

Horizons Residential Care - Westhaven House Care Home Service

EDINBURGH

Type of inspection:
Unannounced

Completed on:
19 June 2025

Service provided by:
Horizons Residential Care Limited

Service provider number:
SP2013012111

Service no:
CS2013318832

About the service

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

The service consists of two houses: Westhaven House and Westhaven Lodge. The service can care for a maximum total of five children and young people: three in Westhaven House and two in Westhaven Lodge. The two houses back on to each other and share a service manager, but each house has its own staffing team. Another registered Horizons care home service, Newhaven House, is located next to the Westhaven houses.

The houses are located in the Corstorphine area of Edinburgh, close to local amenities and transport links. Westhaven House is set over three floors, with a basement also serving as a laundry room. Westhaven Lodge is set over two floors. A decision had been taken by the provider in August 2024 to temporarily close Westhaven House to focus on improvement work. This inspection therefore focused on the care being provided in Westhaven Lodge. The provider plans to reopen Westhaven House later this year.

About the inspection

This was an unannounced inspection which took place on 16 and 17 June 2025 between the hours of 10:00 and 19:10, and 10:00 and 13:50 respectively. The inspection was carried out by one inspector 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 young people using the service
- * spoke to seven members of staff and management
- * spoke to one external professional
- * reviewed survey responses from six staff members, one young person and one external professional
- * observed practice and daily life.

Key messages

- * Young people were being kept safe by knowledgeable staff and clear risk management strategies.
- * The service collaborated well with external professionals to respond to changing needs and risks and to help progress future planning.
- * An updated matching assessment is needed for young people living in the service due to changes in young people's circumstances.
- * Young people had strong voices in planning their care and support, enabled through independent advocacy and the use of visual tools.
- * A high turnover of staff had impacted on young people. However, improvements to the recruitment and induction process were now helping to build a strong and stable team.
- * The increased availability of managers had led to more robust quality assurance practices and a renewed focus on service development.

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.

Young people were kept safe by knowledgeable adults who understood them. When young people experienced difficulties, the service worked hard to establish a strong team of support around them. This helped ensure a collective approach to risk management, which had improved significantly from the last inspection. External professionals were positive about the work of the service, one person told us, "At this point, I can't fault them". Focused key time sessions took place to help build young people's resilience and reduce risk. These approaches helped young people to feel safe and secure.

Young people had involvement from many agencies to help meet their needs, including independent advocacy. The service had a clear child protection policy and trained staff in child and adult protection. When protection concerns emerged, the service responded well. Adults worked together to keep young people safe and promote their interests.

The service aimed to create a therapeutic care environment. Restrictive practice was used as a last resort and staff were appropriately trained and supported. When restraint was necessary, or when there were incidents of concern, these were fully reflected upon and suitable debriefs took place. The service had carried out improvement work to help create a reflective culture, and this approach was helping to meaningfully evaluate and respond to incidents that occurred. This supported a child-centred and trauma-informed approach to care.

There had been challenges in caring for young people together, and at times young people's care experience was impacted by other people's distress. The safe management of this had led to some rigidity in routines in the house. The service should carry out a review of young people's needs to help inform wider assessments over young people's care (**area for improvement 1**).

Young people had positive relationships with those caring for them. A significant change in the staff team last year had impacted on young people's experiences. However, new staff were skilled in creating opportunities to build relationships based on young people's interests. Young people liked the staff appeared at ease in their company, helping them to feel secure.

The home environment was relaxed and welcoming. Young people had selected the decoration for their bedrooms and there was some personalisation to the house. Improvements were being made to the house at the time of our inspection, with it being freshly painted. This helped young people to feel valued.

Young people were respected as important contributors to their care. This had included being part of case management meetings and 'you said we did' meetings. The team had developed visual tools to involve young people and make their contributions meaningful. This work helped to remove barriers to participation and to empower young people.

