

Achievement Bute Care at Home Service Support Service

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Type of inspection:
Unannounced

Completed on:
28 November 2025

Service provided by:
Achievement Bute

Service provider number:
SP2005007269

Service no:
CS2005091229

About the service

Achievement Bute is a support service with charitable status, offering both individual care, including care at home, and group support to children and young people with additional needs. At the time of inspection, the service was supporting twelve young people with a wide range of differing needs.

The service is located on the Isle of Bute and takes referrals either directly from parents and carers or from the local social work department. Support offered is tailored to the needs of each young person. The organisation was established over 20 years ago by families of children with additional needs and the ethos of ensuring young people with disabilities are not disadvantaged and are included in social experiences with their peers still exists to this day.

This service has been registered since 28 June 2005.

About the inspection

This was an unannounced inspection which took place on 21 November 2025 between the hours of 15:30 and 17:30, 22 November between the hours of 10:30 and 17:30 and 23 November between the hours of 11:00 and 15:00. 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 two young people using the service and four family members/representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals.

Key messages

- Families were meaningfully involved in meetings, and young people were included where possible
- Support was coordinated around the lives of young people and their families, and respect had been given to individual, religious, and cultural needs
- Service agreements and support plans need to be developed to be outcome focussed
- The service need to develop individualised risk assessments for all young people to ensure safety
- Leaders were committed to improving the service however there was a lack of structured quality assurance systems and a need to improve internal oversight and self-evaluation
- The provider needs to ensure that staff are supported with learning and development from induction and throughout their employment
- The provider needs to improve its recruitment processes and procedures to ensure they align with the Health and Care (Staffing) (Scotland) Act 2019
- To protect young people's rights and maintain trust, the provider should strengthen systems and practice to ensure confidentiality is consistently upheld

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How well is our care and support planned?	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?

3 - Adequate

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

The service had experienced a change in registered manager and director within the last year. Since taking up post, the registered manager had focused on improving the quality of support planning. The plans we reviewed provided detailed information about health, social, emotional, and communication needs, giving a clear sense of each young person. Families had been meaningfully involved in meetings to identify needs and agree supports, and young people had been included where possible. Child's plan meetings had also informed support plans, providing a multi agency perspective and shared understanding.

For some young people, staff had recorded observations of support sessions that respected individuality, celebrated achievements, and confirmed that young people had been given choice, demonstrating respect for autonomy. However, this had not been consistent across the service. The manager had been developing systems to ensure observations were recorded consistently, and informed support plans and we stressed the importance of improvement in this area.

Service agreements were in place but were general in nature. To strengthen practice, agreements should be tailored to individual young people, clearly setting out what they could expect from the service and how identified outcomes would be met. We saw examples of regular reviews of support plans, but this had not been consistent. Current plans had covered a one year period without identifying earlier review dates, despite the staff handbook stating quarterly reviews as a minimum. Ongoing improvement is necessary to ensure outcome focused planning in service agreements and support plans and regular review for all young people so that progress can be monitored and aspirations achieved (see area for improvement 1).

Achievement Bute had provided opportunities for young people to participate in clubs, outings, and community activities, as well as individual and home based support. These opportunities had helped young people develop skills, interests, and friendships. Support had been coordinated around the lives of young people and their families, and respect had been given to individual, religious, and cultural needs. We observed that a strong emphasis had been placed on fun and exciting experiences, with clubs such as Den's Week, Lego Club, and Panto Club, alongside community activities such as horse riding. Families and external professionals had highlighted that young people had made new friends and benefited from opportunities to mix outside school, promoting acceptance of diversity.

Families had expressed confidence that young people felt safe and well cared for. One external professional had noted previous concerns about safety but described a growing trust in the new leadership team. Other professionals had reported no concerns.

All staff had undertaken child protection training and had felt supported if concerns arose. However, we identified that young people's safety was compromised by the absence of individualised risk assessments. This was further compounded by limited staff experience, gaps in training (including autism, manual handling and alternative communication methods), and outdated or unclear policies. We were aware that the director was updating policies and suggested urgent progress in this to ensure alignment with current legislation and guidance. Many staff we spoke to were not aware of the whistleblowing policy and had lacked confidence in the lone working and mobile phone policies. Managers were aware of the importance of ensuring staff understood the service's policies and could apply these confidently in practice and had been actively working to improve this.

We concluded that while families and professionals had expressed confidence about young people's safety while using the service, the service had not provided clear evidence of how risks were identified and managed to promote safety for young people and staff (see requirement 1).

Requirements

1. By 30 January 2026, the provider must ensure that individualised risk is assessed and understood for each young person. To do this the provider must as a minimum:

- a) ensure that individualised risk assessments are in place for all young people
- b) ensure all staff receive appropriate training to understand their role in risk assessment and risk management.

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 that:

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

Areas for improvement

1. To support young people's wellbeing and development, the provider should ensure that service agreements and support plans are outcome-focused, regularly reviewed, and individualised to reflect the needs and aspirations of each young person.

