

Mother and Child Recovery House - Falkirk Care Home Service

Falkirk

Type of inspection:
Announced (short notice)

Completed on:
7 November 2025

Service provided by:
Aberlour Child Care Trust

Service provider number:
SP2010011118

Service no:
CS2024000290

About the service

Mother and Child Recovery House - Falkirk is registered to provide a care home service for up to four mothers and their children. The home works with mothers going through recovery from alcohol or substance use, and ensures babies and children can stay with their mothers during this time in a safe and nurturing environment.

The service is provided by Aberlour Childcare Trust.

The home is located in a residential area in Falkirk. There are spacious en-suite bedrooms, with shared living, kitchen and dining facilities. There is a large garden and summer house which can be used for counselling sessions or for social use. There are engaging and comfortable play areas for children and babies, and appropriate domestic facilities to support people to retain or gain skills in independent living.

The service is staffed with a manager, deputy manager, practice leads and a range of recovery focused and residential childcare support staff. There are domestic staff who assist with maintaining a safe and hygienic environment.

About the inspection

This was a short notice announced inspection which took place on 5, 6 and 7 November 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- spoke with three people using the service and one person who had recently moved on from the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Mother and Child Recovery House - Falkirk provided a safe and secure homely environment for mothers and their children, as mothers take steps in their recovery journey.
- Staff working in the home were skilled and well trained. There were very good support systems in place to ensure staff could provide consistent care and support to 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 people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

People told us, "The staff are lovely here. It's been great for me to be here and focus on what I needed to," and "It saved my life, honestly I don't know if I would still be here if it weren't for the Mother and Child Recovery House."

People were supported to engage with care and support that was relevant to their recovery journey. This included professional oversight of medication assisted treatment (MAT) in conjunction with health professionals and relevant agreements on reduction/detox plans as appropriate. There was careful management of medications to ensure the safety of both mothers and children. Recording and management of medications was in keeping with best practice, with effective systems in place to help ensure ongoing quality. We made some suggestions around improving audit tools which were actioned during the inspection. This demonstrated how the service worked to ensure the best outcomes for people.

People were supported to have healthy meals and snacks and develop or improve skills around nutrition and wellbeing. This included being supported to access GP and dental services, as well as receiving help and support with midwifery and health visitor appointments as needed. The support had enabled mothers to feel they could speak up and advocate for their child and themselves without the stigma associated with their addiction.

Support was in place to create a safe and nurturing environment. We observed staff interacting with mothers and their children in gentle, safe and encouraging ways. This gave reassurance and helped mothers build their precious bonds with their children.

Trauma-informed care and support was provided to help people with their recovery journey. The service was forming links with wider recovery networks such as Scottish Drugs Forum (SDF) and Scottish Families Affected by Alcohol and Drugs (SFAAD). These links will support the service to continue to support people's outcomes.

Staff worked with people using non-judgemental and trauma-informed practice. There was genuine person-centred support. This could be challenging at times given the shared living environment; however, staff worked well to ensure people received fair and person-centred support. There were a range of alternative and traditional therapy options provided to support recovery. This included forward planning to ensure that people had access to these support systems in their local communities where they would live when they moved on from the service. This helped ensure people's progress was sustainable.

House meetings took place regularly in agreement with people living in the home at that time. This enabled people to raise things in a way that addressed issues but did not create or add to tensions that could be associated with shared living environments. Changes and ideas made by people were implemented and taken forward where possible. This helped create a mutual support network amongst the mothers living in the home.

Where things were not working out for people, there was a considered approach to this, with meetings taking place to look at options or alternatives. This helped people feel safe while using the service, people

felt this was like a safety net to help support them with their recovery, and keep children safely with their mothers.

Recovery focus and parenting skills workshops were part of the structure of the home. This meant that mothers worked through recognised programmes to support them achieve their outcomes. People told us that although this can be a lot of work, it was manageable and had helped them. The service also supported people in practical ways to help them make a fresh start. We spoke to one person who had successfully moved back to their community home after accessing the service. Overall, the service helped support very good outcomes for people.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

There were a range of quality assurance activities including quarterly performance, service action plan and a variety of meetings that helped ensure the service was working well. There was a remarkable learning culture within the service, with reflective practice and learning opportunities embedded in the day-to-day activities. This helped ensure the service was evolving along with people who used it, and that staff skills and abilities were in keeping with what people needed.

Staff felt listened to and well supported. Staff were able to make suggestions and consider what was working well and what needed to be changed. This was always informed by the experiences of people using the service, both the mothers and their children. This helped create an effective person-centred improvement focus. We encouraged the management team to keep these changes on their service plan, as this helped ensure these actions could be tracked and outcomes captured.

