

# Northern Lights Care Home Service

Inverness

**Type of inspection:**  
Unannounced

**Completed on:**  
9 October 2025

**Service provided by:**  
Barnardo's known as Barnardo's  
Scotland

**Service provider number:**  
SP2003003405

**Service no:**  
CS2009195687

## About the service

Barnardo's Northern Lights is a modern, detached house situated in the outskirts of Inverness. It has a large garden and has local shops relatively nearby. It is registered to care for five young people up to the age of 21. Barnardo's Sylvan is part of the registration of Northern lights and offers a bespoke service to young people in a 3 bedroomed detached house in Inverness.

The service state their staff are committed to the following Barnardo's values:

- Respecting the unique worth of every person
- Encouraging people to fulfil their potential
- Working with hope
- Exercising responsible stewardship.

## About the inspection

This was an unannounced inspection which took place at Northern Lights on 23 and 24 September 2025 and Sylvan on 1 October 2025.

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 young people living in both houses
- spoke with staff and managers of the service
- observed practice and daily life in both houses
- reviewed documents
- reviewed questionnaire responses from young people and staff.

## Key messages

Staff were keen to spend time with young people and to ensure they had fun. They promoted their hobbies and interests and were supportive in any new learning experiences. In both houses there were consistent adults who were committed to the young people they cared for.

At Northern Lights strong supportive leadership ensured the team were reflective, trauma informed and committed to service development.

Since the variation of the registration of Northern Lights to include Sylvan there had been a significant lack of clarity about the roles and expectations of managers and external managers. This resulted in Sylvan being an unregistered service for over six months and quality assurance of various aspects of the service being poor.

## 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 evaluated key question 7.1 (Children and young people are safe, feel loved and get the most out of life) as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement. We evaluated key question 7.2 (Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights) as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Keeping young people safe and protected from harm was a priority for the service, however, despite the best efforts of the team around them not all young people were safe in the community.

All young people had access to responsible adults from outwith the service, including independent advocacy. Key staff also advocated on behalf of young people. This ensured young people's views were central to decisions about their lives.

The service was striving to provide safe, stable and therapeutic care for all young people. Across both houses there were consistent adults who were committed to the young people they cared for.

Within Northern Lights there was a supportive culture for staff as well as young people. Staff were well supported and received relevant training to ensure they offered trauma informed and nurturing care to the young people. There was a focus on practice which would be reflective of 'The Promise'. The team at Northern Lights made very good use of a CAMHS consultant to understand and reflect on the support they offered young people. This learning and supportive culture had not been replicated by senior staff at Sylvan, despite the real benefit this would have had to young people, and individual and team development. The team were committed to the young people, however, had not received the training the organisation would expect, or specific training recommended in assessment documentation. (See requirement 1.)

Staff were keen to spend time with young people and to ensure they had fun. They promoted their hobbies and interests and were supportive in any new learning experiences.

Staff were respectful to young people both in discussion about them, and with them, and in notes and reports. The living environment for young people was generally good, with the exception of the kitchen at Northern Lights which was in urgent need of upgrade and had been for some time. Various aspects of health and safety audits had not been progressed at Sylvan, though this was being rectified at the time of the inspection. (See area for improvement 1.)

The team were keen to actively involve young people in their care and support. There was open discussion about daily events and opportunities for them to be involved in decisions. Young people were encouraged to attend meetings about their support. Care plans and risk assessments at Northern Lights were of a good standard. Support plans at Sylvan could be improved through greater recognition of support and risk and a greater focus on measurable targets and outcomes. This would be of benefit to the team and the young people.

Young people's physical and mental health needs were responsively met. They were supported to attend routine appointments and specialist support was available/sought where this would be helpful. Adults and young people ate meals together, with healthy eating and good conversation around the table. Young people were actively engaged in physical activity. Medication systems at Northern lights complied with best

practice.

