

# Continuing Care Eilean Siar Adult Placement Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
5 March 2026

**Service provided by:**  
Comhairle nan Eilean Siar

**Service provider number:**  
SP2003002104

**Service no:**  
CS2020379231

## About the service

Continuing Care - Eilean Siar is a local authority adult placement service that provides continuing care to young people, enabling them to continue to live with their foster carers past the age of 18. The service is located in Stornoway, with families residing across the Western Isles.

The service has recently been restructured and now consists of a service manager and two supervising social workers, who work across the fostering, continuing care, and adoption services.

Inspections of the three services were undertaken at the same time. Separate reports are available for each of the services. This report should be read alongside the fostering report.

## About the inspection

This was a short notice, announced inspection which took place between 23 February 2026 and 5 March 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

This inspection was a follow up inspection to review progress on the requirements and areas for improvement made at the last inspection, completed on 16 May 2024.

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.

To inform our evaluation we:

- \* spoke to caregivers
- \* spoke to three members of staff and management
- \* spoke to three external professionals including an Independent Reviewing Officer
- \* spoke to the panel chair and Agency Decision Maker.

## Key messages

- \* A number of requirements and areas for improvement from the last inspection have not been met.
- \* Progress on improvement work has been hindered by staffing challenges.
- \* Caregivers continued to not receive the support they required.
- \* There was an improved approach to planning for continuing care, and young people were better informed about their rights.
- \* Increased senior management oversight in recent months provided assurance that there is now a coordinated approach to improvement planning.

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

### Requirements

#### Requirement 1

By 31st July 2024, to ensure a consistent approach to supporting caregivers and ensure comprehensive oversight of needs and risks within continuing care households, the Provider must at a minimum:

- a) Develop a policy for minimum frequency of visits to continuing care households.
- b) Ensure caregivers have high-quality, regular, and recorded supervision.

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 (SS1 2011/210).

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).

**This requirement was made on 16 May 2024.**

#### Action taken on previous requirement

The provider was in the process of developing policies and procedures to set out clear expectations around support for caregivers. When supervision visits were carried out these were well recorded, and caregivers valued the skills and knowledge of their supervising social worker. Unannounced visits were now taking place in line with regulation.

Unfortunately, staff absence had impacted on the continuity of support for caregivers, which meant that for

significant periods of time support was reactive rather than proactive. Caregivers often had to ask for help rather than be able to expect this as part of a planned package of support. Caregivers were frustrated and there had been an impact on the retention of caregivers. We identified situations where a lack of support and oversight contributed to an escalation of risk within fostering households, and where caregivers had been placed under significant strain. The provider was in the process of building resilience into the staffing of the service (see also requirement 7) to ensure this area of practice is urgently addressed.

This requirement has not been met and has been extended to 1st May 2026.

**Not met**

## Requirement 2

By 31st October 2024, to ensure the safety and wellbeing of young people, the Provider must carry out an assessment of caregivers' training needs and develop a training plan with timescales to ensure that caregivers' learning and development needs are met. At a minimum, the Provider must:

- a) Clarify the expectations of caregivers in relation to mandatory training.
- b) Provide training to all caregivers and staff in relation to adult protection.
- c) Provide training specific to individual caregivers' needs, as identified in the training needs assessment
- d) Ensure tracking of caregivers' training and learning and development.
- e) Ensure supervision and review documentation records caregivers' learning and development needs.

This is to comply with Regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards which state that: "I am protected from harm abuse, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and, "I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.24).

**This requirement was made on 16 May 2024.**

### Action taken on previous requirement

Policies and procedures were being developed to encompass the expectations of caregivers training, including mandatory training. Some progress had been made in sourcing and delivering protection training and first aid training for caregivers, with support from external agencies. There was a plan to carry out a learning review with all caregivers, to help individualise the support and training they could access. Caregivers were informed of national learning and development events taking place and were encouraged to attend. The provider had recently invested in external training and was in the process of developing an authority-wide relational model of care. We look forward to evaluating the impact of this on our next inspection.

Despite some progress, at the time of our inspection, there continued to be limited oversight of caregivers' training, and many we spoke to had not completed recent training, aside from protection training. The

improvement work being carried out was still at a very early stage and had not yet impacted on caregivers' learning and development.

