

Lothian Villa Care Home Service

Musselburgh

Type of inspection:
Unannounced

Completed on:
14 November 2025

Service provided by:
East Lothian Council

Service provider number:
SP2003002600

Service no:
CS2003011076

About the service

Lothian Villa is a care home service run by East Lothian Council, registered to care for six young people. It operates from a large detached house over two floors close to local amenities and a second property that operates as a variation to the main service. The Lothian Villa registration previously contained additional services which are now registered separately.

About the inspection

This was an unannounced inspection which took place on 3, 4 and 13 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 five young people and eight staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with two placing social workers.

Key messages

- Management and leadership has not been effective in driving improvement.
- Approach to care planning and risk assessment needs to improve.
- Staff did not demonstrate a consistent application of trauma informed care.
- Young people's day lacked structure and there was not a proactive approach to care provision.
- Quality assurance mechanisms need to improve to help to embed a reflective culture.
- Improvements are required to the support provided to a young person placed in a variation to the main service.

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.

Outcomes for children and young people had not been consistent as management and leadership had not demonstrated an ability to drive necessary improvement outlined in requirements from previous inspections.

Multi agency protection plans were in place to safeguard the welfare of children and young people but support strategies and guidance for staff in managing risk was not always clear. Risk assessments did not contain proactive strategies and safety plans lacked detail regarding how staff should assess and respond to potential risk. This has been an area of practice highlighted at the previous two inspections. The service must take action to improve its approach to risk assessment (see continued requirement).

Children and young people had access to external advocacy to support them to express their views. Not all young people were consistently engaging with their social worker, which impacted the quality of care planning.

Levels of restrictive practice in the service were low and staff were appropriately trained and understood that this was a last resort. Some young people had warm and trusting relationships with staff but there was not a consistent trauma-informed approach to support across the service. Language in care plans did not always demonstrate an understanding that behaviour is communication and showed that children and young people were valued. The service should ensure that a consistent approach to trauma-informed practice is embedded to improve outcomes for children and young people (see requirement 1).

The setting in the main residential house was well maintained and a new "snug" room had recently been created which provided additional communal space for children and young people. The garden area was spacious and included planting beds for growing vegetables. A dedicated cook was in place, providing high quality fresh food.

Children and young people's primary health needs were met and there was engagement with health professionals to meet identified need. It was however not always clear how some health issues, such as substance and vape use, were being addressed within care plans. Storage of homely remedies was identified as an issue within this inspection and medication was not labelled and stored correctly. A requirement was made in relation to medication practice at the last inspection and this had not been met and will be continued (see continued requirement).

Meaningful connections to family were well supported and the service maintained positive relationships with family, to ensure that these were sustained.

Children and young people's individual ambitions, interests and life skills were not consistently supported. Some young people in the service had a lack of structure to their day and were not constructively engaged in any learning activity. Service actions to support children and young people were not clear in care planning documentation. Children and young people did not have care plans that identified clear goals and outlined the support required to achieve them. An area for improvement in relation to care planning was made at the last two inspections and has not been met. This will now be made a requirement (see requirement 2).

A continuing care policy was in place which outlined the service commitment to young people remaining in the service in adulthood and the service maintained links with young people following transitions.

Leaders had not been effective in driving change and improvement. External managers had not been effective in providing quality assurance, which has led to requirements not being met over two inspections.

We had significant concerns regarding the management oversight of a property operating as a variation to the residential service and whether this was registered appropriately. Immediate improvements are required to the physical environment of this property and care planning should be reviewed to ensure the needs of children and young people are fully met (see requirement 3).

There were examples of well planned transitions for young people leaving the service and examples of staff maintaining contact to ensure these were successful. Although there had been some improvements to the admissions process, the service had not demonstrated how the needs of young people within the service were considered as part of the matching process. A requirement was made in this area at the last inspection and will be continued (see continued requirement).

The service had a mix of experienced and newer staff, and the staff team was stable with low turnover. Staff felt well supported by management and received regular supervision. Although staff were positive about their support, we did not see strong evidence that outcomes for children and young people were continuously evaluated. Analysis of incidents and the use of de-brief remained inconsistent which impacted on the quality of care provided. A requirement in this area has been in place for the previous two inspections and continues to be unmet (see continued requirement). Improved management and leadership oversight is required to ensure that the service is able to deliver consistent trauma-informed care.

A development plan was in place which outlined areas for improvement for the service. This could outline more closely to the goals of the Promise and outline a more aspirational approach to the care and support of children and young people.

Requirements

1. By 31 March 2026, the provider must ensure that children and young people experience consistent trauma-informed care.

To do this, the provider must, as a minimum:

- a) ensure that staff have a consistent understanding of trauma and how this impacts the support required by children and young people in the service;
- b) ensure that care plans are holistic, aspirational and written in language that demonstrates an understanding of trauma; and
- c) ensure the service has a clear model of relationship-based practice that outlines its aspirations for children and young people.

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

2. By 31 March 2026 the provider must ensure that children and young people benefit from high quality SMART (Specific, Measurable, Attainable, Relevant, Timebound) planning.

