

# Lothian Villa Care Home Service

40 Ravensheugh Road  
Musselburgh  
EH21 7QB

Telephone: 01316 536 909

**Type of inspection:**  
Unannounced

**Completed on:**  
11 October 2024

**Service provided by:**  
East Lothian Council

**Service provider number:**  
SP2003002600

**Service no:**  
CS2003011076

## About the service

Lothian Villa is registered to care for fourteen young people across four different premises. We found that all houses were decorated to a high standard and were close to local amenities.

## About the inspection

This was an unannounced inspection which took place on 20, 21, 22, 26, 27 August 2024 between the hours of 09:00 and 22:30. The inspection was carried out by an 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 five of their family/friends/representatives
- spoke with 14 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.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

**Key messages**

- Young people had good relationships with those who supported them.
- The provider had implemented training on trauma informed practice.
- The services had not been equipped to understand continuing care.
- The provider needed to implement quality assurance processes.

**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?	3 - Adequate
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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?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff were working hard to keep young people safe. There were times where some young people were placed at risk. The staff were responsive in reporting any concerns to the police when they had been made aware young people had experienced potential harm. We felt risk assessments could have identified more pro-active supports and clearer actions to support young people when they are at risk.

Young people had access to advocacy if they wished. One young person told us, "I enjoy being part of the champions board to share my opinions." We found this gave opportunities for young people to share their views and be listened to.

We found staff were confident in reporting any child or adult protection concerns. There was collaborative working with social work to ensure all information was shared, with appropriate action taken. However, these instances had not been reported to the Care Inspectorate. **(See requirement 1.)**

Trauma informed practice had been introduced to staff and the provider had plans to develop this further. We heard how further training was being delivered which incorporated scenario-based learning relating to the young people the service supported. This will be helpful in supporting more reflection and detail following restraint. This was an area we identified needed to be improved at the last inspection and continues to be an area of development, given the lack of clarity around how restraint was implemented.

Young people had built good relationships with staff. Young people told us, "The staff are good." Some staff were able to understand young people's distress and reflect on the impact of their trauma. However, some practices could be more flexible to meet the needs of the young people. This would further enhance the care and nurture young people receive.

There were opportunities for young people to try new experiences and make lifelong memories. We found there had been a number of trips and holidays arranged to meet the individual needs of the young people. These included holidays abroad, trips to London and adventure breaks. Young people were also encouraged to try new activities, and staff supported them with this. We heard how during these trips there had been lots of laughter and young people shared photos with us, sharing their highlights of the trip.

The service had a good awareness of the supports available to support the health needs of young people. Young people had been supported to access counselling, drug and alcohol support and CAMHS (Child and Adolescent Mental Health Services). However, we found medication needed to be recorded more accurately within the service. **(See requirement 2.)**

Where possible young people were supported to spend time with their family. Some members of the family had been able to join the young people on their holidays. There was some good practice where plans had been made to increase time with family. Some young people felt there could be better support with the journey to see their family. This helped young people feel included and build lifelong relationships.

Young people were encouraged to attend education or explore employment opportunities. We found some young people were at college and had a job, or in education and staff were proud of their achievements.

Some young people needed further opportunities to support them to learn, which staff were committed to advocating on their behalf. This supported young people to grow in confidence and learn.

The service had a lack of understanding around continuing care. We found that a number of young people were unaware of their rights, and this was also reflected in the decision making for the young people. Staff told us, "They often outgrow the house" and needed further learning around how young people could be positively supported into adulthood. **(See area for improvement 1.)**

The provider was in the process of reviewing their planning and recording systems. We found that risk assessments needed to be more specific and reflective of the risks young people presented. Care planning needed to be SMART (Specific, Measurable, Achievable, Realistic, Time-bound) and capture the views of the young people. We hope that with the review of these documents more consistent care can be provided.

The provider has experienced changes in management within the service over the last year. We were pleased to see these roles had been recruited to and that a change in culture was beginning to be developed. We found there was a clear plan for what needed to be improved within the service which was in the process of being implemented.

