

Kibble Education and Care Centre School Care Accommodation Service

Goudie Street
Paisley
PA3 2LG

Telephone: 01418 890 044

Type of inspection:
Unannounced

Completed on:
29 January 2026

Service provided by:
Kibble Education and Care Centre

Service provider number:
SP2004007042

Service no:
CS2003001291

About the service

Kibble Education and Care Centre is made up of four houses located alongside other Kibble care services on the organisation's campus in Paisley.

The service can accommodate up to 24 young people. Each house provides individual en-suite bedrooms, spacious communal areas for cooking and dining, and smaller rooms designed for relaxation, music, or gaming.

Many of the young people attend Goudie Academy, which is situated on the campus. Some young people attend mainstream school, and others make use of the alternative education and get ready for work programmes available through Kibble.

About the inspection

This was an unannounced inspection which took place on 26 January 2026 between the hours of 11.30 and 18.30, 27 January between the hours of 10.30 and 23.30, 28 January between the hours of 10.00 and 21.00 and 29 January between the hours of 10.30 and 17.00. 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 16 young people using the service
- spoke with 23 staff and managers
- spoke with one visiting professional
- observed practice and daily life
- reviewed documents
- reviewed survey responses from 52 staff members, 15 young people, 8 external professionals and 5 family members.

Key messages

- Young people were kept safe, and the service responded promptly and appropriately to any concerns, demonstrating strong safeguarding systems and leadership oversight.
- Relationships were a strength, with warm, nurturing, and compassionate interactions contributing to young people feeling a sense of belonging and emotional safety.
- Trauma informed practice was well embedded, with staff showing a very good understanding of trauma and responding to behaviour in non judgemental, supportive ways.
- Restraint was used only as a last resort.
- Young people were involved in their care planning and understood their goals.
- Young people benefited from flexible approaches to education and well coordinated health support.
- Care planning was of high quality, with SMART, person centred plans and effective tools that provided a clear understanding of each young person's needs and progress.

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?	5 - Very Good
--	---------------

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?

5 - Very Good

Young people were kept safe both physically and emotionally. Most young people told us they felt safe, and only a small number described times when they had not. When the service became aware of any concerns, they responded promptly and appropriately. This demonstrated that robust policies, clear procedures and strong leadership oversight ensured young people's safety was a priority.

Staff worked effectively with partner agencies. They shared information, assessed risk collaboratively, and offered professional challenge where required. Young people understood the role of advocacy services, and most felt that adults in the service advocated well on their behalf. Every young person identified at least one trusted adult and this contributed to their overall sense of stability and emotional safety.

Staff demonstrated strong knowledge and confidence in child and adult protection processes. Regular training and accessible guidance, aligned with national procedures, had supported this. Staff were clear about their responsibilities and were confident in raising concerns appropriately. Leaders played an active and visible role in supporting safe practice, and staff described feeling well supported by managers when dealing with safeguarding issues. This indicated a strong safeguarding culture.

Relationships between staff and young people were a strength. Staff knew young people well, and this relational understanding supported effective de-escalation during times of stress. As a result, restraint was used only as a last resort. Although a small number of young people felt restraint could be used too quickly, incident records evidenced clear decision making. The organisation had a focus on reducing the use of restraint. We advised that the quality of post incident de-briefs could be strengthened to enhance reflective learning and support continuous improvement.

Throughout the inspection, we saw warm, nurturing and compassionate interactions. Staff and young people shared humour, relaxed conversations and enjoyable activities. Young people described staff with affection and respect, and some referred to them as 'their' staff suggesting a personal connection and sense of belonging. Staff spoke positively about young people and demonstrated commitment to their wellbeing. This reflected a resilient and child centred culture where relationships were central to ensuring young people's safety, belonging and positive development.

Staff demonstrated a very good understanding of trauma and its impact. Trauma informed practice was evident in documentation and in interactions we observed. Staff recognised behaviour as communication and responded in non-judgemental, supportive ways. Young people were encouraged to understand and manage risks affecting them, and risk assessments balanced protection with opportunities for development.

Young people were treated with dignity and respect. Houses were homely, and young people had been involved in personalising their spaces. Staff knew young people's interests well and encouraged them to build skills, pursue talents and celebrate achievements. Some locked areas within houses created a sense of restriction. While this had been appropriate at certain times, we encouraged the service to continue reviewing this to ensure restrictions remained proportionate and linked to assessed need.

Young people were actively involved in their care planning and had a clear understanding of their goals. Staff showed strong commitment to upholding young people's rights while ensuring safety was not compromised.

Health needs were met effectively, with improved access to health services, and medication procedures were safe and well managed.

The service made strong efforts to maintain and rebuild young people's relationships with family, friends and the people most important to them. Staff recognised the emotional and long term value of these connections.

Education had been delivered flexibly. Staff balanced learning with emotional readiness, and young people accessed a range of education environments suited to their individual needs.

