

Horizons Residential Care - Glendale House Care Home Service

Gorebridge

Type of inspection:
Unannounced

Completed on:
19 August 2025

Service provided by:
Horizons Residential Care Limited

Service provider number:
SP201301211

Service no:
CS2015341181

About the service

Horizons Residential Care - Glendale House is a registered care home service for up to four children and young people. It is one of several services operated by Horizons Residential Care Limited.

The service is a detached house in the village of Gorebridge, Midlothian, and is close to local transport links. The house is set over three floors. It contains a living area, kitchen/dining area, en-suite bedrooms for children and young people, and a contained annexe on the lower floor. There is also staff sleepover space. There is a large rear garden that backs on to a river.

About the inspection

This was an unannounced inspection which took place on 12 August 2025 between 10:00 and 18:30. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke with children and young people using the service
- spoke to seven members of staff and management
- spoke to one external professional
- spoke to one relative
- reviewed survey responses from four staff members, one young person and two relatives
- observed practice and daily life.

Key messages

- Outcomes for children and young people were impacted by risk management approaches that were not trauma-informed.
- The service did not collaborate effectively with other agencies to reduce risks.
- Children and young people's sense of security was compromised due to high staff turnover and an inconsistent approach to care.
- Children and young people did not always receive the support they needed.
- Care planning was not used meaningfully to support children and young people's progress.
- Leadership and quality assurance practices had not been effective to driving improvements and urgent review is required by the provider.

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?	2 - Weak
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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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children and young people did not consistently receive the level of safe care they should expect from the service. Risk assessments were not evidence-based and were instead based upon assumptions about children and young people that were not trauma-informed. This led to risk management strategies being developed that were disproportionate and impacted on children and young people's dignity and sense of autonomy. Improvements are required to ensure children and young people experience a proportionate and trauma-informed approach to risk management (see requirement 1).

Children and young people's safety was compromised as the service did not always follow plans for their care or carry out agreed work to address areas of concern. The service did not fully understand the role of the lead professional which led to the approach to risk not being collaborative. Improvements are required to ensure the service works as part of a multi-agency team to prioritise young people's safety (see again requirement 1).

High staff turnover meant that children and young people did not receive stable care or have trust in those caring for them. Young people did enjoy the company of most staff, but there was little confidence in the longevity of relationships. This impacted on children and young people being able to develop strong relationships that would support them to build resilience.

A therapeutic approach to care was not evident in Glendale and this impacted on children and young people's experiences. A tense atmosphere had developed in the service due to lack of clarity on risk for children and young people. Instability in staffing and management had led to an approach to supporting young people that was inconsistent. There was a commitment to restraint reduction, and all staff were appropriately trained. However, practice was at times restrictive, and this impacted on young people feeling safe and valued.

While the service aspired to be trauma-informed, this approach had not yet been developed or embedded. Basic training was delivered to staff and there were some plans for future training. However, this had not been sufficient to meet the needs of the service. Improvements are required to ensure children and young people receive high-quality care that supports their recovery from trauma (see requirement 2).

Improvements to the home and garden area made the house feel more comfortable. However, the front door was not routinely kept shut, which we asked leaders to address to ensure children and young people's safety in their home.

Children and young people were encouraged to engage in care planning. Choices about activities and food options were encouraged, and independent advocacy was in place to strengthen children and young people's voices. Family time was promoted, and relatives had been welcomed into Glendale and shared some positive feedback in relation to their experiences.

Children and young people's health needs had not been promptly or comprehensively met. The service was reactive to children and young people's health needs but had not been proactive. The service had acted quickly and professionally recently during a health emergency and responded to young people's health

issues as they arose. However, children and young people were not always supported to access healthcare effectively, including missing important medical appointments. A complaint on 22 April 2025 was upheld in relation to children and young people's health and there is a service development plan in place to address this.

Support to promote children and young people's interests and skills was inconsistent. Children and young people had been on holidays in the UK and took part in some planned activities, which were enjoyed. However, decisions over staffing levels and risk impacted on children and young people being sufficiently engaged and improvements are required. This had been a requirement from the last inspection, which will be extended (see requirement 1 under 'What the service has done to meet any requirements or areas for improvement we made at or since the last inspection').

Children and young people were encouraged to remain in the service into adulthood and there was support of continuing care. Young people attended college and received some advice and guidance to help prepare them for adulthood.

Care planning was not used to meaningfully drive positive outcomes for children and young people. Plans were not SMART (Specific, Measurable, Achievable, Realistic and Timebound) and important aspects of children and young people's care were not captured by documentation. There was limited understanding of using plans to drive progress in relation to identified goals, and improvements are required (see requirement 3).

Leadership lacked the required vision and stability to drive improvements in the service. Most staff felt supported by current leaders, but poor communication and changes in management had led to some staff not feeling valued. External managers were visible and committed to improving the quality of care, but this had not led to sustained improvements across the service. The information, vision and values set out in the service aims and objectives and the public website did not reflect the current service and require updating (see area for improvement 1).

Transitions for children and young people were impacted due to a lack of collaboration. No new children and young people had joined the service during this inspection period, but historic poor matching decisions had contributed to recent challenges in the service. We were given assurances that no new young people would be moving into Glendale until improvement work had been undertaken.

Staffing arrangements and the mixture of skills had at times not been conducive to consistent, high-quality care. High staff turnover, very few qualified members of staff, and the lack of many long-standing members of staff in Glendale, impacted on the service having a clear identity and approach.

