

Daldorch House - Short Breaks Service Care Home Service

Mauchline

Type of inspection:
Unannounced

Completed on:
19 December 2025

Service provided by:
The National Autistic Society

Service provider number:
SP2004006215

Service no:
CS2012314346

About the service

Daldorch House School -Short Breaks Service is a care home service provided by The National Autistic Society (NAS). The service is located in Arran House One and an upstairs self-contained flat in Arran House Two within the Daldorch House School campus in Catrine, East Ayrshire.

The service is registered to provide a short break service to a maximum of four children or young people with a primary diagnosis of autistic spectrum disorder. An additional young person can be cared for on a longer term basis within Arran House Two. The service can provide care to young people aged between six and 21 years. The age range can be extended to 25 years for young people who have already been receiving the service, have reached the age of 21 and would benefit from further support.

The houses are semi-detached within a secure campus enclosed by a perimeter fence. Arran House One has four individual bedrooms and a shared bathroom. There is an open plan kitchen, dining and living room and access to a garden. The upstairs flat in Arran House Two has two bedrooms, a shared bathroom, kitchen and living room.

The campus has extensive indoor and outdoor facilities that are accessible to the young people, including a playground area and access to a sensory room and larger kitchen within the main school building.

About the inspection

This was an unannounced inspection which took place on 11 December 2025 between 10:30 and 17:00 and on 12 December between 10:30 and 17:00. 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:

- spent time with two young people using the service and spoke with four of their family members and reviewed survey responses from 4 family members
- spoke with six staff and management and reviewed survey responses from 3 staff members
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals and reviewed survey responses from 4 external professionals.

Key messages

- Young people attending short breaks were kept safe physically and emotionally by staff who demonstrated a strong awareness of safety.
- Families and professionals told us that staff genuinely cared for the young people and celebrated their achievements and staff spoke passionately about the young people they cared for.
- Further development was needed to ensure all staff fully understood the impact of trauma and could apply this in practice.
- Staff were keen to provide fun and exciting opportunities for young people, however, at times staffing constraints limited planned and spontaneous experiences.
- Staff understood young people's rights and worked to promote inclusion in the community.
- Communication with families while their children are attending short breaks should be improved.
- Young people's care plans should be developed to be more outcome focussed.
- The service was committed to caring for young people as they became adults.

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 children and young people and clearly outweighed areas for improvement.

Young people attending short breaks were kept safe physically and emotionally. Staff showed strong awareness of safety, and families said they felt reassured that their children could explore the secure grounds. Staff understood individual needs and used personalised approaches and communication tools to promote emotional safety. The registered manager worked effectively with families and partner agencies to share information and manage risks. External professionals described Daldorch as safe and supportive, and parents confirmed their children felt happy and secure.

Child and adult protection practice was robust. Staff were confident in their responsibilities due to thorough induction and refresher training. They understood whistleblowing procedures and trusted management to respond quickly to concerns. The organisation's child protection policy was comprehensive but lengthy as it covered all UK nations. A shorter Scotland-specific version was being developed to make guidance easier to access, which we welcomed.

Staff were trained in Studio 3 behaviour support techniques and shared a consistent view that restraint should never be used. They recognised behaviours as communication and were skilled at de-escalating situations.

Young people experienced warm, trusting relationships. Families and professionals said staff genuinely cared and celebrated achievements such as trying new foods, developing communication, and making friendships. We noted some challenges with team dynamics and staff retention. While recent improvements were reported, staff described inconsistencies in approaches and the impact this had on their experience at work. Leaders acknowledged this and were working to reduce any effect on young people's care.

Progress had been made in developing staff's understanding of trauma through training and manager-led discussions. However, further work was needed to ensure all staff fully understood its impact and could apply this in practice. We have continued the previous area for improvement.

Young people enjoyed activities such as swimming, cinema trips, and shopping, but staffing constraints sometimes limited planned and spontaneous experiences. Parents expressed a wish for more outings and new experiences. While staffing levels were safe, they occasionally affected the quality of opportunities. (See Area for Improvement 1)

Young people were respected and given choice wherever possible, supported by communication aids. Families were involved in planning, and staff promoted inclusion in the community. Health needs were well managed, and medication records were accurate.

The environment met young people's needs but could have a more homely feel. We noted areas requiring repair and some bedrooms were being used for storage which reduced choice and capacity. Plans for refurbishment were in place but had stalled. We suggested that if refurbishment was no longer going ahead that repairs should be prioritised.

Communication with families varied and some family members described a lack of communication including

limited updates and rushed handovers. We suggested the need to improve consistency in communication with parents, while their child was attending the service to help maintain trusting relationships (see area for improvement 2).

Staff ensured young people attended school during short breaks. We heard of a significant positive outcome where staff supported a young person to return to education by providing transport and staying in school with them. Staff also shared strategies with education providers to promote consistency and positive experiences. Early engagement with schools before admission helped build relationships and support transitions.

The service demonstrated a commitment to continuing care, allowing young people to remain supported up to age 25. We suggested that to further demonstrate this commitment, the service consider how to ensure that families and local authorities are informed and aware of this option.

Support plans were detailed and included health information and risk assessments. However, care plans lacked clear outcome-focused goals and actions. We heard that new systems had been developed and were being introduced to the service and that these would improve the quality of care plans. We have continued this area for improvement from our previous inspection to ensure a greater focus on how the service can support the achievement of positive outcomes for young people.

Areas for improvement

1. To support young people to maintain and develop their interests and skills the provider should ensure that staffing levels allow young people to participate in activities and new experiences while attending short breaks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: I can maintain and develop my interests, activities and what matters to me in the way that I like (HSCS 2.22) and My needs are met by the right number of people (HSCS 3.15)

2. To support children and young people's experiences, wellbeing and development, the provider should ensure that staff consistently communicate with family members about young people's experiences while on short breaks. This should include but is not limited to developing methods to seek updates from parents prior to short breaks, provide up-dates during short breaks and provide detailed information at the end of short breaks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: My care and support meets my needs and is right for me (HSCS 1.19).

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This area for improvement was made on 13 June 2023.

Action taken since then

There has been progress made in this area for improvement with additional training being provided. In discussion with the registered manager, they recognised that further improvement was needed and we agreed.

This area for improvement has therefore not been met and will be assessed at the next inspection to ensure that staff supported complete appropriate training and embed it in practice.

Previous area for improvement 2

To further support young people to achieve positive outcomes, the provider should ensure that care plans are outcome focussed and comply with SMART principles. Care plans should clearly record agreed actions to achieve positive outcomes for young people, how these will be measured, how achievable these are and within which timeframe.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 13 June 2023.

Action taken since then

Although care plans contained detailed information, there had been no progress in making them outcome-focused and they continued to lack clear actions to support positive outcomes. New online systems had been developed and were being introduced to the service. We stressed the importance of ensuring that care plans on these systems include clear outcomes, actions, and review processes.

We concluded that this area for improvement had not been met and therefore will be reassessed at the next inspection.

Complaints

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