

Achnamara Care Home Service

Saltcoats

Type of inspection:
Unannounced

Completed on:
15 January 2026

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2007142322

About the service

Achnamara is a residential care service provided by North Ayrshire council. The service is registered to accommodate up to eight children and young people.

The service is in a purpose-built building in Saltcoats. The building is detached and on one level with a carpark and garden space. There are eight designated bedrooms within the house and each has ensuite facilities.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This means they may have the duty to care for children and young people on an emergency basis, or at times with highly complex needs, due to safeguarding being their highest 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 7 January 2026 from 10:30 - 19:30 and 8 January 2026, 10:30 - 16:00. 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 four people using the service and one family member.
- spoke with seven staff and management.
- observed practice and daily life.
- reviewed documents.
- spoke with visiting professionals.

Key messages

- The team worked hard to promote a warm and welcoming environment.
- Improvements were required to ensure best practice in child protection was followed.
- Trauma-informed practice needed to be developed to ensure a consistent approach and ethos in the service.
- Meaningful connections for young people were fostered and championed.
- Development of effective oversight systems was required to ensure young people were adequately safeguarded and received the best possible care.
- The service should create a development and improvement plan that identifies how they will fulfil Scotland's 'The Promise.'
- Some areas of the home environment require urgent repairs.
- All emergency placements require to have matching and impact assessments carried out.

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?	3 - Adequate
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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?

3 - Adequate

Quality Indicator: 7.1 How well do we support children and young people's rights and wellbeing?

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Young people in the service were safe. Previous unplanned admissions had significantly impacted on young people's sense of safety. A young person told us.

'There was a lot of shouting and banging, I was Scared' I didn't want to stay here when it was like that.'

Children and young people had access to responsible adults outside the service who acted in their best interests. This ensured young people's rights were protected.

The service had a Child Protection Policy in place, however not all staff had completed initial child protection training. This meant that there could be inconsistencies in staff responses to Child Protection concerns. (See Outstanding areas for improvement unmet Area for Improvement 2).

There was a culture of de-escalation of crisis with nurturing relationships. In recent months daily life had been uncertain and stressful. This led to young people being subjected to restrictive practices, which did not follow best practice. (See Outstanding areas for improvement unmet Area for Improvement 3).

Staff were trauma aware and used compassion and humour when working with the young people. This trauma informed approach, however was not consistently evident in recordings or care plans. (See Outstanding areas for improvement unmet Area for Improvement 2).

Young people enjoyed nurturing relationship with their carers, these were based on compassion and humour and were a noted area of strength. A young person told us, "I really like spending time with staff; it makes me happy."

The staff team worked to support recovery, resilience, and support young people to manage risk, however their ability had been significantly undermined by unplanned admissions increasing the vulnerability of the young people.

Staff told us the needs of the young people had been 'neglected,' that activities, outings, and special occasions had been significantly impacted upon. A lack of matching and staffing issues had impacted on the young people's quality of life. (See Requirement 3).

The quality of the environment was poor and required significant improvement some bedrooms were in immediate need of repair. Main living areas were impersonal and lacked pictures or photos furniture had been removed and not replaced. Requests for repairs had been submitted by the house staff, however these had not been actioned by the Local Authority. This impacted upon young people's dignity. (See Requirement 2).

Supporting young people's mental and physical health was a priority. Weekend catering was no longer available. Young people were eating takeaway every weekend and were unhappy with this.

The Local Authority were reviewing this. Nutritious meals were provided throughout the week, and these were relaxed and positive times for young people.

Family connections were prioritised ensuring that the young people spent time with the people that were important to them. This supported young people's sense of belonging and identity.

Young people's interests and life skills were a focus for the staff team, however support in pursuing these had been impacted upon when the house had been unsettled. This left young people feeling less valued and frustrated.

All young people were in education. The young people's education packages were tailored to their individual learning needs and interests.

Care plans were not Specific, Measurable, Achievable, Realistic, Timeous (SMART) Plans and risk assessment were not current and young people's contributions was not evident. Plans lacked analysis making them less effective in addressing need and risk. Leadership recognised this was an area for continuing development and were looking for these issues through ongoing quality improvement, staff training, and supervision. (See outstanding requirements unmet Requirement 1).

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

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

There was a supportive and open culture within the house. Staff felt that they were able to raise concerns with their colleagues and direct line management. The team felt that during recent challenges their managers had been supportive and that colleagues had pulled together in a time of crisis. A staff member said "This is Best house that I have worked in."

There was a lack of confidence in the external senior management structure and staff felt that their concerns were not being adequately recognised. Staff were anxious that future emergency admissions could lead to the house being in crisis again and young people and staff being exposed to risk.