This requirement has not been met and will be extended to 1st July 2026.

### Not met

#### Requirement 3

By 31 October 2024, the Provider must ensure that all young people over the age of 18 are being cared for by caregivers who are assessed and approved to do so. To do this the Provider must as a minimum:

- a) Ensure that the processes regarding continuing care are clear and concise.
- b) Assess and approve caregivers looking after this age group as adult placement carers.

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).

**This requirement was made on 16 May 2024.**

#### Action taken on previous requirement

Since the last inspection, a continuing care policy had been developed, which clearly sets out the rights of young people in relation to continuing care, as well as the internal process to ensure this is a seamless and supported transition. We asked for the provider to ensure that the process for caregivers to be reappraised as continuing care caregivers be made more explicit. Continuing care caregivers were now assessed and approved to provide care to young adults.

This requirement has been met.

### Met - within timescales

#### Requirement 4

By 31st October 2024, to ensure a clear commitment to continuous improvement, the Provider must at a minimum:

- a) Set out its aims and objectives.
- b) Develop an improvement plan with clear actions and timescales.
- c) Use self-evaluation, including the views of carers and young people using the service, to inform and guide these documents.

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

**This requirement was made on 16 May 2024.**

### Action taken on previous requirement

The service has developed draft aims and objectives however further work was required to improve the quality of these and ensure alignment to current legal and policy frameworks.

An improvement plan has been developed with clear actions and timeframes. We found discrepancies with aspects of this with actions marked as complete, despite this not being our evaluation based on the evidence.

There was greater strategic oversight of the improvement plan and a collaborate effort was underway to make sustained improvements. We were reassured by the current senior leadership team and their commitment to the service.

Self-evaluation and incorporating the views of caregivers, children and young people, had not yet been fully developed to inform service development. We concluded that there is more work to do to engage caregivers in service development. Caregivers expressed a lack of confidence in the service, due to fragmented support over many years. In order to rebuild trust and confidence, senior leaders have a role to work directly with caregivers to build relationships and involve them in the improvement journey. This is particularly relevant prior to future recruitment of new caregivers to the service.

This requirement has not been met and will be extended to 1st July 2026.

### Not met

## Requirement 5

By 31st July 2024, the Provider must ensure quality assurance systems are robust and promote best practice. This should include, but not be limited to:

- a) Developing tracking systems to ensure key areas of work are carried out in a timeous way. This should include, but not be limited to, carer supervision, background checks, health and safety checks.
- b) Ensuring caregiver reviews take place within statutory timeframes.

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 (SS1 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 16 May 2024.**

**Action taken on previous requirement**

The provider considered that improvements to their recording system meant that there was greater oversight of key dates, including caregiver reviews and panels. We saw that caregiver panel reviews were taking place within statutory timeframes and internal reviews were generally taking place in line with the service's procedure.

However, the tracking systems we reviewed did not provide the necessary detail to enable the service manager to have the level of oversight required to ensure compliance with regulations and to promote best practice. The service manager recognised the importance of tracking key areas of practice and had plans to establish more robust oversight systems as they developed in their role.

This requirement has not been met and will be continued to 1st June 2026.

**Not met****Requirement 6**

By 31st October 2024, to ensure the Panel is sufficiently able to provide timely and robust recommendations based upon best practice, the Provider must at a minimum:

- a) Ensure there is a suitably skilled and trained panel to support the reassessment and review of caregivers of young people receiving continuing care.
- b) Demonstrate efforts to recruit new panel members.
- c) Provide support and appraisals to panel members.
- d) Provide learning and development opportunities to all panel members.

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 (SS1 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), 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 organisation codes" (HSCS 3.14).

**This requirement was made on 16 May 2024.**

**Action taken on previous requirement**

The panel continued to provide a robust assessment and review of caregivers' roles. We were encouraged to find that two new panel members had been recruited to strengthen and build resilience into the panel. Panel member appraisals had taken place since the last inspection. There was confidence in the skills, knowledge and experience of panel members. Panel members had access to training through their main employment and had also been invited to future training sessions within the service. We considered that the panel were able to make robust recommendations and functioned very well.

