

# Carriag Care Care Home Service

Aberdeen

**Type of inspection:**  
Unannounced

**Completed on:**  
25 February 2026

**Service provided by:**  
Carriag Care Ltd

**Service provider number:**  
SP2024000352

**Service no:**  
CS2025000164

## About the service

Carriag Care is a care home service for a maximum of three children and young people. The service consists of two neighbouring two-storey houses in a residential area of Aberdeen, located less than two miles from the city centre. One house has three bedrooms for young people, with shared bathrooms and showers. A snug in the other house is used for children to see their families and have one-to-one time, and for staff training and meetings. Each house has some outdoor space. The service is close to public transport, schools, shops and a range other amenities.

## About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 February 2026. We visited the service between 11:55 and 19:05, 09:45 and 17:55 and 09:45 and 14:40 respectively. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the 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:

- reviewed survey responses from one young person, six staff and one external professional
- spoke with two children using the service
- spoke with eight staff and managers
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

**Key messages**

- Risk management was effective overall and helped keep children safe. However, managers and staff need to ensure they are familiar with all relevant protection policies and procedures.
- The quality of recording, and in particular records of protection concerns and incidents involving children, should be improved.
- Children benefitted from positive, meaningful and nurturing relationships with staff. In addition, beneficial routines and enjoyable activities had contributed to them feeling more settled and secure and were helping to provide a foundation for further progress.
- The provider should continue efforts to ensure all children have learning opportunities that maximise their potential.
- Managers had recognised the need to continue to support staff to develop more confident and consistent positive behaviour approaches, including responding to distress.
- Improved notification of significant events to the Care Inspectorate is needed to support more effective scrutiny of the service.
- Quality assurances processes and improvement planning were underway though it was too early to evaluate impact.

**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

We evaluated this key question as adequate, which means that strengths just outweighed weaknesses. Strengths clearly had a positive impact on children's outcomes and experiences, but some areas of performance needed to improve.

Staff managed risks effectively overall to prevent harm and keep children safe. However, awareness of relevant protection policies and procedures, and the quality of recording, should be addressed to maximise performance in this area (see area for improvement 1). Wider risk management approaches were generally effective in reducing the potential for harm, with scope to streamline documentation and develop more individualised responses to some risks. Recruitment and selection processes reflected good practice in most areas and should help ensure only suitable staff enter the workforce.

In most instances staff responses to distressed behaviour, which had been decreasing over time as children became more settled and secure, avoided the need for physical restraint. This reduced the potential for compromising their dignity and wellbeing. More focussed analysis by managers as incidents occur would also contribute to ongoing learning by staff and support the journey towards consistently high-quality care.

Children had undoubtedly benefitted from positive, affectionate and loving relationships with a stable staff team. This was apparent in the development of increasing trust and familiarity. An external professional commented: 'you can clearly see they adore (X)', remarking that this feeling was mutual.

Staff should ensure that the individualised, nurturing care we observed, and which was explicit in aims and objectives, is fully reflected in all children's documentation. Staff had advocated for children's rights, though the service had been less successful in obtaining independent advocacy and should continue to explore this. Children also exercised a lot of choice in daily life so that their experiences reflected their preferences. The good quality, comfortable environment reinforced a message of children's worth.

Children's experience of increasingly positive, beneficial routines had made a measurable contribution to progress, and especially their feelings of security, in a relatively short space of time. This was a noteworthy achievement by the team and should provide the foundation for further progress. With staff support, they were active and engaged in a range of enjoyable activities for fun, stimulation and exercise. Support to attend school and engage in learning had led to positive outcomes for some children. For others, limited opportunities meant that their potential was not being maximised. The service had successfully advocated with the placing authority for a small increase in provision though we acknowledge they were unable to take unilateral action. Nevertheless, staff were making an important contribution to providing additional informal learning opportunities. Effective management of medication overall contributed to promoting positive health outcomes.

Managers had had the benefit of mentoring and support as they took up promoted posts. They were in the process of becoming more familiar with their new roles and with individual team members. We identified the need for greater familiarity with key processes such as Care Inspectorate guidance on notifications of significant events (see area for improvement 2).

External management played an important role in monitoring children's experiences.

This was a relatively new service with a developing staff team. Support to develop a more consistent and confident approach to positive behaviour support that reflects an understanding of the impact of trauma and is developmentally appropriate is key to the improvement process. Along with improved recording of significant events, managers were planning relevant learning at the team development day, hence we will not include an area for improvement in this report.

Most staff described an effective induction, though some felt this could have been a more structured process. Similarly, most staff described being well supported to provide good quality care and positive outcomes for children. This included opportunities for taking part in a range of relevant mandatory training, which we recommended should also include adult protection.

The process for assessing the capacity and suitability of the service for meeting the needs of new children was in most respects comprehensive. However, we concluded that greater attention should be paid at an early stage to plans for meeting learning and educational needs.

Staffing levels allowed the team to meet children's needs and keep them safe, including one-to-one time. We suggested ways that managers could develop the tool they use to identify staffing capacity and deployment to ensure they can respond effectively to changing needs and circumstances. This should include explicit reference to the number of staff required throughout the day and detail the factors that have informed the assessment.

A range of quality assurance systems and processes were in place though some aspects were still under development, which meant we were unable to fully evaluate impact. The service's development plan, which was also relatively new, would benefit from more specific outcomes, actions and timescales to allow greater focus, momentum and tracking of progress.

Plans for individual children were underpinned by national wellbeing outcomes and were contributing to positive progress. Overall, they were child-centred and provided a very good picture of individual children. Removing repetition would make them a potentially more usable and accessible tool. Staff should also continue to ensure that all plans are consistently outcome focussed to allow more effective evaluation of progress.

## Areas for improvement

1. To ensure that children experience high quality care and protection, the provider should ensure that:

- (i) managers and staff are familiar with the service's protection policies and procedures
- (ii) records of protection concerns and other significant incidents reflect good practice, providing a clear chronological record of events, assessment and decision-making and inform learning.

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).

2. To support effective external scrutiny of the service, the provider should ensure that managers submit notifications of significant events in accordance with guidance.

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

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

This is to ensure that practice is consistent with:

'Children and young people's care services: Guidance on records you must keep and notifications you must make' (Care Inspectorate, March 2025).

## 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?	3 - Adequate
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	3 - Adequate

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