed national guidance and good practice in relation to protection concerns arising.

This Area For Improvement was found to have been MET.

Previous area for improvement 3

To reduce the experience of poor outcomes, the service should ensure a clear understanding and approach in relation to the use of restrictive practices. This should include consistency across service documentation, messaging and practice.

This is to be 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 area for improvement was made on 19 April 2023.

Action taken since then

A clear and shared understanding was evident in relation to the service's approach to restrictive practice.

This Area For Improvement was found to have been MET.

Previous area for improvement 4

To support positive outcomes, the early identification of vulnerabilities and effective methods of review, the service should ensure a consistent, high quality of recording and implement the use of chronologies.

This is in order 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 because people have the necessary information and resources." (HSCS 4.27)

This area for improvement was made on 19 April 2023.

Action taken since then

The service had begun to implement chronologies for carer households and had introduced additional quality assurance mechanisms to support improvement in quality of recording. However, we identified that the current quality of recording and chronologies within the service was not consistently of a high standard.

It was assessed that this Area For Improvement was NOT MET and will now form part of a new Requirement.

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 people's wellbeing?	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

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