

Good Shepherd Centre Bishopton Secure Accommodation Service

Good Shepherd Centre Secure Unit
Greenock Road
Bishopton
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Telephone: 01505 864 500

Type of inspection:
Unannounced

Completed on:
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Service provided by:
The Good Shepherd Centre Bishopton

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About the service

Good Shepherd Centre is a secure accommodation service located in a semi-rural setting near Bishopton and provides care and support to a maximum of 18 young people aged from 12 to 18 years. The service has the capacity to care for a 19th young person in emergency circumstances in an arrival bedroom separate from the main houses.

Young people live in one of three adjoining houses, Lyle, Nevis and Kilpatrick, each caring for a maximum of six young people. Each house has single en suite bedrooms, a number of well-furnished and decorated communal areas, large and small, and access to secure outdoor recreational areas.

Attached to the residential part of the centre, young people have access to well-resourced education facilities, a gym hall, fitness suite and outdoor sports pitch.

The service is situated in extensive grounds encompassing woodland and green spaces.

The Care Inspectorate is a member of <https://www.nationalpreventivemechanism.org.uk> - a group of organisations designated to monitor the treatment and conditions of those people who have been deprived of their liberty. This includes children and young people in secure care.

About the inspection

This was a follow up inspection to examine progress made in relation to requirements made at a full inspection in June 2025. This inspection took place on 02 March 2026 between 11:30 and 19:30 and 03 March 2026 between 09:00 to 16:00. The inspection was carried out by two inspectors 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.

To inform the inspection we:

- spoke with 12 members of staff, including managers;
- spoke with six young people;
- reviewed feedback from six external professionals and two family members;
- reviewed documents.

Key messages

Young people's safety was underpinned by proportionate and accountable practice that was driven by a least restrictive approach.

Caring adults were clear in their roles and responsibilities to understand young people's individual needs and risks and thus the approach to support, particularly during times of crisis, was highly individualised.

Young people experienced consistent support as the service had developed a dynamic and comprehensive approach to staffing arrangements that was centred around young people's needs and staff skills, knowledge and experience.

Young people's experiences were evaluated through a wide range of quality assurance processes that contributed to an evolving culture of learning and reflection.

The service had confidently met all aspects of the requirements made at the last inspection and continued to invest in their commitment to improving young people's lives.

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

Requirements

Requirement 1

By 10 November 2025, the provider must ensure that no young person is subject to restraint or restrictive practice, unless it is the only practicable means of securing their welfare and safety.

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

- a) Ensure that all young people's individual support plans are appropriately detailed and updated regularly in relation to the use of restraint and restrictive practices.
- b) Ensure the use of restraint is fully documented, including any deviation from TCI practice. This should be sufficiently detailed to support analysis and justification of actions.
- c) Ensure debriefs are undertaken and sufficiently recorded, supporting staff to learn from practice and identifying learning and development needs.

This is to comply with Regulation 4(1)(a), Regulation 4(1)(c) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 20 June 2025.

Action taken on previous requirement

Since the last inspection the service developed individualised support plans that were detailed and reflective of the needs of each young person. This included how young people should be supported and clearly identified any aspects of restraint that should not be undertaken. Staff were clear that their approach to support was dynamically informed by these plans, and they were confident in their roles and responsibilities to meaningfully involve young people in reviewing and updating them. Plans indicated that the approach to support was trauma informed and driven by a good understanding of each person's unique circumstances.

Through the development of clear guidance, and additional training, incidents of restraint were consistently well documented and the introduction of electronic systems offered the opportunity for timely completion and review of young people's experiences. Leaders had developed clear standards of practice and in collaboration with external partners had introduced additional physical intervention strategies that were proportionate to supporting young people's safety. Staff had a good understanding of the critical role they played in ensuring responses to risk were proportionate and justifiable. A newly developed model of post incident debrief offered greater opportunities for learning and reflection and this culture was beginning to expand to wider practice. Clear expectations, roles and processes to review young people's experiences of all restrictive practice, promoted accountability and ensured staff responses to young people's need for safety was proportionate and justifiable.

