

# Gardenhouse Care Home Service

Lockerbie

**Type of inspection:**  
Unannounced

**Completed on:**  
23 January 2026

**Service provided by:**  
Common Thread Ltd

**Service provider number:**  
SP2005007437

**Service no:**  
CS2007148153

## About the service

Gardenhouse is a service provided by Common Thread and registered to provide care to three young people.

The house is set in it's own grounds in a rural location close to the small village of Dalton in Dumfries and Galloway.

The house is nicely decorated, providing a homely feel, with facilities allowing for group activities and private space. There is a large open plan kitchen with a lounge area, for example, and a smaller room that was being used for games for young people at the time of the inspection.

There is also an additional annex to the side of the main building with self contained living area.

There is a good sized area of garden surrounding the house.

## About the inspection

This was an unannounced inspection type which took place on 20 and 21 January 2026 at 10:30 am. 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 people using the service and representatives of theirs
- We spoke with eight staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

**Key messages**

- Staff were building trusting relationships with the young people.
- Young people were engaging in education and achieving results in course work.
- Young people were accessing various activities of interest.
- Young people were experiencing activities they may not otherwise have done.
- Staff were developing a trauma informed approach to care provision.
- The manager was developing a stable staff team.
- Quality assurance processes had been further developed and providing oversight of the service.
- The service should advocate for young people's rights to be recognised in relation to informing them about continuing care when they reach the appropriate age.
- Personal care plans action plans and staff training needed to be informed by updated risk assessments.

**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 this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

During the previous inspection of this service we identified requirements and areas for improvement. During this inspection we found the areas for improvement had been addressed and requirements mostly met. Where there appeared to be work remaining on these we have incorporated them into new areas for improvement as appropriate.

Staff were empathetic, caring and nurturing toward young people. The young people confirmed that staff were respectful. We learned of an occasion where young people did not feel staff members had shown respect, however they agreed this had been successfully addressed by the manager. We observed staff interacting with young people from a trauma informed approach, respecting young people's choices and showing respect. Young people told us they felt safe in the service and could identify staff they would confide in and could trust.

The team had a mix of experienced and newly recruited staff. The team's capacity to support recovery and build resilience at times had the potential to be impacted by their lack of specific experience and training. The team would therefore benefit from training in the specific needs of young people.

Young people described opportunities they took to engage in a number of activities within and outside the home based on their individual interests. Staff had supported young people to engage in activities such as football, go karting and promoted positive participation in interests such as gaming, jig saw puzzles, music, singing performances and playing musical instruments.

A strength of the service was in supporting young people into, and maintaining, education. Young people were attending school and achieving well in working toward national standards qualifications.

The young people's health care needs were met through contact with health professionals and timely registration on arrival at the service. Where specialist interventions were assessed as required these also had been referred to and discussed through multi-agency partnership working. Whilst there was no active involvement at the time of the inspection we saw evidence of these referrals.

From looking at the providers child and adult protection policies and procedures and in talking to staff we found that child protection incidents were being followed up appropriately. All staff interviewed had at least a basic understanding of their child protection responsibilities. This helped to promote young people's wellbeing.

The incidence of restraint within the service was low, which is to be commended. Staff were appropriately trained in behaviour support and managerial oversight was well established. We noted that the manager was compiling the data required to complete analysis of the incidents.

We understand that discussions with appropriate external agencies have begun. These aim to identify support needs and triggers.

Some young people in the service had reached an age where they were entitled to be considered for continuing care. However there had been no pathway plans or welfare assessments completed. Whilst welfare assessments are the statutory responsibility of the local authority social work department services should be advocating on behalf of young people at an earlier, appropriate stage. Where these have not been initiated. Whilst we were provided evidence of service staff raising this matter with social work departments this was after a significant length of time having elapsed. We have therefore identified an area for improvement in having staff advocate for, and support, young peoples assessments to continuing care to be completed at the appropriate time. (See Area for improvement 1)

Since the last inspection, the service has improved it's quality assurance and self-evaluation. Internal quality assurance processes have resulted in consistent recording of incidents, including protection concerns.

However young people's personal plan aims were vague or superseded by events and required updating. Similarly, risk assessments and impact assessments were lacking in the most up to date information, and consequently were inaccurate. Risk assessments require to be holistic, dynamic and subject to regular review to ensure accuracy in working with the young people to ensure best possible outcomes. Where dynamic risks are present the service provider should ensure assessments and records are kept up to date.

We had previously made a requirement that care plans be written to SMART principles with detailed actions and linked to outcomes. As this had been partially met we have considered that requirement met and set a new area for improvement in relation to risk assessments informing and updating care plans (See Area for improvement 2)

Since the last inspection, there had been some disruption due to staff turnover. During this time the service providers leadership team has worked collaboratively to maintain the standards of practice and promote positive outcomes. Staff generally felt well supported by their immediate manager. Comments from staff, social workers and young people were positive about the impact of the manager and the changes they had made.

The turnover of staff meant that young people had not always received care and support from a consistent staff team however. A formal assessment of staffing levels based on young peoples identified needs was in place and at the time of the inspection the service was sufficiently staffed. This was enhanced with a tracker of the basic induction training. We suggested the manager may want to include a descriptor of staff strengths detailing their experience and skills mix to further assess the therapeutic environment and contribute toward staff development plans.

