

# Spark of Genius The Shian Care Home Service

Balfron

**Type of inspection:**  
Unannounced

**Completed on:**  
4 March 2026

**Service provided by:**  
Spark of Genius Limited

**Service provider number:**  
SP2016012791

**Service no:**  
CS2016352795

## About the service

Spark of Genius The Shian is a care home registered to care for a maximum of five children and young people. The house is a detached property set in large, attractive gardens. At the time of the inspection, there were three young people living in The Shian.

The service had recently undergone some refurbishment, with a new kitchen installed. During inspection further works were being undertaken to ensure the environment met the needs of young people.

## About the inspection

This was an unannounced inspection which took place on 3 March 2026 between 10:30 and 18:00 and 4 March 2026 between 09:00 and 16:30.

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:

- spent time with two young people using the service and spoke with two of their family members
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

**Key messages**

- Safety for young people had not always been maintained, though recent changes created a calmer, more secure environment.
- Young people were unnecessarily subject to restrictive practices, which did not always follow best practice.
- Staff demonstrated real commitment and resilience during prolonged periods of pressure.
- Decisions around arrivals and transitions led to poor outcomes.
- Improvements were required to staff support systems so they felt confident and valued in their role.

**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
--	--------------

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, where strengths only just outweighed weaknesses.

Young people had not always felt safe in their own home, emotionally or physically. Periods of extreme crisis for one young person resulted in significant pressure on the staff team. There were incidents where staff members had been injured and young people had witnessed this. In recent weeks, young people and staff told us the atmosphere had become more relaxed and comfortable, helping to restore a sense of security.

Positive relationships were evident between the service and external partners, such as social workers and education staff. This supported good communication about the wider decisions affecting young people's care.

Staff were confident in identifying and responding to child protection concerns. Safeguarding issues were identified quickly and resolved sensitively.

Young people had not always experienced therapeutic and stable care. Young people had been subject to, or witnessed, restraint which at times was not justified or followed best practice. From the records we reviewed, restraints had not been reviewed by managers and debriefs for young people and staff had not taken place. This limited opportunities for learning, reflection, and reducing the use of restraint (see requirement 1).

Despite these challenges, young people benefitted from warm and empathetic relationships with staff. These relationships helped young people feel valued. Staff were attuned to the needs of the young people, recognised cues for support, and ensured health needs were met promptly.

Due to safety concerns between young people, there had been periods where young people's ability to have fun or relax in their home was restricted. Recent changes had responded to these concerns and improvements were being made to ensure the environment was comfortable and met the needs of young people. Bedrooms had been personalised and the outdoor space was valued by both young people and staff.

Young people participated in their care and support, with their views driving their goals, support, and scaffolding. This ensured young people could engage meaningfully in decisions being made about their care and support.

Staff had not always been able to prioritise young people's emotional needs or wellbeing. This was due to the competing demands of young people's needs over an extended period. However, young people's health needs had been promptly and comprehensively met.

Young people's connections to their family were supported and fostered. Where appropriate, family were encouraged to come to The Shian and it was great to see this as a core value of the service.

Despite the challenges present, staff worked hard to ensure young people benefited from support which considered their interests, life skills, and ambitions. The service had supported a holiday to Disneyland for one young person and hoped to be able to continue supporting young people to have exciting experiences which broaden their horizons.

Taking part in education was part of young people's normal routines. Positive relationships with education supported participation and attainment.

Young people's needs, risks, and vulnerabilities were generally well captured within their person-centred planning and risk assessments. Staff had worked hard to ensure consistent care and support to young people. However, staff had not always felt equipped to implement risk assessment strategies for young people. This meant that the extent to which young people's needs were met was limited.

The staff team had not always felt fully supported or empowered by leaders. This has led to staff feeling undervalued, lacking confidence, and ultimately a significant turnover of staff. An absence of monitoring around young people's experiences and safeguarding had contributed to poor outcomes. These concerns had been recognised and responded to by the organisation.