We found a number of young people's time in the house had come to an abrupt ending. This led to multiple young people living in the house over a short period of time. The staff team were under considerable pressure. The young people told us, "It was like a revolving door with people coming and going." As a result of emergency admissions, decisions that needed to be made by the local authority we found that more consideration and planning should have been implemented before young people moved in. This would help to ensure the service can meet their needs. The local authority was working hard to implement a new procedure to support more positive outcomes. **(See requirement 3.)**

We found at times there was a lack of planning to ensure staff were available to young people. One young person told us, "I need more help from staff." This prevented young people from getting lifts and going on outings at times. There needed to be more consideration given when staff had to attend meetings who would be available for the young people in their absence. This would ensure young people felt cared for and their needs met. **(See requirement 4.)**

We were reassured the provider recognised it needed to implement quality assurance systems. We found there was a lack of oversight of training staff had undertaken, risk assessments and care plans. This would help to ensure the workforce has the skills they need to support the young people. This was an area which we raised at the last inspection and continues to be an area of improvement.

## Requirements

1. By 30 October 2024 the provider must notify the Care Inspectorate 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 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 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).

2. By 31 October 2024, the provider must ensure young people's medication is recorded accurately. To do this, the provider must, at a minimum:

- a) ensure there is an accurate record of the amount of medication
- b) ensure the medication is detailed correctly as per prescription label
- c) ensure each medication is prescribed to the individual.

This is to comply with Regulation 4 (1) (a) 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3. By 10 December 2024, the provider must ensure the admissions process considers the ability of the service to be able to meet the young person's needs and keep them safe. In particular the provider must:

- a) ensure there is a comprehensive assessment of the needs of the young people using the service, underlining how the service will meet these needs and evidence regular reviews of the assessment
- b) ensure there is an assessment of the impact on young people in the service and the referral, when a new admission is considered
- c) ensure the service has the staff skills and training to meet the needs of the young person.

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:

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

4. By 30 October 2024 you must ensure there is an appropriate number of staff on shift, ensuring the right balance of qualified staff and experience. This is to support the health, safety and welfare of the young people. To do this, the provider must as a minimum, ensure that:

- a) there is sufficient staff to meet the needs of the people using the service at all times
- b) there is a balance of qualified and experienced staff able to support the young people

c) there is a staffing needs assessment in place to reflect the experience of staff and ratio required.

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

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

'My needs are met by the right number of people' (HSCS 3.15).

### Areas for improvement

1. The service should ensure that children and young people are aware of their right to continuing care as soon as is practicable after admission to the service, including their right to advocacy and legal representation.

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

'As a child or young person I feel valued, loved and secure' (HSCS 3.5); and

'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

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

### Requirements

#### Requirement 1

By 31 January 2024, the provider must ensure that the risks young people present within the service are assessed. To do this, the provider must, at a minimum ensure that:

- a) The risks young people present are recorded accurately and include proactive strategies, along with primary and secondary strategies to support the young people.
- b) Risk assessments are updated following incidents.
- c) A clear safety plan was in place if required, which details clearly the actions staff should take.

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:

'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies' (HSCS 3.24).

**This requirement was made on 13 February 2024.**

#### Action taken on previous requirement

We found there was a plan in place to review risk assessments, however, this had not yet been implemented. We found there was a lack of detail regarding how to support young people in the risk assessments we reviewed. We also found these had not been updated following concerns.

**This requirement had not been met and we have agreed an extension until 1 November 2024.**

**Not met**

#### Requirement 2

By 31 January 2024, the provider must ensure that any bullying which arises within the service is monitored and responded to appropriately. To do this, the provider must, at a minimum, ensure that:

- a) Risk assessments are updated to reflect the concerns and supports put in place.
- b) Each incident is monitored and reviewed as to whether further action needs to be implemented.



c) The young person's views are considered and recorded.

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 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 13 February 2024.**

#### Action taken on previous requirement

Currently there had been no instances of bullying arise since the last inspection. Therefore, we were unable to assess this requirement.

#### Not assessed at this inspection

### Requirement 3

By 15 March 2024, you must ensure that the child and adult protection procedures are reviewed, further developed appropriately and implemented. This is to ensure the safety of young people. To do this, the provider must, at a minimum, ensure that:

- a) Effective training is in place and has been undertaken by all staff.
- b) All staff are aware of the policies and procedures, and these are accessible in the houses.
- c) Child, adult protection and safeguarding concerns are reported via the correct protocol and the lead professional informed.