The staff team worked hard to support one another, and everyone had young people's best interests at heart. A warm and welcoming atmosphere was promoted, which contributed to positive relationships with young people.

As a Local Authority service, a statutory responsibility to respond to safeguarding concerns is required, resulting in emergency or unplanned arrivals.

There was absence of appropriate matching and impact assessments for young people admitted on an emergency basis. This had resulted in young people experiencing unnecessary upset and trauma, and at times restrictions of their liberty.

This process requires review and development to ensure clear and accountable decision making, management recognised this. The service should prioritise keeping the house at registered capacity and ensure the management of any future admissions be informed by concise, considered matching and impact assessments. (See Requirement 3).

At the time of inspection, the staff team was stable. Staff were experienced but their training needs had been undermined with an unsettled house and a previous lack of consistent staff teams. No staffing needs assessment had been implemented to ensure that staffing levels or the experience and skills of the team were responsive to the changing needs of the young people. (See outstanding area for improvement unmet area for improvement 3).

Some systems were in place for audit and oversight; these were not effective at monitoring safeguarding or the quality of young people's experiences in the house. This impacted significantly on the team's ability to effectively support young people. (See outstanding requirement unmet Requirement 1).

The service utilised questionnaires to gather feedback about service delivery but we saw no evidence that this informed a development and improvement plan. As such, there was no clear plan on how improvement activities would drive forward The Promise. (See outstanding area for improvement unmet area for improvement 4).

Requirements

1.
Previously unmet requirement.

By 1 May 2026, the provider must implement effective oversight and quality assurance systems to ensure that young people are kept safe and practice is focused on improving outcomes.

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

- a) Regularly audit young people's risk assessments, personal plans, and outcomes.
- b) Carry out improvement activities when there is practice identified that does not keep young people safe, or is not focused on improving outcomes.

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

2. By 1 April 2026 the provider must ensure that all essential repairs to young people's rooms and communal areas are completed. To ensure that young people are safe and feel valued.

This is to comply with Regulation 10 (2) parts (B),(D) of Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Premises are not fit to be used for the provision of a care service unless they:-
 (b) are of sound construction and kept in a good state of repair externally and internally;
 (d) are decorated and maintained to a standard appropriate for the care service.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

3. By 1 April 2026 the service must ensure that all young people admitted to the house have had appropriate assessment completed.

To do this the provider must as a minimum:

- consider how the introduction of the new placement might impact upon the safety and wellbeing of young people already living in the service.
- plan for and assess the needs of children and young people before a placement begins, to consider how the needs of individual children and young people will be met.
- service providers should have a clear and realistic view of their current capacity to provide care.
- they should be fully conversant with the needs of the group of young people currently placed in the service, and should take full account of any current staffing or management issues. The service provider should develop a format for recording the matching process and the reasons for decisions which are made. This should include an impact assessment which clearly records the potential risks and benefits for all young people affected by the potential placement.
- emergency placements must consider: Does the service have the staffing capacity and staff with the right skills, knowledge and experience to meet the needs and safety of the young person being admitted and our existing 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 am in the right place to experience the care and support I need and want.' (HSCS1.20)

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

Requirements

Requirement 1

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This requirement was made on 26 March 2025.

Action taken on previous requirement

Not Met

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

The service must ensure the safety of young people by consistently implementing adult and child protection procedures. This must be informed by effective reflection on safeguarding issues.

This should include, but is not limited to:

- a) Staff having an understanding of their roles and responsibilities in respect of safeguarding and protection.
- b) Effective training of staff in relation to safeguarding and protection is undertaken.
- c) Reflection and learning from the protection concerns.

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 listened to and taken seriously if I have a concern about the protection and safety of myself, and others, with appropriate assessments and referrals made.' (HSCS 3.22).

This area for improvement was made on 26 March 2025.

Action taken since then

Not Met

Previous area for improvement 2

To promote the best possible care for children and young people, the service should ensure that a consistent trauma-informed approach is embedded across the service.

This should include, but is not limited to:

- a) Interventions that recognises young people's needs and development.
- b) Clearly recording young people's view in their personal plans and risk assessments.
- c) Ensuring personal planning is accessible to young people based on their needs and development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am recognised as an expert in my own experience, needs, and wishes' (HSCS 1.9); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 26 March 2025.

Action taken since then

Not 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 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 26 March 2025.

Action taken since then

Not Met

Previous area for improvement 4

To promote the best possible outcomes for children and young people, the service should ensure they complete a comprehensive development plan for the service which includes, but is not limited to:

- a) SMART goals, which are regularly reviewed and updated.
- b) How development and improvement activities are driving forward The Promise.
- c) Assessment of staff training and development.
- c) Self evaluation to help inform developments required in the service.

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 26 March 2025.

Action taken since then

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?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate
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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