Transitions and arrivals into the service had not always resulted in positive outcomes or experiences for young people. This resulted in young people experiencing unnecessary upset and trauma which impacted on their wellbeing (see requirement 2).

The service had not always maintained the right number of staff with appropriate skills and experience to ensure young people's safety. During the inspection, we saw improvements with staffing arrangements more carefully considered and based on the needs of young people.

Despite staff valuing relationship-focused practice, they did not always feel supported or able to offer young people therapeutic and responsive care. The absence of debriefing or reviewing significant incidents contributed to staff feeling unsupported and sustained poor outcomes for young people (see requirement 3).

Previously, systems to monitor aspects of service delivery and the quality of the setting were ineffective (see area for improvement 1). The ability of leaders and staff to support children were impacted by this.

There were plans in place to ensure improved systems for oversight and quality assurance. Management hoped that changes implemented would, overtime, evidence better oversight and outcomes for young people. The service should consider continued service development and how they can meet The Promise, as well as embedding a culture which seeks to offer the best possible care to young people.

## Requirements

1. By 9 April 2026, the provider must ensure that no children or young people are subject to restraint unless it is the only practicable means of securing the welfare and safety of that or any other person.

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

- a) Ensure that debriefs promote a reflective culture that recognises restraint is a serious form of intervention.
- b) Ensure de-escalation strategies are consistently implemented and trauma-informed.
- c) Ensure that all staff understand their role and responsibility in undertaking restraint and are competent in this area.
- d) Ensure that restraint practices are effectively overseen by management and analysed to ensure that best

practice is being followed.

e) Ensure where restraint does take place that an effective plan is in place to reduce and minimise the use of restraint.

This is in order to comply with Regulation 4(1)(c) (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: 'My human rights are central to the organisation that support me' (HSCS 4.1); and 'If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively' (HSCS 1.3).

2. By 9 April 2026, the provider must carry out effective matching analysis to ensure that decisions made about arrivals and transitions are in the best interests of all young people.

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

a) Provide a detailed assessment of how the service plans to support identified risk or need for young people referred to the service.

b) Undertake analysis of how the arrival of any new young person may impact on young people already living in the service and record how this will be supported.

c) Ensure this is carried out in line with the Care Inspectorate guidance 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services' (2024).

This is in order 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: 'I am in the right place to experience the care and support I need and want' (HSCS 1.20); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

3. By 23 April 2026, the provider must ensure there are systems in place to support staff so they feel confident in responding to and supporting the needs of all young people consistently and effectively.

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

a) Ensure that support systems for staff, including supervision, promote a reflective culture.

b) Where staff raise concerns, this is responded to and that decision making by leaders is accountable and transparent.

c) Ensure that systems of support are monitored and evaluated by managers on an ongoing basis.

d) Ensure that leaders in the service support the team to further develop their skills, knowledge, and confidence in trauma-informed practice, and create regular opportunities for staff to embed this approach within the service culture.

This is in order to comply with Regulation 4(1)(c) (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: '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).

This is to ensure that care and support is consistent with the Scottish Social Services Council's (SSSC) Code of Practice for Employers of Social Service Workers which state that the employer will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

## Areas for improvement

1. To ensure appropriate oversight and support children's safety and wellbeing, the service must notify the Care Inspectorate consistent with the Care Inspectorate guidance 'Records that all registered children and young people's services must keep and guidance on notification reporting'.

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).

## 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 provider must ensure that young people who come to live at The Shian do so in a planned and robustly assessed way that follows best practice guidance, ensures a smooth and trauma-informed transition, and considers the needs of the young people already resident in the house.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If possible, I can visit services and meet the people who would provide my care and support before deciding if it is right for me' (HSCS 4.5); and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

**This area for improvement was made on 9 May 2024.**

#### Action taken since then

During the inspection concerns were identified in respect of matching, transitions, and arrivals.

**As a result, this area for improvement has been escalated to a requirement which can be found in the body of the report.**

### 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	3 - Adequate

7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights

3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.