

# Family Based Care Service – Continuing Care and Adult Placement Service Adult Placement Service

Family Based Care Service Strathbrock Partnership Centre  
Strathbrock Partnership Centre  
189a West Main Street  
Broxburn  
EH52 5LH

Telephone: 01506 284 372

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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
West Lothian Council

**Service provider number:**  
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**Service no:**  
CS2020380165

## About the service

West Lothian Continuing Care and Adult placement service is linked to West Lothian Fostering service. The service is registered for the purpose of continuing care and has a number of carers approved to provide Continuing Care for young people aged 18-21. It operates under the same management team as their fostering service and shares the same staff team.

The inspection of the adoption service took place at the same time, and the findings of this inspection are provided in separate reports.

The inspection of the fostering service was undertaken in conjunction with this inspection. The findings of that inspection can be found in a separate report for that service which should be read in conjunction with this report.

This inspection took place as part of a pilot where we are testing a new inspection model to promote a more proportionate approach within a reduced timescale.

## About the inspection

This was an announced inspection which took place on between 20 October 2025 and 5 November 2025. The inspection was carried out by two inspectors 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 some additional caregivers as part of a caregiver focus group
- spoke with 11 staff and management
- reviewed documents
- spoke with the Agency Decision Maker and Panel chair.

In addition, we reviewed questionnaire results from 22 caregivers, six staff and 15 external professionals and nine panel members.

## Key messages

Caregivers were comprehensively assessed and well supported.

Young people's views were central to the care they received and the development of the service.

Young people's safety could be enhanced through improved risk assessment and consideration of situations where care givers go out with their approval.

There was a strong commitment to young people remaining with caregiver families beyond the age of 18 years.

The service should review their processes after unplanned endings.

Strong leadership in the service was improving quality assurance and improvement.

## 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 people's wellbeing?	4 - Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's 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 experienced highly personalised care and support. Caregivers were supported by a knowledgeable staff team who helped them understand the young people's individual needs.

The service ensured the rights of young people to have meaningful relationships and make new treasured memories with siblings and important people was recognised and actively promoted.

People who want or need to spend time away from their caregiver family can develop a range of relationships out-with the family. We saw examples of caregiver families arranging short breaks with extended family members who had appropriate checks completed and this included support to spend time safely with birth family, friends and for the older young people boyfriends or girlfriends.

We saw evidence of siblings being supported to stay together, however, we also noticed that on some occasions this resulted in caregivers being over numbers or having over three unrelated young people in

their care or sharing bedrooms.

Young people were supported to be active members of their community. There were lots of examples of young people taking holidays with caregivers. Young people were having new experiences, having fun and develop skills and interests such as owning a key to the house and learning to drive. Caregiver families supported young people to have fulfilling lives with high aspirations. This contributed to positive outcomes in terms of their feelings of belonging and self-worth.

Young people were achieving positive outcomes in education and employment and had access to a range of leisure and social activities. We saw some very good examples of positive educational outcomes for some young people. Within these, there was evidence of high-quality care provided by committed caregivers and a high level of multi-disciplinary working with a range of professionals.

Young people were being supported to develop a wide range of life skills at a pace that was right for them. There was a culture of ambition and celebration. Caregiver families supported young people to have fulfilling lives with high aspirations. This contributed to the building of optimism and supporting further progress.

Caregivers were provided with a high level of learning and development opportunities which supported them to provide therapeutic, nurturing family environments.

Young people's safety and welfare was not enhanced through the consistent use of individualised risk assessments. This meant that caregivers were not provided with individualised risk management plans which would assist them to identify and manage risk at home and in the community. Individual safer caring plans were not sufficiently detailed to capture risks identified and strategies in place for caregivers and there was a lack of considered risk assessments when young people shared bedrooms with other young people. (AFI 1)

Adult protection processes were clear to all staff and caregivers, and we saw examples of the service being part of a multi-agency team to respond to protection concerns.

Caregiving families were comprehensively assessed to ensure they had the capacity to meet the needs of the young people they were caring for. Young people's views and choices were seen to be central to a comprehensive assessment of their needs, and we saw examples of young people being supported to access Who Cares (Scotland). We acknowledged the wider work which is being done in West Lothian in relation to Children's Rights.

Young people were supported to provide their view to caregiver reviews. The service had plans to review these processes in an effort to increase participation from young people. Staff had developed good relationships with young people living with families and they use these relationships to ensure their views were sought and shared appropriately.

