

Maben House Care Home Service

Lockerbie

Type of inspection:
Unannounced

Completed on:
14 September 2026

Service provided by:
Gilmourbanks Ltd

Service provider number:
SP2003002532

Service no:
CS2003010819

About the service

Maben House is provided by Gilmourbanks Ltd and is registered as a care home service for a maximum of ten children and young people. Within the grounds of Maben House, the providers also operate a small school which offers primary education both for residents of Maben House and day pupils from outwith the service.

The service is provided within a large detached house set in it's own extensive grounds near the village of Loch Maben in Dumfries and Galloway.

Due to the service's rural location, young people rely on staff transporting them to local facilities, activities and in some cases school.

The house consists of a large sitting room, a smaller sitting room and a further smaller room which also acts as a dining room. There is a kitchen, toilet and two offices on the ground floor. The upstairs provides single rooms for each of the children; some rooms have en-suite facilities and there are a further two large bathrooms.

There is a very large area of outdoor space for young people to use and enjoy fresh air.

About the inspection

This was an unannounced inspection which took place on 9 and 10 September 2026. 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 five people using the service and two of their family and representatives
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- Young people were all achieving well in education.
- Young people identified staff they would confide in and could trust.
- Staff were continuing to build positive relationships with young people.
- Young people's physical and mental wellbeing was a priority.
- Young people were following their interests and engaging in activities they enjoyed.
- The service had a dedicated clinical team which assessed young people and advised staff.
- Clear care plans and risk assessments provided a good level of information of the young people's needs.
- The service was managing on the staffing levels available but this required careful monitoring and strengthening.

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 found the service to be operating at a good level for Key question 7: How well do we support children and young people's rights and wellbeing? This was because we found a number of important strengths which, taken together, clearly outweigh areas for improvement.

These strengths have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Young people were being kept safe and supported to achieve their goals through the support of a knowledgeable staff team who understood their needs. The young people told us they felt safe in the service and had staff they could confide in and trust. They told us they enjoyed the settled atmosphere within the house.

One young person commented that, *'I feel safe, and happy'*.

Another stated, *'(X - staff member) makes me feel happy and makes me laugh; she helps me when I'm sad'*.

A social worker stated. *'they (staff) clearly care for the young person we have placed there and (the young person) speaks positively about the team and (their) keyworker'*.

The staff and manager had addressed a protection concern through working in partnership with stakeholders. Subsequently, by involving the services clinical team, emerging risks had been identified and responded to effectively. This helped reassure young people that staff were alert to risks and would act appropriately to address these.

Young people's rights were being respected and their views listened to. Visits by independent advocates provided the young people with the reassurance that their voice would be heard should they wish to raise any issue or complaint.

Individualised routines and plans were developed through listening to the young people's preferences and wishes. They enjoyed decorating their rooms in the style that they liked, and having items of personal meaning close to them. This evidenced respect for the young people's individual identities.

Young people were also encouraged and supported to pursue their hobbies and interests and to actively participate in these. They were further encouraged to try new experiences. Subsequently young people were engaging in physical activities such as football, gymnastics and dancing. Such activities were nurturing and promoting young people's sense of self worth.

A strength of the service was the promotion of education outcomes for young people. All young people were achieving in education with full school or college attendance. Young people we spoke with told us they enjoyed school. We heard for social workers and stakeholders that young people were achieving in education.

Most staff had a good understanding of trauma and its impact on behaviour however some less experienced staff's knowledge was limited. Whilst staff spoke fondly of the young people and had a good knowledge of their needs and risks, some felt at times support was inconsistent. The manager had identified these issues and staff were beginning to benefit from input from the service clinical team at team meetings and on training. We are reassured by this intervention and look forward to seeing the benefits established during the next inspection.

The service provider's continuing care policy provided a clear statement of the legal position and the rights of young people to this arrangement. The policy evidenced the service providers commitment to these principles and arrangements. Some young people at the early stages of discussions around their next steps were benefiting from the service advocating for their rights in this aspect of their plan.

One young person stated, *'(I've) nothing to add I am happy living here, I would like to stay here until I am 18'*.

Young people's care plans were very good with clear aims, and supports identified to assist in achieving these.

A social worker commented that, *' the service ensures the plan has the interest of the young person at heart'*.

Another social worker commented, *' care planning is a shared responsibility and they have discussions with the young person also'*.

Risk assessments were similarly clear with individualised strategies of support for young people identified.

The service had experienced a turnover of staff during the year. This is believed to have occurred due to specific circumstances. Subsequently the staff group contained a mixture of experienced staff and staff new to the sector. To address this and strengthen the staff group the service provider has taken steps to recruit new staff. In addition, the clinical team were meeting with the staff group to consolidate good practice and further develop staff skills. We found the current staffing levels to be appropriate for the current resident numbers. However, we emphasised that the young people stated they were benefiting from the current settled environment and subsequently staffing levels required careful assessment prior to any further admissions being made. The service requires to establish consistency in this regard and we will look at this issue further during the next inspection.

The service's quality assurance processes effectively identified several areas that we agreed would benefit from further development. These included staff's understanding of trauma, upskilling staff's knowledge of the young people's particular needs and ensuring all staff were up to date with mandatory training. Actioning these aims will contribute to the establishment of a robust staff team and we look forward to looking at this in the next inspection.

In addition to manager's audits and self-evaluations the service undergoes inspection visits from external managers and independent visitors. These external quality assurance processes provide additional oversight of the service and analysis of its strengths and identifies areas to develop. Further questionnaires were also used to gather the views of young people, parents and external professionals. These processes contributed to a commitment to sustained service development and ensuring young people's voices are heard whilst achieving positive outcomes, in accordance with the Promise.

There had been a period thought the year where some disruption had occurred. A complaint was upheld in relation to this. We found during the inspection that the elements of the requirement set, following the complaint being upheld, had been met.

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

Requirements

Requirement 1

By 20 July 2026 the provider must implement person centred planning to ensure individualised care which promotes independence and encourages personal risk assessment. To do this, the provider must, at a minimum: a. Ensure all young people have an individualised evening routine which reflects the age and stage of young people. b. Ensure that young people are being encouraged to make decisions regarding their living space and activities to encourage self-expression.

This requirement was made on 1 May 2026.

Action taken on previous requirement

The service manager developed an action plan to address the requirement that included (a) ensure structured and individualised routines are in place (b) use visuals and planners and prompts to prepare young people for planned activities (c) always provide advance notice of change wherever possible (d) ensure handovers are consistent (e) review routines regularly with young people to ensure their view and preferences are reflected. In speaking with young people they confirmed that evening routines were now individualised, their views were sought on meals activities and house living spaces and that they had regular access to activities of their liking. **This requirement is met.**

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) 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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good

7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights

4 - Good

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Care Inspectorate
Compass House
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