

# Southhouse Close Support Unit Care Home Service

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Edinburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
26 July 2024

**Service provided by:**  
City of Edinburgh Council

**Service provider number:**  
SP2003002576

**Service no:**  
CS2003011119

## About the service

Southhouse provides care for up to five young people. The house is situated on the outskirts of Edinburgh. We found Southhouse was nicely decorated and had a large garden area for young people to relax in.

## About the inspection

This was an unannounced inspection which took place on 23 and 24 July 2024 between the hours of 09:30 and 19:30. 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 two people using the service and three of their family/friends/representatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

**Key messages**

- Staff had good relationships with the young people.
- Young people were supported to have their views heard.
- There were good opportunities for young people to make lifelong memories.
- Risk assessments needed to be more informative.
- There needed to be more detail recorded and reflection following incidents.
- The provider had introduced a new process when young people moved into Southhouse which was proving beneficial.

**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 were kept safe. There had been times where young people had been placed at risk. However, the service was pro-active in ensuring there was regular meetings with the team around the child to discuss any concerns. This ensured there was planning and consideration to how the service could keep young people safe.

The provider ensured the voice and views of the young people they supported was heard. We saw how they had worked closely alongside 'Who Cares' advocacy service to help promote the views of the young people. This led to young people feeling listened to and included in their care.

Child and adult protection training and learning had improved in the service. We found staff to be confident in raising any concerns and these were reported to the appropriate agencies. The provider had also updated their policy and introduced new training to support staff. This led to staff being more confident in their decision making and ensuring young people were kept safe from harm.

The provider had a plan to develop trauma informed practice within Southhouse. We saw how they had been developing the language they used. Staff told us, "It has been really good and made us think about how we write." We were reassured that trauma informed practice was included in the service development plan to further upskill staff. This supported staff to understand the needs of the young people.

We found the provider needed to ensure incidents were recorded in detail with reflection and learning from the event. On reviewing incidents, we found there was a lack of detail and understanding of what led to the event. Alongside this there was a lack of reflection and learning to prevent a reoccurrence. This learning would be key in understanding the young people's needs and looking at what could be done differently. **(See requirement 1.)**

Staff understood the importance of building relationships. Young people told us, "I like spending time with staff." We saw how staff supported young people not only in the service but those who had moved on. There was a focus on spending time with the young people to support them to learn new skills. This led to young people feeling cared for.

Young people were encouraged to have fun and embrace new experiences. The service had celebrated achievements where young people had graduated and attended prom. We also saw how there had been the opportunity for young people to go on holiday, and daily activities. This supported the young people to make lifelong memories.

We found there was a commitment to supporting young people spending time with their families. Staff had supported young people in the family home, on holidays and to visit the house. Where possible young people were supported to spend extended time at home, which the staff advocated for the young people. This helped build relationships and ensure families felt included.

The provider had identified continuing care as an area for improvement in their development plan. We found that young people who were entitled to continuing care did not have the relevant assessment

complete. However, we saw that there was evidence of the team following this up to ensure this was completed by the lead professional. The team understood the young people's rights to continuing care and were supporting a number of young people into adulthood.

We found care plans had SMART goals (Specific, Measurable, Achievable, Realistic, Time-bound). However, risk assessments and care plans needed to include more detail. We found staff were knowledgeable about how they supported young people, but this wasn't captured when we reviewed their plans. This ensures that there is consistency in the care provided. **(See requirement 2.)**

The provider had reviewed their admissions process which had been a key role in supporting positive outcomes. Staff told us, "We feel really involved in the process and this process has supported much better outcomes for young people." We saw how the provider had considered the needs of others in the service when supporting young people to move in. During this time young people had the opportunity to visit and gather their views about their experience. This ensured the service could meet the needs of the young people and those already living in Southhouse.

There was a knowledgeable and consistent staff team in Southhouse. Young people told us, "The staff are really good, I like going for drives with them." The service had also considered when additional staffing was required and pro-actively planned this to support the young people. This ensured young people had consistent support from those who knew them well.

Staff had undertaken a wealth of training to enhance their knowledge and practice. We saw how staff had been allocated specific areas to learn more about and connect with external professionals to expand their knowledge. This was incorporated into the development plan for the service, which supported staff to feedback this knowledge to other team members to enhance their practice.

We found the development plan for the service reflected the aims of 'The Promise'. This supported the service to focus on areas which they needed to develop and build on the service they provided to young people. However, we found the service could include feedback from young people, parents and those involved in supporting the young people to gather their views and experiences of the service. **(See area for improvement 1.)**

## Requirements

1. By 1 September 2024, the provider must ensure there is an effective quality assurance process of incidents.

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

- a) ensure incident records are reviewed by a manager
- b) ensure incidents record the full detail of what happened
- c) ensure there is reflection following the incident with staff and young people
- 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).