## Areas for improvement

1. To support young people's inclusion within informed care planning, the provider should ensure that young people are aware of their rights as detailed in the Health and Social Care Standards; particularly with regard to their right to continuing care; and that staff advocate on behalf of young people so that all young people have a welfare assessment completed within the statutory timeframe.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: "My future care and support needs are anticipated as part of my assessment (H&SCS 1.14) and "I am supported to understand and uphold my rights" (HSCS 2.3)

2. The service provider should conduct a review of their plans to ensure that children and young people's personal plans comply with SMART principles and are informed by accurate up to date risk assessments. 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) clearly identify what supports will be accessed to support this aim
- c) actions are of an achievable size and realistic for the young person
- d) an identified timeframe for completion of each action.
- f) are reviewed regularly following any significant event and no later than six months.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state; "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 assessed by a qualified person, who involves other people and professionals as required (H&SCS 1.13) and (H&SCS 1.14) and My care and support meets my needs and is right for me (H&SCS 1.19)

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

### Requirements

#### Requirement 1

By 1 April 2025, the provider must ensure they support risk enablement for young people. To do this, the provider must, at a minimum:

- a) ensure if restrictive practice are implemented these are reviewed regularly
- b) young people are involved in the decision making.
- c) focused work is conducted to help young people understand risk.

**This requirement was made on 5 February 2025.**

#### Action taken on previous requirement

- a) The manager has started to develop a process for the analysis of restrictive practices in relation to restraints. We would like to see a final analysis, where the pattern of behaviour is considered and a plan of response suggested.
  - b) Young people were involved in decision making proportionate to their understanding of risk.
  - c) Staff were working with young people to understand risk. There was also input from external agencies, such as education. Further benefit would be achieved by ensuring the external agencies work being done was coordinated with the work staff were doing.
- We can see progress regarding this requirement.

The requirement is **met** however we will look for further establishment of this during the next inspection.

#### Met - within timescales

#### Requirement 2

By 30 April 2025, the provider must ensure that the risks young people present within the service are assessed.

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

- a) the risks young people present are recorded accurately and include proactive strategies, along with primary and secondary strategies to support the young people
- b) risk assessments are updated following incidents
- c) all potential risks are included in the risk assessment.

**This requirement was made on 5 February 2025.**

## Action taken on previous requirement

We found evidence that section (c) had been satisfactorily acted upon with all known risks recorded in the risk assessment. However the response to (b) was lacking in that there was not always an update to assessments following incidents. This consequently impacted upon the effectiveness of the work done (a) in that appropriate strategies and contingencies were not always clear. However we recognize the work to address some elements had begun. We would like to see further establishment of these areas so have recorded the requirement as **met** and set an area for improvement relating to the remaining work.

## Met - within timescales

### Requirement 3

By 30 April 2025, the provider must ensure there are effective quality assurance processes in place.

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

- a) ensure quality assurance systems are effective in recording up to date training
- b) audits are effective in identifying areas for improvement in care plans and risk assessments.

**This requirement was made on 29 January 2025.**

## Action taken on previous requirement

We were satisfied with the quality assurance procedures and processes notwithstanding the elements discussed within other requirements and areas for improvement.

This requirement is **met**.

## Met - within timescales

### Requirement 4

By 1 April 2025, the provider must ensure the admissions process considers the ability of the service to be able to meet the young person's needs and keep them safe. In particular the provider must:

- a) ensure there is a comprehensive assessment of the needs of the young people using the service, underlining how the service will meet these needs and evidence regular reviews of the assessment
- b) ensure there is an assessment of the impact on young people in the service and the referral, when a new admission is considered.
- c) ensure the service has the staff skills and training to meet the needs of the young person.

**This requirement was made on 5 February 2025.**

## Action taken on previous requirement

A) There had been escalation in some behaviours which needs to be reflected and considered in any review.

There were also additional factors that had developed that would impact on relationships between young people. These also required to be assessed in reviews for how effective the responses to these risks were understood by young people.

B) Whilst dates were not always clearly recorded we found that impact assessments had been completed.

C) The service had undergone some staff turnover with several staff new to the service. Consequently staff training and reflective discussions should be assured to address the known needs of the young people. Given the recent recruitment of staff we will look at this element of this requirement again during the next inspection.

This requirement is **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

To support children's protection and safety, the provider should ensure that the child and adult protection policy and procedure is updated. This should include, but is not limited to, a clear procedure which is consistent with the policy and national guidance. Alongside a separate adult protection policy and procedure.

**This area for improvement was made on 5 February 2025.**

#### Action taken since then

Child and adult protection policies had been updated.

#### Previous area for improvement 2

The service should develop a continuing care policy to set out its responsibilities to provide continuing care to young people and how it will ensure that young people are aware of their right to continuing care up to the age of 21. They should also update the aims and objectives of the service to reflect this.

**This area for improvement was made on 5 February 2025.**

#### Action taken since then

The service had developed a continuing care policy.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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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