The service was committed to offering continuing care to young people. A clear policy helped to highlight their rights and there was evidence of the service playing a vital role in multi-agency planning to support young people remaining in the service into adulthood.

Young people's health needs were prioritised. When there had been crises in young people's health, the service had been highly responsive, leading to significantly improved outcomes. This was also the case with regards to young people's education, with regular communication with schools ensuring plans were adapted when required. Young people were doing well and had made progress in their health and education due to the work of the service.

Individual interests and life skills were well promoted. Young people were engaged in local activities including drama and horse-riding. They enjoyed days out and holidays with adults which helped to broaden their horizons. Individualised pieces of work had been carried out with young people to help build their skills. The service had supported young people to gain confidence in key areas.

Young people had plans that were SMART (Specific, Measurable, Achievable, Realistic and Timebound) and young people's views were well documented. It was evident that the service were doing a wealth of work to help improve outcomes and that plans were being used meaningfully to review this. Some details were missing from plans, and this was discussed and addressed as part of the inspection.

Leadership was strong and consistent, and staff appreciated the individual skills, experience and qualities of managers in the service. A member of staff told us that leaders were, "...The most supportive managers I've ever had". The external manager was visible and helping to drive improvements. The removal of a peripatetic management arrangement with the neighbouring Horizons care home last year had allowed for greater time and focus on improvement activity. A clearer leadership structure was helping to stabilise the team and develop the service.

Transitions into and out of the service were now being well considered. The decision to keep Westhaven house closed and have no new arrivals while improvements in Westhaven lodge were being made had been a positive matching decision. Leaders had carried out development work on matching assessments and there was greater confidence in ensuring robust assessments of new arrivals to the service. The service had also shown commitment to young people experiencing distress, working through challenges to help stabilise placements and improve the longevity of people's care experience.

The team at Westhaven had lacked stability over the last year however there was now a focus on creating a strong team with a good range of skills and experience. The right number of staff were supporting young people, with detailed staffing needs assessments now being in place. We made some suggestions to improve clarity in these documents.

Staff were individually equipped to meet children's needs and provide high-quality care. New staff received an in-depth 40-hour induction prior to starting to work in the house and mandatory training took place at regular intervals. Specialised team training had been identified and delivered based upon the needs of the young people living at Westhaven. This ensured the team had strong knowledge of young people's individual needs and could be responsive. Efforts were being made by leaders to embed a reflective culture at Westhaven, with supervision, team meetings and appraisals all having a focus on this to help staff development and ensure a tight focus on children's needs.

Improvements had been made to the recruitment procedure, meaning that staff were now consistently safely recruited. The recruitment process now enabled there to be strong consideration of young people's needs when determining which house the new employee should work in, and this had been particularly positive for young people living in Westhaven lodge. The service should consider how it could further improve young people's participation in recruitment practices.

Quality assurance was now much more robust and multi-layered to ensure a full evaluation of young

people's outcomes and experiences. Assurance activity clearly identified areas for improvement and the resulting actions were being followed up by leaders. A service development plan was in place to help drive improvements and a clear service self-evaluation had enhanced leaders' knowledge of the areas for further development.

Areas for improvement

1. To ensure young people's needs are being fully met, and to ensure a dignified and respectful approach to care, the service should carry out an assessment of the match between the young people living in the service. This assessment should be shared with lead professionals to help inform future planning.

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 the relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3) and, 'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.1).

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

Requirements

Requirement 1

By 30 November 2024 the provider must protect the safety of young people living in the service. To do this, the provider must at a minimum:

- a) develop a consistent approach to risk assessment and management plans;
- b) share and discuss risk assessment and management plans with lead professionals;
- c) review risk assessment and management plans with lead professionals when needs or risks change.

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 1 October 2024.