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 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

How good is our leadership?

3 - Adequate

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

Staff regularly attended child's plan meetings at school. This had strengthened partnership working and created a shared understanding of young people's needs. External professionals valued this collaboration, noting that shared strategies promoted consistency in care. These meetings had addressed changing needs and demonstrated the impact of Achievement Bute's support, providing a level of quality assurance.

We noted an increase in evaluation of people's experiences. Leaders had introduced parent surveys and had

strengthened communication with the registered manager, which had allowed for more informal feedback. Parents reported feeling listened to, involved in support planning, and confident that staff acted on their views. Some parents described feeling better informed and expressed a growing confidence in the service due to the registered manager and director's approach. Leaders had also considered further ways to involve families, including focus groups and feedback loops, which will strengthen engagement and demonstrate how contributions influence improvement.

Leaders recognised the need to strengthen internal quality assurance systems, and we were confident in their drive and commitment to improvement. We were less confident that they had prioritised improvement through structured Specific, Measurable, Achievable, Realistic and time-bound (SMART) plans and systems to strategically assess strengths, identify areas for development, and monitor progress. We highlighted the need to improve internal oversight and self evaluation. We suggested reviewing the frequency of supervision. Young staff with limited experience had received very little evaluation of their practice or support for their development. There had been an absence of probationary reviews, and the service had not adhered to its supervision and appraisal policy, which set out a three month probationary period and bi annual supervision. As a result, competence had not been formally assessed in the early stages of employment or throughout.

We found no recorded observations of practice. While staff had reported monthly team meetings to review support, attendance records showed that some staff had not attended since August 2025 and others had not attended at all. This limited effective group discussion and consideration of service development. Support agreements had also required further development to clearly set out standards of care and expected outcomes. The care manager had been developing and reviewing support plans, but oversight and quality assurance from the director would strengthen understanding of service effectiveness (see area for improvement 1).

Leaders had dealt with complaints promptly and appropriately, and families expressed satisfaction with outcomes. We saw evidence of learning from incidents. However, leaders need to ensure that all notifiable incidents are reported to the Care Inspectorate in line with guidance.

We recognised that the registered manager and director had come into post at a challenging time, when community confidence had declined. They had worked hard to rebuild trust, focusing on engagement and support plan development. Their commitment to improvement had been evident, and they had sought external support to strengthen practice. However, the absence of structured SMART quality assurance systems had limited the service's ability to strategically drive and monitor improvement, and to ensure the pace of change reflected identified priorities (see requirement 1).

Requirements

1. By 21 February 2026, the provider must ensure that young people are supported in a service that ensures their safety and wellbeing through robust quality assurance systems

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

a) develop and implement SMART (Specific, Measurable, Achievable, Relevant, Time-bound) quality assurance systems to assess service strengths, identify areas for development, and monitor progress effectively.

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).

Areas for improvement

1. To ensure young people receive high-quality, safe, and consistent care that meets their individual needs, the provider should review and strengthen staff learning and development arrangements as well as management oversight of this. This should include but is not limited to probationary reviews, regular supervision, identifying training gaps, providing the necessary training and evaluating the impact of training on practice.

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).

How good is our staff team?

2 - Weak

We evaluated this key question as weak, as important weaknesses outweighed strengths.

We were not confident that staff were recruited safely in line with the principles of the Health and Care (Staffing) (Scotland) Act 2019. Employment records for the last two staff members were incomplete and inconsistent. We could not verify interview notes, references, or PVG checks, limiting assurance of safer recruitment (see requirement 1). Interview questions did not address lone working with children with disabilities, a key aspect of the role. We suggested that leaders should review interview processes to reflect role demands and consider how they can involve families and young people in the interview process (see area for improvement 1).

Staff spoke positively about their work and demonstrated respect for young people. Induction included child protection, outcomes and observations, and activity leadership. However, essential training was missing, including autism awareness, one-to-one support for children with disabilities, and an understanding of how to implement the Health and Social Care Standards. There was no evidence that previous inputs on promoting positive behaviour had been repeated for the current team and staff discussions highlighted gaps in knowledge and support for learning and development (see area for improvement 1).

Shadowing opportunities supported confidence before lone working, but ongoing learning lacked structure. Supervision was irregular, and probationary reviews had not taken place, this not adhering to the organisation's supervision policy or staff handbook. Staff competence was therefore not formally assessed at the start of their employment or throughout.

The registered manager worked hard to plan staffing schedules, moving from monthly to two-month cycles, giving families greater notice. Families had some influence in deciding appropriate matching of staff to young people. Leaders responded to requests for changes in staff based on need and this promoted trust

and positive relationships. Despite this, the absence of a structured staffing needs assessment meant staff skills did not always align with young people's needs. For example, a staff member trained in Makaton was not consistently supporting a child using Makaton (see area for improvement 2).