Young people were supported to stay connected to those who were important to them. Friends and family were welcome visitors, and staff understood the importance of sustaining relationships. Parents we spoke with were very positive and reflected on the stickability of the team, and their ongoing commitment to the young people they cared for.

There were opportunities for young people to stay into adulthood, with access to support when they moved out. Young people had been involved in discussion about their future lives, however, not all young people had a social work led welfare needs assessment which would document their views and identify any skills they might need for their future lives. Staff continued to stay connected to a number of young people, and to offer support as they needed it. This is in line with 'The Promise' and supports lifelong relationships.

Young people were encouraged to share their views about how they would like to spend their time, with adults at the service keen to engage young people in new and enjoyable experiences. Young people had tailored support for their education and learning, with the team continuing to advocate for their best interests.

The service should adopt a consistent approach to the financial support of young people receiving continuing care. At the time of the inspection, and for no identified reason, young people were treated differently. (See area for improvement 2.)

At Northern Lights strong supportive leadership ensured the team were reflective, trauma informed and committed to service development. The team at Sylvan spoke about training and regular supervision, however, records to evidence this were poor, including for mandatory training expected by the organisation. (See requirement 1.)

Quality assurance at Northern Lights included regular auditing of plans, regular supervision, team meetings and development days. In contrast, Sylvan had no development plan, aims and objectives which were only partly relevant to the service they provided, and had limited documented quality assurance or overview. Notifications of incidents had not been made to the Care Inspectorate as required and there was no formal staffing needs assessment to ensure the individual needs of young people were met. (See requirement 1.)

Since the variation of the registration of Northern Lights to include Sylvan there has been a significant lack of clarity about the roles and expectations of managers and external managers. The registered manager had not assumed the responsibilities of the manager of Sylvan, despite this being the legal position. The variation to the registration was time limited and had expired. This had not been addressed by the organisation- either by progressing the original intended registration of Sylvan as part of a different service, or by extending the variation. The result of inaction was that Sylvan had been an unregistered, and therefore an illegally operating service, for over 6 months. (See requirement 2.)

Young people were cared for by consistent adults, with a good balance of skills and experience. This ensured young people had the opportunity to develop trusting relationships with caring adults. The importance of enduring relationships was recognised but needed to be supported by robust guidance and safeguarding procedures. (See area for improvement 3.)

## Requirements

1. By 31 December 2025, the provider must ensure that young people are cared for by a knowledgeable, well-trained and supported workforce, with robust quality assurance systems in place which have managerial oversight.

To do this the provider must, as a minimum:

- Deliver and accurately record staff training to demonstrate a well-trained and skilled workforce.
- Deliver and document the formal supervision of all staff.
- Develop accurate aims and objectives which accurately reflect the service being provided.
- Develop a service development plan.
- Undertake and implement a staffing needs assessment which determines how the needs of young people will be met.
- Implement robust quality assurance processes which have managerial overview.

This is in order to comply with Regulation 4(1)(a) (welfare of users); Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210) and Regulation 7(1) of the Health and Care (Staffing) (Scotland) Act 2019 and 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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. The provider must ensure that at all times they fully comply with the conditions of their registration and ensure the services they offer are registered with the Care Inspectorate.

This is in order to comply with Regulation 4(1)(a) (welfare of users); Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

## Areas for improvement

1. In order to ensure that young people live in a pleasant and safe environment, immediate attention should be given to areas for improvement noted in health and safety audits (at Sylvan) and to the standard of the living environment (specifically the kitchen at Northern Lights).

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

'My environment is secure and safe' (HSCS 5.17); and

'I am able to access a good range of good quality equipment and furnishings to meet my needs wishes and choices' (HSCS 5.21).

2. To support a consistent approach to the financial support of young people receiving continuing care, the organisation should develop clear guidance which ensures young people know their rights.

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.  
To ensure that ongoing relationships are valued, and to ensure the safety of all, there must be robust safeguarding procedures, of which people are aware and adhere to.

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).

## 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?	2 - Weak
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	2 - Weak

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