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 13 February 2024.**

## Action taken on previous requirement

The provider was in the process of completing a child protection procedure for the service. This was not yet in place. We also there was no quality assurance system to track if staff had undertaken the relevant training.

**This requirement had not been met and we have agreed an extension until 30 November 2024.**

**Not met**

## Requirement 4

By 15 February 2024 you must ensure there is effective analysis and oversight of incidents and these are recorded accurately. To do this, the provider must, at a minimum, ensure that:

- a) There is a review of the incident, reflecting what could have been done differently.
- b) Patterns of incidents are reviewed, and pro-active strategies identified.
- c) Restrictive practices are clearly recorded.
- d) All incidents are reported to The Care Inspectorate.

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).

**This requirement was made on 13 February 2024.**

## Action taken on previous requirement

We found there was a lack of reflection following incidents, and in identifying any patterns of incidents. Restrictive practices were not clearly recorded, and on review from managers this was not identified. We found incidents were often reported to the Care Inspectorate late and some incidents had not been reported.

**This requirement had not been met and we have agreed an extension until 30 October 2024.**

**Not met**

## Requirement 5

By 10 February 2024 you must ensure there is an appropriate number of staff on shift, ensuring the right balance of qualified staff and experience. This is to support the health, safety and welfare of the young people. To do this, the provider must as a minimum, ensure that:

- a) There is sufficient staff to meet the needs of the people using the service at all times.

- b) There is a balance of qualified and experienced staff able to support the young people.
- c) There is a staffing needs assessment in place to reflect the experience of staff and ratio required.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(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:

'My needs are met by the right number of people' (HSCS 3.15).

**This requirement was made on 13 February 2024.**

#### Action taken on previous requirement

We found young people were left unsupported when they needed staff support. This was due to a shortage of staffing and has continued. The provider was in the process of implementing a staffing needs assessment, however, this was not yet in place.

This requirement had not been met and we have reinstated this in the report this is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210).

**Not met**

## 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 support children's wellbeing, learning and development, the provider should ensure staff access training appropriate to their role, and apply their training in practice. This should include, but is not limited to, training in trauma responsive care.

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 13 February 2024.**

## Action taken since then

We found staff had undertaken training in relation to trauma informed care. The provider also had plans to provide further training to staff which was beginning to be implemented.

**We therefore found this area of improvement has been met.**

## Previous area for improvement 2

To support children's wellbeing, learning and development, the provider should ensure there is a quality assurance system in place to monitor training. This should include, but is not limited to, a quality assurance system which is informed by the development plan.

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 13 February 2024.**

## Action taken since then

The provider had a plan in place to implement quality assurance systems. Currently there is an action plan in place, and the provider will implement a development plan when this is completed.

**Therefore, this area for improvement is not met.**

## Previous area for improvement 3

To support children's wellbeing, learning and development, the provider should ensure that there is effective auditing systems in place. This should include, but is not limited to, auditing systems which when areas are identified have a clear action 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).

**This area for improvement was made on 13 February 2024.**

## Action taken since then

We found there to be some auditing systems in place, however these were not undertaken regularly and had appeared to be ineffective.

**Therefore, this area for improvement is not met.**

## Previous area for improvement 4

To support children's wellbeing, learning and development, the provider should ensure that care plans are informative and accurate.

This should include, but is not limited to, ensuring that the information is consistent, and goals are SMART.

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).

**This area for improvement was made on 13 February 2024.**

### Action taken since then

We found care plans contained more detail, however, did not have SMART goals. The provider had a plan to implement a new system to support this.

**Therefore, this area for improvement is partially met.**

### Previous area for improvement 5

In order to support fully the needs and wellbeing of all young people living as a group in Lothian Villa, the provider should work with the managers to produce a clearly documented framework to assess the potential impact of new young people referred to the service, with a robust plan for their transition into to group living.

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 area for improvement was made on 13 February 2024.**

### Action taken since then

We found there to be a lack of planning, consideration of the needs of young people and staffing when new people came to live in the service. This led to them having to leave their home abruptly and poor outcomes. We found there had been no progress made with this area for improvement.

**This has therefore been reinstated as a requirement in the report.**

## 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?	3 - Adequate
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7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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