Panel development remained an area that requires further attention. There had been no panel development days since the last inspection. The panel would benefit from greater awareness of the strategic direction

and the very specific context and challenges of the provider that are relevant to panel business. Arrangements for future panel development and ongoing panel member appraisals were unclear, and we identified the need for increased communication and collaboration between the panel and provider. The provider accepted this and provided reassurance that this would be addressed.

Despite the need for further improvement, we were satisfied that this requirement had been met.

## Met - within timescales

### Requirement 7

By 31st October 2024, the Provider must ensure there are adequate numbers of skilled staff equipped to carry out all tasks, responsibilities, and improvement work associated with the service. Staff should be adequately supervised to ensure any gaps in service delivery are identified and actioned. To do this, the provider must, as a minimum:

- a) Ensure there are sufficient numbers of suitably skilled and qualified staff working in the service through undertaking a staffing needs assessment.
- b) Ensure that formal and recorded supervision of all staff takes place in a timely manner and occurs in line with the provider's policy, for all staff, including leaders.

This is to comply with Regulation 7 of The Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.15), and "I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.24).

**This requirement was made on 16 May 2024.**

### Action taken on previous requirement

Following our last inspection, a review and restructure took place which both increased the remit of the service (now also encompasses kinship care support), and the number of staff working in the service. A new manager had been appointed and started in their role eight weeks prior to our inspection. A relief social worker had recently been appointed to add resilience to staffing arrangements, which is important given the small size of the service. The provider had confidence going forward that the service was now equipped with the necessary staffing arrangements to carry out all tasks, responsibilities and improvement work required. Staff were now receiving regular, recorded supervision, with a supervision contract in place setting out the expectations.

Despite the work undertaken, at the time of our inspection there were no staff available to provide consistent support to caregivers due to long term staff absence and lack of resilience in the service. This had impacted on people's experiences and outcomes (see also requirement 1). We had confidence that there was now improved senior management oversight of the service. However, at time of our inspection this requirement had not been met and will be continued to 1st May 2026.

## Not met

## Requirement 8

The Provider must ensure that welfare assessments are carried out timeously for young people who are eligible for continuing care.

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 (HCSC) which state that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "My human rights are central to the organisations that support and care for me" (HSCS 4.1).

**This requirement was made on 16 May 2024.**

### Action taken on previous requirement

No young people using the fostering service required a welfare assessment since the last inspection. However, there was improved understanding of young people's right to a welfare assessment and the continuing care policy confirmed this was a key part of the process. We were confident going forwards that young people who wished to remain with their fostering family post 18 would have a welfare assessment.

This requirement has been 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

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.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HCSC) which state that: "As a child or young person I feel valued, loved and secure" (HSCS 3.5), and "My human rights are central to the organisations that support and care for me" (HSCS 4.1).

**This area for improvement was made on 16 May 2024.**

#### Action taken since then

As already set out (see requirement 3), a continuing care policy is now in place and details the providers responsibilities to young people in relation to continuing care. It also highlights young people's right to continuing care. We made some minor suggestions for improvement to the policy which were acknowledged by the provider.

This area for improvement has been met.

## Previous area for improvement 2

In order for young people's safety, health and wellbeing to be robustly prioritised and confidently responded to by their caregivers, the service should ensure individual risk assessments are in place and are reviewed and updated regularly.

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), and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

**This area for improvement was made on 16 May 2024.**

### Action taken since then

We were not provided with any risk assessments for young adults using the continuing care service. As already set out within the fostering report, risk assessments more broadly are an area that the provider must address and improve upon. We were advised that this work will be taken forward as part of the service development plan.

This area for improvement has not been met.

## Previous area for improvement 3

To ensure young people are drivers in planning their care and support, and to clarify roles and expectations within continuing care placements, continuing care agreements should be developed. These should be created in conjunction with young people, their caregivers and the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, "I am empowered and enabled to be as independent and as in control of my life as I want and can be" (HSCS 2.2), and "I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice" (HSCS 2.6).

**This area for improvement was made on 16 May 2024.**

### Action taken since then

We were not provided with any continuing care agreements for young adults using the continuing care service. We were advised that this work will be taken forward as part of the service development plan.

This area for improvement has not been met.

## 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).

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