Met - within timescales

Requirement 2

By 10 November 2025, the provider must ensure the safety of those who use the service.

To do this the provider must at a minimum:

a) Ensure individualised risk assessments are undertaken by staff who are trained, clearly detailing individualised strategies and updated to reflect changing risk to keep people safe.

b) Ensure when additional levels of restriction are required, there is clear documentation that details the justification for restrictions.

This is to comply with Regulation 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This requirement was made on 20 June 2025.

Action taken on previous requirement

The service had developed a comprehensive approach to understanding risk, where roles and responsibilities were clear and undertaken by trained and experienced people. Investment in additional training was supporting staff to take a dynamic and individualised approach to both assess and respond to risk and this was further informed by clinical formulation, developed in partnership with key multi disciplinary professionals. Decision making was more consistently informed by known risks and where risk was still being assessed, the potential impact of what was unknown was carefully and proportionately considered when supporting young people. There were clear points of review for all risk related processes and staff of varying roles were confident in their responsibility to ensure documentation was clear, up to date and reflective of young people's needs. Strategies to support young people through difficult times were documented and these risk related processes clearly informed individual support plans.

The service had developed distinct descriptions and guidance relating to levels of restriction that young people could potentially experience. During our follow up inspection, no young people were subject to significant restrictions and where any additional risk management measures were in place we found clearly recorded justification, that was subject to continuous review. Staff confidently described clear lines of authorisation when additional restrictions were being considered and understood their role in fairly and accurately representing young people's needs. The reflective practice outlined in requirement one was evident when risk based decisions were made and reviewed.

Met - within timescales

Requirement 3

By 3 November 2025, to ensure that young people's care and support needs are met, the provider must ensure that staffing arrangements are safe and effective.

To do this the provider must, at a minimum:

- a) Regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome from people's assessments are used to inform staffing numbers and skill mix.
- c) Implement quality assurance systems to evaluate if staffing arrangements are effective in providing responsive, individualised care and support.

This is in order to comply with section 7 (1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This requirement was made on 20 June 2025.

Action taken on previous requirement

Since the last inspection the service had developed a documented pathway, that defined each part of a young person's journey through Good Shepherd Centre. This detailed how young people's needs were being assessed, upon arrival, throughout their stay and in preparation for transition on from the service. Review processes for each stage were integrated into this guidance and the documents we sampled described young people's needs in detail.

The outcome from this process was a key component of the highly comprehensive, bespoke staffing needs assessment that the service had created. A detailed and considered assessment of staff knowledge skills and experience, further contributed to a dynamic and needs led approach to staffing arrangements. The implementation of digital systems had further enhanced the significant improvement work the service had undertaken. Frequent points of staffing review were built into leadership responsibilities that offered the opportunity to proactively plan for young people's support and to quickly review and respond to changing needs and risks. Young people told us they were consistently supported by staff they had relationships with as they knew them well and understood their needs.

Met - within timescales

Requirement 4

By 8 December 2025 the provider must ensure that effective quality assurance systems are implemented to ensure young people are being safely and consistently cared for.

To do this, the provider must at a minimum:

- a) Establish effective quality assurance systems for all care practices including restrictive practices, sanctions or consequences, personal support plans and risk assessments.
- b.) Ensure that areas for improvement are being identified and pursued promptly.

This is to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210)

This requirement was made on 20 June 2025.

Action taken on previous requirement

As part of the extensive improvement work undertaken since the last inspection, the service had completed a full review of their mechanisms of quality assurance. The introduction of weekly assurance and planning meetings, combined with strengthened existing processes, offered multiple opportunities to meaningfully evaluate young people's experiences. The development of detailed guidance clearly outlined expected standards of practice and there were good examples during our visit that highlighted quality assurance was effective in identifying potential areas for improvement at a very early stage.

The service had strengthened their tiered approach to quality assurance involving internal staff across a range of roles undertaking audit and evaluation, by introducing further scrutiny by external partners in key areas such as restraint practice. The service had ensured that each component part of their improvement action plan that extended beyond the scope of the requirements from inspection, were subject to evaluation.

Met - within timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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