

# Kibble Education and Care Centre School Care Accommodation Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 February 2024

**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 situated within Paisley. The service can accommodate up to 24 young people. The houses have space for relaxation and for food preparation. A large number of the young people attend Goudie Academy, which is onsite. 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 29 January to the 6 February 2024, between the hours of 9:00am and 23:30pm. The inspection was carried out by one inspector 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 young people using the service
- spoke with staff and managers
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- We saw many young people enjoying warm and caring relationships with staff.
- The service needed to review its quality assurance of incidents to reflect on their practice and critically analyse the approach to care and support.
- There was very good advocacy support in place. The 'our voice' meetings enabled young people to elevate their voice and their views to be represented.
- Young people had the facilities to meet their physical and mental health needs.
- Not all young people had felt safe and the service needed to reflect on this and unpick how this could be improved.
- We found inconsistencies in the model of care. The quality of support available to young people and staff during the day was not consistently provided at night.
- There were some excellent educational outcomes across the houses with some young people now embedded in mainstream education.
- Mealtimes needed to be more nurturing and nutritious.

## 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?	4 - Good
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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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

We found that most young people had been kept safe both physically and emotionally, with evidence of young people becoming safer as a result of the therapeutic and supportive approach of staff. External agencies believed safety was a foundation of good practice within the service. Some young people had not been kept safe and the service understood when their needs were beyond their skill set.

There had been no instances of bullying reported within the service. The process for young people to be supported to make complaints was robust and there was very good onsite support from Who Cares Scotland. The 'our voice' meetings also enabled young people to elevate their voice and their views to be represented.

The service had both child protection policies and processes. We found that the provider needed to ensure their procedures detailed how external agencies were to be contacted and the voice of the child needed to be captured more appropriately within this. We will review the revised safeguarding policy at the next inspection (Area for improvement one).

The service had a good process in place for recording incidents. However, we felt this was not effective and needed more oversight from managers. We were also concerned about the language used at times within the documents, which was not empathetic towards the young people. This is important to ensure consistently safe and positive outcomes prior and during the use of restrictive practice. (Requirement one).

We found inconsistencies in the model of care. The quality of support available to young people and staff during the day was not consistently provided at night. We heard from young people that they did not like the use of staff they did not know checking on them at night and this was at times traumatising. One young person told us: "I don't like it when its night shift - especially when its random people. Some of them who I know give me a hug and are familiar, but others just come in and go away. I find this distressing. I need to know who is there and why". We heard from staff that the lack of support to them at night meant that they were less able to receive support following difficult incidents or to undertake a therapeutic role with the young people. (Area for improvement two).

We saw many young people enjoying warm and caring relationships with staff. There was use of compassion but also examples of a deep understanding of what a young person needed at precise moments. This evidenced to us that the majority of staff knew young people well and had a well-informed understanding of the impact of trauma. There was lots of fun and lots of use of humour in the observations we made. This allowed young people to express themselves and build trust with people.

Young people had the facilities to meet their physical and mental health needs. The access to onsite therapeutic supports enabled young people to receive therapy and to consider recovery. There was well established links with CAMHS to support the input of additional expertise if required. We heard from some young people that the inputs from their therapy teams was positive and contributing to them recovering.

The service was strongly committed to working with families and many benefitted from this approach. We saw successful transitions for young people occurring because of repaired familial and community relationships. The addition of family therapy onsite if required further strengthened this approach.

On site education offered opportunities for most of the young people. In some houses education was the norm and facilitated a positive structure and peer relationships. There were some excellent educational outcomes across the houses with some young people now embedded in mainstream education. There was also examples of young people not getting the most out of education and the service needed to ensure it offered more flexible options for young people who found accessing school difficult.

Mealtimes needed to be more nurturing and nutritious. One young person told us "Food? The stuff we get is minging. On a Thursday staff cook and its great, we all eat it and we sit together". We were reassured that the service had a vision for improving this. One staff member told us: "Cooking is how you show you care. We look at the sensory needs around food. It needs to be right for each young person and how young people eat can tell us a lot about their needs". (Area for Improvement three).

## Requirements

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).

## Areas for improvement

1. 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).

2. 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).

3. 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).

## 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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good

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