

No 76

Care Home Service

Kirkcaldy

Type of inspection:
Unannounced

Completed on:
5 February 2026

Service provided by:
Starley Hall School Ltd

Service provider number:
SP2004006683

Service no:
CS2004073475

About the service

No 76 is a residential service for up to four young people. The service operates from a semi-detached house in a residential area and is close to public transport, shops and schools. The home has four single rooms, each with en suite facilities. There is an open plan lounge, dining room and kitchen for use by the young people and staff. There is a small garden to the rear and parking spaces at the front.

About the inspection

This was an unannounced inspection which took place on 22, 23 January 2026 and 3 February 2026 between the hours of 09:00 and 20:00. 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 people using the service and four of their family/friends/representatives;
- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Risk assessments needed to be more informative to keep young people safe.
- Child protection concerns were not clearly recorded.
- There was good advocacy support available.
- Restrictive practices were not always conducted safely.
- Staff had good relationships with young people.
- There was a lack of effective quality assurance systems.
- A large proportion of staff had not completed mandatory training.

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?	2 - Weak
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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?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made five requirements for the service to address.

Young people's safety was compromised at times due to a lack of clear support and risk assessed practice. There were restrictions in place for some young people which impacted on their liberty. These were not clearly documented and did not consider the views of the young people. This at times led to risks not being responded to, reviewed or pro-active approaches identified, to ensure young people were kept safe and their rights upheld. This was an area for improvement at the last inspection which was not met (**see requirement 1**).

The service encouraged and supported young people to access advocacy services. Staff were also strong advocates for young people, and were confident in professionally challenging external professionals to ensure young people's views were heard. Young people told us "there is always someone I can talk to." This helped young people feel listened to and their views heard.

Child and adult protection processes were clear, but not all concerns had been appropriately actioned. Staff were clear about their role and who to report any concerns to. However we found on more than one occasion a lack of recording and reporting of safeguarding concerns. We were also concerned that a large number of staff were also not trained in this area of practice (**see requirement 2**).

The service needed to develop and embed trauma informed care into practice. We found that there was a lack of understanding of the impact of trauma on young people and a significant incident where restrictive practice was not conducted safely. This was an area for improvement raised at the last inspection and has not been met. A considerable amount, of staff had also not undertaken any training in this area of practice. This would support staff to have a better understanding of young people's needs, and ensure an approach which keeps everyone safe is considered when they are upset. This was an area which was raised at the last inspection, and the requirement will remain as it has not been met.

Staff had built good relationships with the young people. Young people told us "I like the staff." We found there was opportunities to have fun, and staff encouraged young people to be involved in social clubs which supported their interests. This helped develop young people's social skills, and independence.

Where possible young people were encouraged to stay in contact with their family. Staff were also committed to building relationships with family by supporting their time together. This helped young people stay connected and strengthen relationships.

Young people were encouraged to learn and achieve. We found all young people were at college or in education, and had individual learning opportunities. Staff also supported young people to ensure their views were respected with regards to the education they received. This supported young people to achieve and learn new skills.

Care plans were child friendly and were colourful including photos. However we found that goals needed to be more SMART (Specific, Measurable, Achievable, Realistic, Time-bound), to ensure that young people could reflect on their achievements. Risk assessments also needed to be more specific to ensure all risks relevant to the young people were recorded, and clear strategies were in place. This was an area which was raised at the last inspection, and the requirement will remain as it has not been met.

Staff found managers to be approachable and supportive. However we found not all staff received regular supervision, and at times communication was impacted by the lack of opportunities to attend team meetings for some staff. This would support reflection and learning for staff, and the ability to have a greater understanding of young people's needs.

We found that the development plan for the service could be more focused on the areas of the service which required improvement. This would support clear direction, policy, and opportunities to upskill staff in key areas to support better outcomes for young people.

There was a lack of effective quality assurance systems in place. There was a number of incidents, safeguarding concerns, and training which this process could have identified. This led to a lack of learning from events, and at times young people being placed in potentially harmful situations (**see requirement 3**).

The service needed to improve the admission procedure to ensure the service met the needs of the young people they care for. We found assessments to be conducted after the agreement a young person would move in, which led to decision making being undertaken without considering the needs of all young people living in the house. There was also a lack of trained staff to be able to meet the needs of the young people, which was not considered. This lack of assessment and action had the potential to impact on all young people living in the service (**s requirement 4**).

There was a good level of staffing available to the young people. We found the staffing needs assessment could better reflect the skill set of the team and decision making around agreed staffing. However a there was a commitment to provide familiar staff to the young people, to provide a level of predictability.