Staff received regular supervision and there had been a recent focus to try to develop reflective practice, but there was no evidence that this had positively impacted on children and young people's outcomes. New staff received a thorough induction which included receiving mandatory training before starting to work within the service. Staff were now being safely recruited but there was no evidence of young people being involved in recruitment decisions, which would further enhance recruitment practices.

Quality assurance activities were established but had been ineffective in supporting improvement. A service development plan was in place however this lacked the detail or resources required to drive the necessary changes. The provider must ensure leaders have what they need to make sustained improvements to the service so that children and young people consistently receive a high standard of care (see requirement 4).

Requirements

1. By 1 November 2025, to ensure children and young people are safe, the provider must improve their practice in risk assessment and risk management. At a minimum, the provider should:

- a) Develop evidence-based risk assessments for children and young people;
- b) Produce and review risk assessments in collaboration with lead professionals and any other relevant external agencies;
- c) Ensure staff are supported to maintain a therapeutic and child-centred approach to risk.

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 my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. By 1 December 2025, to ensure children and young people receive high-quality care and support, the provider must ensure a trauma-informed approach is embedded through appropriate learning and development opportunities for staff.

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 supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29) 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' (HSCS 3.14).

3. By 1 December 2025, to support children and young people to achieve positive outcomes, the provider must ensure care plans are SMART (Specific, Measurable, Achievable, Realistic and Timebound) and are reviewed regularly.

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: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) 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' (HSCS 1.15).

4. By 1 December 2025, to ensure children and young people receive high-quality care and support, the provider must equip leaders with the skills and resources to develop a trauma-informed culture and to drive improvements to the service. The provider should, at a minimum:

- a) Carry out a review of leadership resources and the ability of the service to support continuous improvement;

b) Ensure that all operational managers receive regular reflective supervision provided by appropriately qualified practitioners.

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) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

Areas for improvement

1. To ensure decisions to use the service are based upon clear and accurate information, the service should update their aims and objectives and public website.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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

Requirements

Requirement 1

By 30 May 2025, the provider must ensure that children and young people are supported by the sufficient number of staff. To do this, the provider must, at a minimum:

- a) Carry out a comprehensive staffing needs assessment which should be reviewed at least four weekly or when young people's needs change. This assessment should consider the skills, experience, qualifications, and training history of staff, and take into account the needs and risks of all young people using the service;
- b) Ensure that the assessed number of staff to meet needs and manage risks are available at all times;
- c) Rotas should clearly link with the staffing needs assessment;
- d) Ensure that there are processes in place to review the staffing needs assessment before a young person is admitted to the service.

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

This is to ensure 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) and, 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 20 March 2024.

Action taken on previous requirement

Children and young people were currently being supported by the right number of staff, however there had been times where children and young people felt there weren't enough staff. Some children and young people had recently left the service which provided capacity in the team to support those who remained. Staffing needs assessments were being completed and updated following changes, but these assessments did not fully take into account the skills, experience, qualifications and training history of staff to meaningfully plan rotas. Despite some progress being made, further work is required to improve staffing needs assessments.

This requirement has not been fully met and will be extended to 1 November 2025.

Not met

Requirement 2

By 30 May 2025, the provider must ensure that children and young people's care is provided by staff who have the appropriate levels of knowledge and skill to meet their needs. To achieve this the provider must, at a minimum:

- a) Carry out an assessment of the training needs of staff;
- b) Confirm the expectations of staff with regards to completing training, with clear timeframes of when this training should be completed by;
- c) Provide training to all staff to the level required to provide quality and consistency of care and support. Training provided should include, but not be limited to: child protection; trauma-informed care; child sexual exploitation; and restraint;
- d) Review and update their child protection policy and ensure that staff have a clear understanding of their responsibilities in line with national legislation and guidance.

This is in order to comply with Section 8 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: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 20 March 2024.

Action taken on previous requirement

The provider has made an assessment of staff training needs and has confirmed expectations for staff training within induction. The child protection policy has been updated and a learning review has been undertaken to promote staff knowledge in relation to safeguarding. The provider needs to evidence how training and development for staff positively impacts on the care provided to children and young people through a consistent approach to trauma informed care. This will form a further requirement (see requirement 2) in this inspection.

This requirement has been met.

Met - within timescales

Requirement 3

By 30 May 2025, to ensure children and young people receive high quality care and support, the provider must develop an improvement plan. This should reflect the coordinated response required to raise the standards of care within the service and drive continuous improvements.

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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 20 March 2025.

Action taken on previous requirement

There is now a service development plan in place which is being used by leaders to try to drive improvements. Some of the goals within the plan could be more specific regarding timescales for implementation and could more clearly articulate the service's overall vision, and resources required to drive continuous improvement. A new requirement has been made for the provider to review the resources required to fully implement the service development plan (see requirement 4).

This requirement has been met.

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

To ensure the home environment reflects a respectful and therapeutic approach to care, the service should carry out a review of the physical home environment, identifying the upgrades and improvements required. Clear timeframes should be set for completing this work.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 8 August 2024.

Action taken since then

Improvements have been made to the living room and garden to give the home a more welcoming feel. Plans are in place to redecorate bedrooms prior to new young people moving into the house. Maintenance records show that recent repairs have been addressed timeously.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) 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?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	2 - Weak

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