Staff retention had improved recently, and this positively impacted on the development of trusting relationships both within the staff team and with families. Staff reported that although staffing numbers had previously been insufficient this had been addressed by the current leaders. Staff felt confident that leaders listened to concerns and ensured the right number of staff were working. Staff demonstrated flexibility in their approach, adapting schedules to meet the needs of young people and families, even when this required changing days and times of support. However, training gaps and limited supervision reduced confidence that staff always had the right skills to meet identified needs (see area for improvement 2).

Staff worked well together, creating a welcoming atmosphere. Leaders were visible and approachable, and staff felt supported. Team meetings were scheduled regularly, but poorly attended, limiting opportunities for shared learning and service development. We suggested that leaders reviewed meeting times to improve participation and promote continuous improvement and development for staff and the service.

Families reported improved communication and relationships since the new leadership team took up post. However, we found that confidentiality needed strengthening, particularly regarding the use of personal mobile phones for sharing observations via WhatsApp. Leaders should review this practice to ensure safety (see area for improvement 3).

Staffing arrangements showed flexibility and responsiveness, but weaknesses in recruitment, induction, training, and supervision limited assurance that staffing consistently supported safe, high-quality outcomes. Strengthening quality assurance, structured staffing assessments, and confidentiality practices is essential.

Requirements

1. By 13 March 2026, the provider must ensure that safer recruitment principles and processes are in place and used consistently to ensure complete and accurate recruitment records are maintained for all staff.

This must include, as a minimum:

- a) Verified identity and right to work in the UK.
- b) Verified and recorded qualifications and professional registrations (where applicable).
- c) PVG / disclosure checks completed prior to start date, with membership/issue numbers, dates, decision outcomes, and risk assessment where applicable.
- d) Two satisfactory references, including one from the most recent employer, with verification of authorship and dates.
- e) A fully completed application or CV capturing employment history with explanations for any gaps.
- f) Interview notes, scoring matrices, and recorded rationale for appointment decisions.
- g) Signed contract of employment and role description aligned to duties.
- h) Induction checklist, including mandatory training assigned/completed prior to unsupervised practice.
- i) A central recruitment audit log that evidences pre employment checks, decision dates, and sign off by a competent manager.

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:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

Areas for improvement

1. To ensure young people receive safe, high-quality care from confident and well-prepared staff, the provider should review and strengthen interview processes so that questions reflect the realities of the role, including lone working and supporting children with disabilities. In addition, the provider should develop a more robust induction programme that equips staff with the knowledge and skills required to fulfil their role effectively. This should include training on autism, one-to-one support for children with disabilities, and the Health and Social Care Standards.

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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS4.11)

2. To ensure young people receive safe, consistent, and high-quality care that meets their individual needs, the provider should implement a robust staffing needs assessment process. This will help determine the appropriate number of staff and the right mix of skills required to support young people effectively, including during periods of increased demand or complex care needs. Staffing assessments should be reviewed regularly and used to inform recruitment, deployment, and contingency planning.

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)

3. To protect young people's rights and maintain trust, the provider should strengthen systems and practice to ensure confidentiality is consistently upheld. This includes reinforcing staff understanding of confidentiality policies, secure handling and storage of personal information, and ensuring discussions about young people take place in private and only with those who need to know. Regular monitoring and refresher training should be implemented to embed best practice.

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

'I am confident that my information is secure and respected' (HSCS 2.14)

How well is our care and support planned?

3 - Adequate

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

We found that the registered manager had focused on improving support plans, which provided clear information about the likes, dislikes, and needs of young people. The plans we reviewed gave a good sense of each individual and included details of their social, emotional, and health needs, along with some strategies of support. Family members spoke positively about their involvement in developing support plans, and young people were included where possible. This contributed to plans that were generally person-centred and reflected individual preferences.

The registered manager demonstrated a good understanding of the needs of all supported young people and shared this information verbally with staff. However, care plans were not readily accessible to staff, and most staff we spoke to either did not know how to access them or had not accessed them regularly. While some staff contributed to changes verbally and others noted that their recorded observations were used to update plans, staff were less clear about when support plans were formally reviewed and updated. This limited staff's ability to consistently deliver care aligned with agreed outcomes.

The registered manager and staff met with families prior to support commencing and attended child's plan meetings. This helped inform the support required and ensured activities were planned around young people's needs and wishes. Families felt they had choice and flexibility, including changes to support staff when requested, which contributed to positive outcomes.

Although multi-agency contributions through child's plan meetings were positive, there was no consistency in review periods or processes. Recorded support plans covered a period of one year, but we saw more regular review of some plans. It is important that the service develops a consistent approach for all young people. The staff handbook states that support plans should be reviewed at least quarterly, but current practice does not align with this. We were reassured that the registered manager was actively working to improve this area, with consistent regular review. We would also suggest, as noted previously, the need for greater oversight and clearer identification of outcomes and progress.

We raised concern about the absence of individualised risk assessments for supported children. This limited our ability to fully assess how the service balances enabling young people with avoiding risk-averse practice. The service needs to address this with urgency and ensure all supported young people have individual risk assessments.

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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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