At the time of the last inspection new matching paperwork and processes had been introduced. Matching documentation evidenced considered matching and consideration of situations where caregivers would go out-with their approval. We identified lengthy delays for some caregivers who had young people living with them out-with their approval. The service should review their processes for out-with approval agreements and should ensure that any emergency authorisation for changes to caregiver approval is returned without delay to panel for consideration and review. (AFI 2)

The practice and commitment of young people remaining in their caregiver household into adulthood was strong with young people being 'claimed' by their caregivers.

## Areas for improvement

1. To keep children and young people safe the service should ensure that there are robust risk assessment practices and that risk assessments are in place for all children and young people which are regularly reviewed when circumstances change. The service should also ensure that bedroom sharing risk assessments form part of this assessment where required.

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).

2. To support children and young people to experience their care in a safe and planned way, with full consideration of needs and strengths within a caring household, the service should ensure they develop clear policy and procedure which details clear timescales for review and return to panel for situations where children and young people are living with caregivers out with their approval.

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 well together" (HSCS 3.19) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

## How good is our leadership?

### 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 identified progress in relation to quality assurance and oversight and were confident that there is continuous evaluation of people's experiences and outcomes to ensure they received the best care and support.

We have seen a strong, visible and transparent management team which has supported quality assurance and improved self-evaluation and improvement planning. There was continuous evaluation of people's outcomes and experiences to ensure they received the best possible care and support.

There was a culture of learning within the service which genuinely values the voices of people being supported. People who used the service felt empowered to give feedback and raise concerns. People's views were central to the process of evaluation, and they were well-informed about any changes.

The staff team benefitted from the manager providing regular supervision and support. The manager was described as approachable, supportive and knowledgeable. Staff were confident that if they had any uncertainties, they would receive good guidance and support.

The Panel and Agency Decision Maker provided scrutiny to carer review and applications for approval for care giving families and were able to challenge assessments presented to them. The service had not yet implemented an appraisal process for the panel chair or panel members. The service were aware of this and have this on their development plan which will support confidence in the skills and competence of panel members. (AFI 1)

We found that there were not always consistent approaches and clarity in relation to caregiver approvals. Further work is required to ensure that all caregivers have an accurate approval which matches the

assessment of their capacity to provide safe, nurturing and individualise care. (AFI 2)

The area for improvement made at the last inspection relating to unplanned endings has not been met and will therefore be repeated. (AFI 3)

## Areas for improvement

1. To ensure panel members feel confident in their role, and that those attending panel have confidence that panel members are competent in their role the service should, at a minimum, have clear training expectations, and provide an annual appraisal of panel members and the panel chair.

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, are able to reflect on their practice and follow professional and organisational codes' (HSCS 3.14).

2. Children, young people and caregivers get the service which is right for them through achieving clarity and good practice in respect of caregiver approval. To do this, the provider must as a minimum, undertake an immediate review of all caregiver approvals and ensure these reflect national descriptors and is in line with guidance and regulations.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am in the right place to experience the care and support I need and want' (HSCS 1.20) and; 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3. To ensure the service can take learning from unplanned endings for children and young people with caregivers, the service should improve how these situations are reviewed. This should include but is not limited to:

a) Identifying clear learning points from unplanned ending meetings.

b) Considering learning that can be taken from unplanned endings within interim care arrangements.

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)

## 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 that carers and young people are supported, the service should review process relating to assessment and transitions. This should include but is not limited to:

- a) Reviewing processes for assessment and approval of carers providing continuing care.
- b) Providing clarity on transitions for young people who have reached 21.

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).

**This area for improvement was made on 17 November 2022.**

#### Action taken since then

The service have improved their process regarding continuing care and we are confident that sufficient progress has been made to say this area for improvement has been met.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure that carers are appropriately reviewed the service should develop its panel processes. This should include but is not limited to:

- a) Developing processes in relation to panel for carers providing supported adult placements.
- b) Developing processes for the review of carers providing Continuing Care.

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 area for improvement was made on 17 November 2022.**

#### Action taken since then

We are confident that the service have made progress regarding the review of Continuing Care adult placement carers and any further discussion re supported carers will take place out with this inspection.

This area for improvement has been met.

#### Previous area for improvement 3

To improve performance, the service should further develop quality assurance systems in place. This should include but is not limited to:

a) Maintaining an overview of carer checks including those for family and friends of carers who provide support.

b) Improving systems for recording carer training and when mandatory training is required to be completed.

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 17 November 2022.**

### Action taken since then

The service evidenced improved quality assurance systems which maintained an overview of both carers and their family and friends who provide support. Systems to record carer training had improved and the service continue to consider further developments to strengthen this area of practice.

This area for improvement has been met.

## 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 people's wellbeing?	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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