

St. Philip's School, Plains School Care Accommodation Service

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Plains
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Type of inspection:
Unannounced

Completed on:
16 December 2025

Service provided by:
St Philip's School, Plains

Service provider number:
SP2011011744

Service no:
CS2011305070

About the service

St. Philips School, Plains is registered as a School Care Accommodation Service providing care and education for a maximum of 31 young people. It was registered in its current form in February 2013.

The service is a company limited by guarantee and is overseen by a board of directors. They state their mission as "we seek to provide a living and learning environment where true relationships can flourish and, within which, children and adults, together, can undertake their respective developmental tasks."

The service consists of five residential houses and is provided in the former secure service campus, whilst retaining some educational resources and the most modern units from the old campus. The internal decor has been updated to reflect the changed use of the service buildings.

It has a safe, enclosed courtyard area with all-weather football pitch and running track, a swimming pool, fitness suite and gymnasium, a music studio and spacious grounds.

The service is situated close to the villages of Plains and Caldercruix, with access to the local bus and train services.

About the inspection

This was an unannounced inspection type which took place on 9, (10:30 until 18:30) 10 (09:00 until 21:30) and 11 (9:30 until 16:30) December. 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 14 people using the service and 5 of their representatives
- Spoke with 35 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.
- We also looked at comments from 8 people using the service, 6 representatives, 2 health professionals and 6 family members that were returned to us in our survey questionnaires.

Key messages

- Staff had a good insight into the needs and vulnerabilities of the young people.
- The service psychologist team fully assess the young people's needs and vulnerabilities.
- The care, education and psychological services staff worked well in partnership through the multi disciplinary meetings held weekly and these contributed to the positive outcomes for young people.
- We saw good support to young people in maintaining links to those in their communities who are important to them.
- There is a strong commitment to continuing care by the service provider.
- The service records showed an improvement in standard from the previous inspection. However there remained some work to be done to achieve a consistently high standard.
- The service introduced personnel, processes and procedures to achieve greater analysis and reflection on the use of restrictive practices.

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

We evaluated the service as good as there are a number of important strengths which, taken together, clearly outweigh areas for improvement. These strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Young people's views of whether they felt safe in the service were inconsistent. Discussing this further with them revealed that these feelings came from the interaction and dynamics with their peers and did not relate to staff. Whilst some spoke of relationship difficulties with peers, all identified staff that they trusted and could confide in. Staff we spoke with described the working practices taken with young people and demonstrated good knowledge of young people's needs.

In order to maintain young people's safety and best outcomes, the staff group worked alongside internal supports such as the service's psychological services and speech and language therapist, as well as other external agencies, such as CAMHS, social work services, education and Autism Scotland. Discussions between these professionals were had at six weeks intervals for each of the services houses. Any additional urgent matters were discussed at meetings specifically for that situation.

Whilst not all young people felt a need for advocacy, this was available to them through independent agencies. We suggested young people be reminded of the availability of this support periodically and of the benefits in meeting with them.

We found the service child protection policy to be of a good standard. We suggested some additional actions that could be added that we considered would provide greater clarity. Staff we spoke with understood their role within child/adult protection procedures. Although we saw that initial referrals had been completed, the final communication records to the social work departments were not available. We identified child protection recording as an area for improvement during the last inspection and although there is improvement, we have set a further area for improvement to include full recording of situations. (See area for improvement 1).

During the previous inspection, we made an area for improvement relating to the quality assurance of restraint practices. This was also subject of a requirement through an upheld complaint. The service introduced quality assurance staff and processes to address these issues. Significant amounts of quantitative data was being collated and analysed to reflect with staff to further develop best practice. We welcome this improvement and look forward to seeing further progress at the next inspection.

We observed warm, caring and nurturing interaction between staff and young people. Staff were sensitive in their approach to young people who appeared unhappy or agitated. As a result, young people were reassured and supported to manage their feelings, responding well to the adults and the positive interactions and guidance. Staff spoke fondly of the young people and voiced their empathy for the young people's experiences of traumatic events. Supporting young people to develop resilience was prioritised and evident from conversations with staff and observation of the daily interactions they had with the young people.