We were confident that young people's needs had been met through high quality, person centred planning. Considerable work had gone into ensuring plans were specific, measurable, achievable, realistic and time bound. The planning tools used were impressive and contributed to a clear, holistic understanding of each young person's progress.

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

Requirements

Requirement 1

By 30 August 2024, the provider must ensure there is an effective quality assurance process to review incidents. To do this, the provider must, at a minimum:

- a) Ensure incident records are quality assured.
- b) Ensure incidents record the full detail of what happened.
- c) Ensure the length of restrictive practices are recorded.
- d) Ensure all relevant parties are informed of the incident.

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: "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 19 February 2024.

Action taken on previous requirement

We viewed a sample of incident records and saw evidence of quality assurance of individual incidents and also saw quality assurance processes to review patterns and trends. This was supportive of reductionist approach to restraint.

All incident records viewed included full details of the incident.

Length of restraint was recorded.

We are confident that all relevant parties are informed following restraint. This was further evidenced in discussion with managers when talking about the processes that follow incidents and by the response to concerns raised by young people during the inspection

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 enhance the care provided to the young people, and ensure they are supported by staff who are well informed, using approaches informed by best practice guidance, the provider should ensure staff have access to training in trauma informed practice and information about 'The Promise,' the Scottish Government's pledge to care experienced young people.

This is to ensure care and support is consistent with Health and Social Care Standard 1.29: I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.

This area for improvement was made on 19 February 2024.

Action taken since then

The service had undertaken work to ensure that staff were informed by by best practice and this was evident in responses to protection issues, restraint and restrictive practices. As noted in the body of the report, the staff team had a very good understanding of the impact of trauma and worked in a trauma informed way. We were confident that messages from the promise had influenced practice and the staff team had a good awareness of the importance of the promise for the young people they cared for.

This area for improvement has been met

Previous area for improvement 2

To ensure young people's health and wellbeing is promoted, the provider should ensure that young people have timely access to health care relevant to their needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 19 February 2024.

Action taken since then

It was evident that there have been development in supporting young people's health needs and a lot of work to improve access to GP and the Sandyford Clinic with having drop in clinics on campus. There was good detailed information about young people's health conditions and how these impacted on them and we reviewed medication in all four houses and satisfied that there were effective process in place for the recording and administration of medication.

This area for improvement has been met.

Previous area for improvement 3

To support robust and timely investigation of child protection concerns, the provider must ensure there is a consistent approach. This should include, but is not limited to, ensuring processes reflect the voice of the

child and there is consistency from all staff following the receipt of an allegation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made' (HSCS 3.22)

This area for improvement was made on 19 February 2024.

Action taken since then

All staff we spoke to were confident in child and adult protection advising that annual training had supported their understanding. Some staff spoke about the additional benefit of having a manager who was part of the safeguarding team and could support further development in this area. Many staff spoke about the benefit of the role of the safeguarding lead who they felt they could approach to discuss concerns, thus supporting a consistent response. The child protection policy was up-to-date and included relevant legislation and guidance. All staff were very clear in terms of their role to prioritise young people's safety and all had the confidence to raise any concerns about their colleagues with managers if required.

It was evident in discussions with staff that the roles and structures in place within the organisation ensured that staff feel supported and this gave us confidence in the consistent approach to concerns that arise.

This area for improvement has been met.

Previous area for improvement 4

Young people benefit from a model of care that ensures they receive the same approach and time from staff during the day and at night. This should include, but is not limited to, staff having a collective understanding of the model of care, staff receiving the same guidance and direction from leaders, staff getting the same access to supervision, coaching, training and reflective practice sessions. This will enable young people getting the right therapeutic support both during the day and at night.

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 consistent and stable because people work together well' (HSCS 3.19) and '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' (3.14).

This area for improvement was made on 19 February 2024.

Action taken since then

We met with the night staff manager, night co-ordinator, and four night staff. Steps have been taken to improve support to night staff.

Night staff have the same access to training and the opportunity to attend team meetings/development days. Supervision has moved to day managers and all night staff we spoke to felt supported.

This is a recent change that is being reviewed and developed however are confident in the improvements made and the services capacity for continuous improvement in this area of practice.

We are satisfied that this area for improvement has been met.

Previous area for improvement 5

To support children's wellbeing and health, the provider should ensure there is a varied range of healthy meals available to young people. This should include, but is not limited to, ensuring there is alternative healthy options prepared for young people. This will ensure mealtimes are nurturing, and established as part of the house's routine.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33).

This area for improvement was made on 19 February 2024.

Action taken since then

We noted improvement in the variety of foods available to young people. When young people did not like the food prepared for them, there were alternative options available. We heard of in house cooking nights, home baking and take away nights. There had been an improvement in the experience created with mealtimes. Some young people did not enjoy the food in the service, however we were satisfied that sufficient improvement had been made and confident that the service will look to continuously improve meal time experiences for young people.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	5 - Very Good
7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very Good

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.