Action taken on previous requirement

Risk assessment documentation was much improved. Plans were more detailed and were being used consistently to respond and reduce risk for young people. Staff knew the documented strategies well and were using these meaningfully. Risk assessments were being reviewed regularly and were updated following any change or incident. There was clear evidence of risk assessments being shared with lead professionals, and this was helping to support a multi-agency response to risk.

This requirement has been fully met.

Met - within timescales

Requirement 2

By 30 November 2024 the provider must ensure that management and staffing numbers are sufficient to ensure consistent safe care for children and young people in both houses listed in the conditions of registration. To do this, the provider must at a minimum:

- a) review staffing across the three sites located next to each other (Westhaven House, Westhaven Lodge and Newhaven House) to ensure each house has a distinct group of staff who meet the day-to-day needs of young people living there;

- b) undertake a specific staffing needs assessment for management arrangements which considers whether a registered manager is required for each house;
- c) review the external management resources and arrangements for ensuring accountable care practice and good outcomes for children and young people in both houses.

This is 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: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 1 October 2024.

Action taken on previous requirement

Westhaven Lodge and Newhaven House had distinct staff teams and staff were not routinely crossing over to support in each house. There was however continued reliance during incidents, and we encouraged the service to review staffing levels again should there be an increase to the number of incidents. Westhaven House had not yet re-opened and there was commitment to delaying the re-opening until a strong and experienced team is in place.

The provider had undertaken a review of management arrangements shortly after the last inspection, which led to an application being made to the Care Inspectorate to remove the peripatetic management arrangement in place between Newhaven and Westhaven. This has been a positive development, with staff and leaders recognising the increased availability of managers and increased capacity for improvement work.

Quality assurance has also been strengthened, with a multi-layered approach in place to ensure robustness.

This requirement has been fully met.

Met - within timescales

Requirement 3

By 30 November 2024, the provider must review its recruitment practices to ensure that children and young people are not placed at unnecessary risk. To do this, the provider must, at a minimum:

- a) ensure that staff do not start employment until all pre-employment checks have been concluded;
- b) carry out a review of the recruitment policy and procedure to ensure a robust recruitment process which adheres to safer recruitment guidance.

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 confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 1 October 2024.

Action taken on previous requirement

Staff now did not start work until all pre-employment checks had been concluded. A review of recruitment records evidenced that full checks had been carried out, in line with the provider's new recruitment policy.

A full review of the recruitment procedure had taken place and this now respects the safety and wellbeing of young people. New employees only started work after completing a 40-hour in-house induction programme, with mandatory training provided. A panel interview process allowed staff from within the house to be part of key recruitment decisions, and allowed recruitment to be targeted to the needs of individual children, where possible. The policy now very clearly captured the need for comprehensive scrutiny in the recruitment procedure, with specific advice given in relation to conducting interviews and carrying out pre-employment checks. The advice reflects Care Inspectorate guidance on safer recruitment.

This requirement has been fully 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 promote young people's safety, the service should ensure there are clear systems in place for recording child protection concerns and for effective management and oversight of any concerns.

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

This area for improvement was made on 1 October 2024.

Action taken since then

The service now had a tracking document which kept a clear and accountable record of the management of protection concerns. This allowed a high level of oversight to ensure that the service could ensure concerns were being followed up until completion.

This area for improvement has been met.

Previous area for improvement 2

To support reflective practice and to focus on improving young people's outcomes, the service should improve the quality of reflection and evaluation from incidents, including incidents of restrictive practice. These should be recorded in detail and be subject to scrutiny through robust quality assurance.

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 because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm’ (HSCS 3.21).

This area for improvement was made on 1 October 2024.

Action taken since then

Incident and restrictive practice records were now being completed more fully and were leading to changes in plans and risk assessments due to the level of reflection being carried out. The need for specific pieces of key time work was also being identified and we saw evidence of this work then being carried out with young people to support their resiliency. Quality assurance was more comprehensive and had identified where further improvements could still be made.

This area for improvement has been fully met.

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
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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