To do this, the provider must, as a minimum:

- a) ensure that care plans clearly outline how identified support needs will be met by the service;
- b) ensure that there are clear care planning goals agreed in partnership with children and young people; and
- c) ensure that there is ongoing review of progress.

This is 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 fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

3. By 14 December 2025 the provider must ensure that there is improved management and oversight of the property operating as a variation to the residential service.

To do this, the provider must, as a minimum:

- a) undertake an audit of the physical setting and progress necessary repairs;
- b) engage with the Care Inspectorate registration team to ensure that the service is correctly registered;
- c) ensure that a clear care plan is in place that outlines how children and young people's needs will be met; and
- d) ensure that recording processes meet the requirements for registered services and that all incidents are recorded and notified appropriately.

This is 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).

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

Requirements

Requirement 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).

This requirement was made on 11 October 2024.

Action taken on previous requirement

Processes regarding notifiable incidents are followed in relation to the main registration. There is a new process for recording incidents and there is evidence that these were notified appropriately.

This requirement has been met.

Met - outwith timescales

Requirement 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).

This requirement was made on 11 October 2024.

Action taken on previous requirement

Medication errors were noted on inspection regarding the use of homely remedies and medication was inappropriately stored.

This requirement has not been met and will be repeated with a date of 31 January 2026.

Not met

Requirement 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).

This requirement was made on 11 October 2024.

Action taken on previous requirement

A new process was in place for admissions in to the service which includes referral discussion and planning meetings. No clear evidence of how the needs of existing young people are considered within admissions processes and the impact of new admissions on service resources and staffing.

This requirement has not been met and will be repeated with a date of 31 January 2026.

Not met

Requirement 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).

This requirement was made on 11 October 2024.

Action taken on previous requirement

The service appeared appropriately staffed and had a mix of experienced and newer staff. Staffing needs assessment have been undertaken but this could evidence stronger analysis of staff skills and how house dynamics are impacting the overall needs assessment.

This requirement has been met.

Met - outwith timescales

Requirement 5

By 1 November 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 2025.

Action taken on previous requirement

Approach to risk assessment was inconsistent across the service. Risk assessments did not contain the required detail of proactive strategies and how young people should be supported with reference to an understanding of trauma.

This requirement has not been met and will be continued with a date of 31 January 2026.

Not met

Requirement 6

By 1 November 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 11 October 2024.

Action taken on previous requirement

Bullying is not noted as an issue within this service at present and was also not assessed within the last inspection as there had been no recorded incidents.

We have assessed that this requirement has been met.

Met - outwith timescales

Requirement 7

By 1 November 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 11 October 2024.

Action taken on previous requirement

The service had a new training framework which outlined expectations regarding child protection training and staff were aware of their responsibilities. There was evidence that child protection concerns were appropriately reported, but the service should review how they maintain an overview of protection concerns. The service was initially unable to evidence that all staff had undertaken child protection training and improved quality assurance in this area is needed.

This requirement has been met

Met - outwith timescales

Requirement 8

By 1 November 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 11 October 2024.

Action taken on previous requirement

A new process was in place for recording incidents but there were inconsistencies regarding how this was used. De-brief for young people and staff was not happening consistently and there was no evidence of management overview or identification of learning.

This requirement has not been met and will continue with a deadline of 31 January 2026.

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

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).

This area for improvement was made on 11 October 2024.

Action taken since then

A new Continuing Care Policy is in place which outlines the service's commitment to young people remaining in the service in to adulthood.

This area for improvement is met

Previous area for improvement 2

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 11 October 2024.

Action taken since then

Staff had access to training in trauma informed care but there were inconsistencies in relation to how this was applied. Language in some documentation did not reflect a trauma informed approach and the service did not have a proactive approach to risk informed by a detailed understanding of young people's needs.

This area for improvement has not been met and a new requirement will be made.

Previous area for improvement 3

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 11 October 2024.

Action taken since then

A training plan and calendar is in place and this linked to the service development plan which outlined actions required to improve training. There were issues regarding how the service monitor attendance at training which needs to be addressed.

This area for improvement has been met.

Previous area for improvement 4

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 11 October 2024.

Action taken since then

Significant issues have been noted in relation to quality assurance which has led to requirements not being met. The service should continue to review the effectiveness of quality assurance systems to ensure consistent positive outcomes for children and young people.

This area for improvement has not been met.

Previous area for improvement 5

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 11 October 2024.

Action taken since then

Care plans using the Signs of Safety model were in place but the quality of the information contained in plans was not consistent. There was no clear sense from care plans regarding how staff were providing support and there was no identification of clear goals. A new format for care plans had been devised but had not been implemented.

This area for improvement has not been met and a new requirement will be made.

Previous area for improvement 6

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.

This area for improvement was made on 11 October 2024.

Action taken since then

There is a process for managing admissions but improvements needed in how the needs of existing young people are considered within this and how the service reviews the resources required to meet need.

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.

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	3 - Adequate
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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