2. By 30 September 2024, the provider must ensure there is detailed risk assessments and care plans. To do this, the provider must, at a minimum:

- a) ensure there is detailed risk assessments in place, which include pro-active strategies
- b) ensure care plans provide the details of daily routines, and support the young person receives
- c) ensure the views of the young people are included within their plans.

This is to comply with Regulation 4(1)(a) and (d) (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:

'My care and support meets my needs and is right for me.' (HSCS 1.19); and

'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' (HSCS1.15).

## Areas for improvement

1. The provider should ensure that there is a systematic process of evaluation in place. This process should include all staff, children and young people, parents, carers, external professionals and others involved in the service and form the basis of a service development plan.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

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

### Requirements

#### Requirement 1

By 10 January 2024, the provider must protect the safety of those who use and work in the service. To do this, the provider must, at a minimum:

- a) operate an effective risk assessment policy and procedure which correctly and accurately identify all risks to young people and staff
- b) provide a robust and responsive system for the review of risk that results in the implementation of strategies and resources which reduce risks to a safe level
- c) put in place a coherent system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day and night, considering young people's physical, emotional, and social needs.

This is to comply with Regulation 4(1)(a) and (d) (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:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This requirement was made on 15 January 2024.**

#### Action taken on previous requirement

Partially met and parts have been reinstated in the report in regard to risk.

**Met - outwith timescales**

#### Requirement 2

By 20 January 2024, you must ensure that the child and adult protection procedures are reviewed, further developed appropriately and implemented. This review must be informed by effective reflection on safeguarding issues. This is to ensure the safety of young people.

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

a) ensure effective training is in place and has been undertaken to ensure staff who have lead responsibility for safeguarding have a demonstrable understanding of implementing appropriate procedures and young people and children are protected

b) ensure there is reflection and learning from any protection concerns raised

c) ensure that child, adult protection and safeguarding concerns are reported to the appropriate agencies, including the social work department and any other relevant agencies.

This is in order 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:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This requirement was made on 15 January 2024.**

### Action taken on previous requirement

Child protection policy updates, and clear process evident when raising concerns for young people.

**Met - within timescales**

## Requirement 3

By 20 January 2024 the provider must ensure that they develop individual care plans for the young people in their service. To do this, the provider must, at a minimum:

a) ensure these documents should be SMART (Specific, Measurable, Achievable, Realistic, Time-bound) and have a focus on the young people's views, goals, routines, and reviewed regularly

b) reflect that this has been shared with the young people to seek their views.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 choices' (HSCS 1.15).

**This requirement was made on 15 January 2024.**

### Action taken on previous requirement

There was a lack of information of routines and evidence of young people being involved in this process.

**Not met**



**Requirement 4**

By 30 January 2024, the provider must ensure they can meet the needs of the young people. To do this, the provider must, at a minimum:

- a) ensure they review their admissions procedure
- b) ensure they consider whether they can meet the needs of the young people
- c) refer to the Care Inspectorate guidance.

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:

'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8).

**This requirement was made on 15 January 2024.**

**Action taken on previous requirement**

The provider has introduced a new policy and impact assessments. There were opportunities for young people to visit and staff to visit them prior to the assessment being finalised.

**Met - within timescales**

**Requirement 5**

From receipt of this report the provider must notify the Care Inspectorate about incidents as detailed in the document 'Records that all registered children and young people's care services must keep and guidance on notification reporting (2022)'.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a) – Welfare of Users.

This is to ensure that leadership is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18); and

'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 15 January 2024.**

## Action taken on previous requirement

Incidents found to be notified within timescale defined in the guidance.

**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 provider should ensure that there is a systematic process of evaluation in place. This process should include all staff, children and young people, parents, carers, external professionals and others involved in the service and form the basis of a service development plan.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 15 January 2024.**

#### Action taken since then

The service had not been able to seek feedback from those using the service, parents, carers and external professionals.

This has been reinstated under 'How well do we support children and young people's rights and wellbeing'.

**This area for improvement has not been met.**

#### Previous area for improvement 2

To support children's wellbeing, learning and development, the provider should ensure quality assurance systems are being used effectively, in particular regards to training and medication.

This should include, but is not limited to, training in medication administration and developing a system to monitor training.

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 area for improvement was made on 15 January 2024.

**Action taken since then**

Online recording system which highlighted any outstanding training staff needed to complete.

This area for improvement has been met.

**Previous area for improvement 3**

To support children's wellbeing, learning and development, the provider should ensure staff have the opportunity to reflect and enhance their practice.

This should include, but is not limited to, a review of restrictive practices in place, and individual reflection on practice and development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This area for improvement was made on 15 January 2024.

**Action taken since then**

We found a lack of recording of reflections following incidents and therefore this is now requirement 1 under 'How well do we support children and young people's rights and wellbeing?'

This area for improvement has not been met and now a requirement.

**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
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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