Training needed to be prioritised to ensure staff had opportunities to learn and develop their knowledge. There was a large proportion of staff had not undertaken mandatory training, and this had led to poor outcomes for young people at times (**see requirement 5**).

Requirements

1. By 30 April 2026 , the provider must ensure any restrictions placed on young people's liberty are clearly documented and reviewed. To do this, the provider must, at a minimum:

- a) ensure young people's views are sought in relation to imposed restrictions;
- b) ensure all restrictions are clearly documented; and
- c) ensure restrictions are regularly reviewed with clear justification why these are in place.

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:

'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
'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

2. By 1 April 2026, the provider must ensure child and adult protection procedures are adhered to. To do this, the provider must, at a minimum:

- a) ensure all safeguarding concerns are clearly recorded;
- b) ensure the lead agency has been informed;
- c) ensure all staff are trained in child and adult protection; and
- d) ensure any protection concerns are reported to The Care Inspectorate.

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.' (HSCS3.20).

3. By 10 May 2026, the provider must ensure there is effective quality assurance processes in place. To do this, the provider must, at a minimum:

- a) ensure there is quality assurance and oversight of all documents relating to young people's care, in particular incidents;
- b) ensure there is clear actions recorded if improvements are identified; and
- c) ensure there is external oversight and quality assurance.

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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS4.19).

4. By 1 April 2026, the provider must ensure the admissions process considers the ability of the service to be able to meet the young people'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; and
- c) ensure the service has the staff skills and training to meet the needs of the young person.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

5. By 30 May 2026, the provider must ensure all staff have completed all mandatory training. In particular the provider must:

- a) ensure all staff have completed child and adult protection training;
- b) ensure all staff have completed the relevant training in restrictive practice; and
- c) ensure there is a system in place to effectively monitor staff's training

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).

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

Requirements

Requirement 1

By 30 March 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; and
- c) all potential risks are included in the risk assessment.

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:

'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies' (HSCS 3.24).

This requirement was made on 20 February 2025.

Action taken on previous requirement

We found that not all risks were recorded accurately. Although the service had developed columns to reflect primary and secondary strategies these were not clear strategies, or pro-active. Following a significant incident we could not find clear information around how the learning from this had been included in the assessment. This requirement had not been met and we have agreed an extension until 1 May 2026.

Not met

Requirement 2

By 10 April 2025, you must ensure there is effective quality assurance processes in place. To do this, the provider must, at a minimum, ensure that:

- a) any developments needed are clearly recorded in audits;
- b) audits are conducted regularly; and

c) training records are current and reflect the date training was completed.

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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 20 February 2025.

Action taken on previous requirement

We found audits to be introduced to review care plans and risk assessments, which identified areas for development. However despite the service introducing a new system to track training there was still a number of areas where a large proportion of staff were not trained. Areas of this requirement have been met, and therefore a new requirement to reflect the improvements still required will be stated within the report.

Met - outwith timescales

Requirement 3

By 30 April 2024, the provider must ensure staff are appropriately trained to support young people. To do this, the provider must, at a minimum:

- a) ensure there is specific training in relation to the risks young people present;
- b) ensure all staff supporting the young person undertake the above training; and
- c) ensure staff are debriefed after supporting any incident of risk.

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:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 20 February 2025.

Action taken on previous requirement

We found a number of staff to not be trained in the safe implementation of restrictive practice. This had led to at times unsafe practice being implemented and a lack of reflection and learning from this incident. This requirement had not been met and we have agreed an extension until 30 May 2026.

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

To support children's wellbeing, learning and development, the provider should ensure staff access training appropriate to their role, and apply their training in practice.

This should include, but is not limited to, trauma informed practice and learning days to embed this in the culture.

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 professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 20 February 2025.

Action taken since then

We found there had been no plan or recent training to ensure trauma informed practice was embedded in the service. When talking with staff they were unable to give examples of how they used trauma informed practice to support young people and the incident forms we reviewed did not reflect this either. Therefore this will be reinstated as a requirement.

Previous area for improvement 2

To support children's wellbeing, learning and development, the provider should ensure young people are supported to be involved in their care.

This should include, but is not limited to, helping them understand any restrictions of their liberty and how these will be reduced in the future.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23)

This area for improvement was made on 20 February 2025.

Action taken since then

We were pleased to see young people had been involved in their risk assessments. However it was not clear when there was restrictions which impacted on young people's liberty how they were involved in this

decision making and how restrictions would be reduced over time. Therefore this area for improvement will be reinstated as a requirement.

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?	2 - Weak
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	2 - Weak

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