The service's psychology team had developed further and the introduction of multi disciplinary team meetings (MDT's) provided opportunities for discussions relating to each young persons wellbeing.

These discussions involved care staff, psychology team staff, speech and language staff, health professionals external to the service, social workers and other involved professionals. Outcomes from the meetings were followed up in the individual houses with a representative of the MDT's attending to discuss with residential staff. Through these processes the service aimed to further develop and embed trauma informed practice throughout the service.

Given the high turnover of staff the service had experienced the previous year this procedure and further planned training will aid in consistency of practice.

Young people were encouraged to express themselves through their preferences in style, interests and activities. Through these expressions, young people were nurturing their self esteem and sense of self-worth. Where young people demonstrated a talent or skill, this was encouraged and supported. Examples of these were activities and interests such as football, fishing, and playing musical instruments.

Young people's views were sought through discussions with key working staff and through engagement in discussions affecting their plans, assessments and outcomes. This assured young people that their hopes and aspirations were important and would be supported where possible. We agreed with some social workers views that some young people appeared restricted in terms of free time in the community. Whilst we recognise these plans would be risk assessed we suggested the service should review these and ensure young peoples resilience was being nurtured where appropriate.

Young people's physical health needs were addressed through staff taking prompt action whenever required, as well as appropriate referrals to NHS resources. Healthy activities such as swimming, football and cycling were supported to promote healthy physical development. Guidance was provided on all aspects of physical health through the support of a school nurse. The service has also recently recruited a nurse to their staff team. Mental health concerns were well monitored and addressed through the involvement of the psychological service and the support of the MDT's as mentioned above.

Education is central to the young people's support. Most young people attended school, college or were being supported with learning at a pace and in an environment appropriate to their needs. Where young people were not attending school, this was being closely monitored by the service and young person's social work department in attempting to promote engagement. Through this support some young people who had previously disengaged from school were now attending and achieving their national standards.

The service is developing clear policy and procedures to meet young people's right to continuing care. These rights were strongly promoted in the service, and were central to the current service development plan. The service was being configured and developed alongside the provider's other registered services to create a graduated and supported transitional process from care to continuing care through interdependent support and independent supports.

Care plans and risk assessments were inconsistent in their quality. However, the quality assurance team were aware of this and training had begun to address this matter and with a focus on writing to outcomes. This is to be commended and would meet the requirements previously set. We suggested risk assessments should likewise be included in these discussions. This was due to a lack of written impact assessments within the matching documents on young people transitioning throughout and into the service. We acknowledge the benefit of MDT meetings and the completion of the Matching Our Service to Your Need assessments however from these records we saw significant gaps in information. Having this information would contribute greatly to the considerations to be given to group living dynamics. From this we see that matching impact assessments need to be completed for the most positive outcomes for young people. We have identified this as an area for improvement. (See area for improvement 2).

Most staff and leaders spoke of a period of positive change since the last inspection. We heard that the complaint findings, whilst hard to hear, had led to a period of service reflection. Whilst the complaint inspection had specific focus it was pleasing to hear that additional items were also included for review. The managers recognise there is still some work to complete however we acknowledge the positive response the service took to the previous feedback.

The introduction of the MDT's gives an example of how practice is discussed and reflected upon. Through these there are opportunities for staff to reflect and consider what best practice will be. Once again we look forward to seeing this embedded in the service practice and to see the positive outcomes going forward.

The need to have written staffing level assessments, including nightshift arrangements, was clearly available for each house was identified by us. This is identified as an area for improvement (See area for improvement 3).

We identified some areas of training we believe the young people would benefit from if staff were given access to them. We discussed these with the management team during feedback and learned some had been scheduled. Supervision is said to be frequent by some staff, however this was not consistent as there were comments in the surveys returns that contradicted this view. We would ask the service to ensure that supervision is carried out regularly. This is specifically important for those new to the service.

The service was seen to be promoting the Promise through various mechanisms, from including the branding in documents, to having procedures in place to gather young people's views and through the service development plan, particularly relating to continuing care.