Team meetings took place regularly and staff were able to join remotely or in person. Team meetings were also recorded so that staff could hear the conversation around agenda items and understand the minutes of meetings more clearly. This was an innovative piece of work, and had enabled a new staff team to gel and get to know each other more easily. Staff received regular supervision and felt managers were all approachable and supportive. Staff were observed and audited in their practice to help contribute to ongoing quality across the service. We suggested developing peer-based reflection around recovery-focused workshops as a way to add an additional level of quality assurance and aid staff practice and skills.

The service was forward thinking with regard to how it could enhance the experience for mothers and their children. Some ideas that were planned included sharing successes and outcomes from people who moved on from the service so that new people coming in could have some positive examples to help give them confidence in themselves and the service. We look forward to seeing how this develops.

Accidents and incidents were recorded and well managed. Where any further input was needed from other agencies, the service responded appropriately to engage with them. This helped to keep people safe and ensure there were effective systems and processes to support this.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

We observed positive, respectful working relationships amongst staff that offered reassurance, kindness and compassion to people living in Mother and Child Recovery House, as well as a sense of fun and energy that helped provide positive experiences for babies and children.

Staff rotas demonstrated that staff were allocated in line with the assessment of need across the home. Agency staff cover had been needed at times to cover absence, vacancies and planned leave; however, this had reduced significantly in recent months, offering a more settled and stable staff team. Recruitment was ongoing to bolster the staff resources through the bank staff register. This could help reduce the need for any use of agency staff and provide more flexibility. There were three team leaders who each had specific roles through the stages of accessing, living in and moving on from the service. This helped them ensure clear roles and responsibilities whilst allowing staff to work well together.

Staff values and attitudes were clearly about the best outcomes for people living in the home. Staff described loving their jobs, feeling "pinch me" moments where they could not believe how fortunate they were to work in the service. Staff had people who lived in the service at the heart of what they did. Staff were motivated to spend more time with people, getting to know them and helping them achieve their outcomes.

Induction procedures were in place and were used effectively to help staff get to know their roles and how to perform. Staff received regular supervision and felt there was always someone around to support them. They were clear that they did not feel they needed to wait for a supervision meeting to raise any issues. Staff had opportunities to complete qualifications and enhance their skills, with career progression opportunities available. We encouraged the service to look at developing a recording system for completion of induction workbooks.

Training compliance was very good, with a wide range of relevant learning and development opportunities available for all staff. Further training around recovery was planned for the coming months to help support staff from childcare backgrounds with this learning need. Staff morale was very good. This helped create a working culture where staff felt valued and supported.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

The home is within a large, detached villa, and had been fully refurbished and upgraded prior to being opened. The home was beautifully decorated and equipped with quality fixtures and furnishings. The home was a bright, warm and welcoming place to be.

There was level access to outdoor space, comprising of a patio area with a tiered garden off this. Within the garden there was a summer house type building that could be used by people for visits and for counselling sessions. There was a lounge with a television and dining area, with an accessible kitchen area where people could safely store their own foodstuffs, prepare individual and shared meals or snacks, and learn life skills as appropriate. There was a separate lounge area that was used for quiet space and for relatives to catch up with their loved ones. People were able to make use of all the spaces as they wished.

The home had a separate room for medication administration that was private and comfortable, and was also equipped with facilities for Acudetox, an alternative therapy that the deputy manager was trained to provide.

People's bedrooms offered ensuite facilities and were spacious and decorated to a high standard. This in itself sent a positive and encouraging message to people as they embarked on their recovery journey.

Domestic staff kept records of cleaning in various parts of the home to ensure effective infection prevention and control. We advised about some records that did not have dates recorded. Food safe practices were implemented and appropriate records were kept. These helped ensure people using the service built skills and knowledge around life skills and food safety.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

Planning for support was mainly done through the recovery star tool. This was a recognised planning tool that enabled manageable actions to be identified and taken in order to achieve people's goals. This was supplemented by a range of comprehensive risk assessments that helped identify the priority areas to be addressed. Staff worked with people at their own pace, to achieve the outcomes they wanted to focus on. For some people, the focus was on reduction of alcohol or substances and for others, it was complete abstinence. This is in keeping with recognised best practice.

Reviews took place throughout people's stay at the home. These offered an opportunity to reflect and engage with partner agencies, to consider progress and next steps. As the home supported people for as long as necessary, people were not rushed through their recovery journey. This helped enable better outcomes for people.

The home provided a safe and supportive place for people. It helped people move away from the stigma and labels they had previously experienced, through regular updates of outcomes and risk assessments. This meant that when a risk assessment was no longer needed, it was archived within the planning system. This helped people see their progress and move away from negative labels.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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