Areas for improvement

1. The service provider should improve the reporting of all child protection concerns and allegations of abuse ensuring that all stakeholders are provided with full information and that the providers own policies are followed in line with national guidance. This is to ensure that young people are protected and that investigation into concerns are robust and has appropriate external scrutiny and oversight. To do this, the provider should ensure:

a) All child protection concerns, and allegations of abuse are notified to the Care Inspectorate as outlined in the document "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

b) All child protection concerns, and allegations of abuse are notified in full and as soon as possible to the placing authority, host local authority and Police Scotland.

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

2. The service provider has a format for recording the matching process. This should include all reasons why decisions which are made. The assessment should therefore include an impact assessment which clearly records the potential risks and benefits for all young people affected by the potential placement, both those referred to the service and those currently accommodated as per the guidance document;

Matching Looked After Children and Young People: Admissions Guidance for Residential Services; January 2024

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

3. Staffing level assessment should be completed as per the Health and Care Staffing (Scotland) Act 2019 which states:

a) For everyone using the service, a provider shall keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices and as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual.

b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

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).

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

Requirements

Requirement 1

By 16 February 2024, you must ensure that no child or young person is subject to restraint, unless it is the only practicable means of securing the welfare and safety of the child or young person. In particular you must:

- a) Ensure there is a robust review of approved restraint techniques, an evaluation of how these are used and the impact that high risk holds have on the children and young people.
- b) 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. 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 individual de-briefs are carried out with staff following all incidents where restraint has been used and that analysis of the strategies used by staff identifies staff learning to improve future practice.
- d) Ensure that any use of restraint 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.
- e) Ensure that restraint practices are effectively overseen by management to ensure staff compliance with training standards.
- f) Ensure managers analyse and review incidents where restraint has been used to decipher any patterns and learning needs for the staff team.
- g) Ensure any incidents of improper use of restraint are dealt with appropriately.
- h) Ensure that staff have been trained in restraint and restrictive practice and are competent to meet the needs of children and young people.

This requirement was made on 15 May 2025.

Action taken on previous requirement

The service provider had employed staff in quality assurance roles and procedures have been introduced to assess and evaluate the quality of the practice, recording and reflection on the use of restrictive practices.

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 provider should improve the reporting of all child protection concerns and allegations of abuse ensuring that all stakeholders are provided with full information and that the providers own policies are followed in line with national guidance. This is to ensure that young people are protected and that investigation into concerns are robust and has appropriate external scrutiny and oversight. To do this, the provider should ensure:

- a) All child protection concerns, and allegations of abuse are notified to the Care Inspectorate as outlined in the document "Records that all registered care services (except childminding) must keep and guidance on notification reporting".
- b) All child protection concerns, and allegations of abuse are notified in full and as soon as possible to the placing authority, host local authority and Police Scotland.

This area for improvement was made on 28 November 2024.

Action taken since then

Child protection training was refreshed for staff and the child protection reporting procedures have been included within the service providers quality assurance procedures. This area for improvement has been met. A further area for improvement has been set on a related matter.

Previous area for improvement 2

In order to safeguard young people's welfare and ensure they are kept safe, the service provider should implement systematic quality assurance processes, including management oversight of incidents and analysis of these incidents including restraint types used.

This area for improvement was made on 28 November 2024.

Action taken since then

The service provider has introduced additional staff in quality assurance roles. Comprehensive quality assurance procedures have also been introduced subsequent to these appointments. This area for improvement has been met.

Previous area for improvement 3

The service provider should review the recording of care plans to ensure they comply with SMART principles. To do this, the provider should support the completion of care plans that include:

- a) clearly recorded specific actions to achieve positive outcomes for young people
- b) actions have clear measurements
- c) actions are of an achievable size and realistic for the young person
- d) an identified timeframe for completion of each action.
- e) are written to young people with recognition of the need for respectful and supportive language.

This area for improvement was made on 28 November 2024.

Action taken since then

This area for improvement was met. The service had developed quality assurance processes and appointed a quality assurance lead to oversee the development of reports and assessments. This has been started and we will look at the progress of this at the next inspection.

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	4 - 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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