

Care Visions - Westside Care Home Service

Falkirk

Type of inspection:
Unannounced

Completed on:
15 December 2025

Service provided by:
Care Visions Group Limited

Service provider number:
SP2003002569

Service no:
CS2005087507

About the service

Westside is a cottage with spacious gardens, situated within rural farmland on the outskirts of Avonbridge, near Falkirk. The service is registered to provide residential care to five children and young people, between the ages of eight and 18 years. The service is provided by Care Visions, and commissioned by Falkirk Council.

About the inspection

This was an unannounced inspection which took place on 01 of December 2025. The inspection was carried out by an inspector 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 four people using the service and one of their [representatives]
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals.

Key messages

- Young people felt safe, but risk assessment processes remain insufficient, and the previous requirement continues.
- Incident recording had improved, yet post-incident debriefs lack reflection and fail to inform future support effectively.
- Advocacy arrangements are in place, and young people feel their views are accurately represented, helping them feel valued.
- Child and adult protection processes have strengthened, with greater external oversight and staff confidence in practice.
- Positive relationships were prioritised, creating a homely environment and strong sense of belonging for young people.
- Care planning was redesigned to be child-centred, but quality and oversight were inconsistent.
- Quality assurance and service improvement planning lacked clear goals and effective scrutiny.

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?	3 - Adequate
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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?

3 - Adequate

We evaluated this key question as adequate. Several important strengths were evident and these just outweighed weaknesses. Some improvement is needed to maximise wellbeing and outcomes for young people.

Quality Indicator 7.1: Children and young people are safe, feel loved and get the most out of life

All young people we spoke with reported that they felt safe. However, we found that the service had made insufficient progress in improving risk assessment processes since our last inspection. For some young people, risks were not clearly defined, which meant that staff were uncertain about what was expected of them to support young people during times of need. This limited assurance that risks were managed effectively and we have continued the requirement made following our previous inspection.

The service had improved its recording of incidents and notifications to external partners. However, post-incident debriefs lacked reflection and did not consistently inform future support to reduce the likelihood of incidents recurring. The provider was reviewing post-incident support processes and was confident this would strengthen practice. **(See area for improvement 1)**

Advocacy arrangements were in place and young people were aware of how to access advocacy support if required. Young people were confident that their views were represented accurately by the service. This supported them to feel valued by those caring for them.

Child and adult protection processes had improved significantly. The provider had ensured that external managers provided greater oversight, ensuring that processes were followed appropriately by the service. All staff we spoke with said they felt confident in this area of practice.

The management team encouraged a relational approach to care, and it was evident that building positive relationships with young people was prioritised within the service. Young people valued these relationships highly, some, describing the service as "feeling like home and one big family." Management recognised that internal promotions had led to changes in relationships and took steps to minimise the impact of this on young people.

There was a strong focus on creating lifelong experiences for young people. Young people spoke positively about 'amazing' holidays, and they also expressed appreciation for staff's involvement in day-to-day activities. This supported young people's sense of belonging and provided new and exciting opportunities for them.

The provider had invested in improvements to the environment following a service review, and further development was planned. The house was homely, and young people appreciated the photographs of shared experiences that decorated the rooms, this contributed to the homely feel that they described.

The service had developed care planning processes to be more child centred. However, we found the content and quality of these plans varied and young people's views were not always clearly represented. Further improvement is required and the provider should ensure managerial oversight is effective in reviewing and consistently developing these plans. Therefore the requirement made following our previous inspection will be continued.

The staff team promoted and supported young people to maintain and build connections with people who were important to them. This had resulted in very positive outcomes and improved relationships for young people and their families.

Continuing care was a strength, with young people supported to remain in the service as long as needed. This helped them access education and employment, contributing to important outcomes and a sense of achievement.

Quality Indicator 7.2: Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights

There was a relational leadership approach within the service. Formal supervision was planned and took place regularly, this approach contributed to staff feeling supported in their role.

The provider had a matching policy that set out clear steps for managers when considering whether the service could meet the needs of new young people alongside those already living there. While the policy was comprehensive, we found that its application in practice was inconsistent. Assessments did not always identify what needed to be in place before a young person arrived to ensure their safety. They also lacked sufficient detail on how group dynamics would be managed and how staff would support individual needs within the group setting. Although managers demonstrated awareness of these issues and were considering them carefully, we suggested the provider should strengthen oversight and analysis of matching decisions. This would ensure admissions to the service were safe and effective for all young people.

The service had benefited from a largely consistent staff team. Although there had been some recent changes, leaders had taken steps to minimise the impact of this on young people. Staffing needs assessments were in place, however we suggested these could be developed by identifying training and support needs for staff at all levels. This would support leaders to ensure that there is always the best possible mix of staff on each shift based on skills, knowledge and experience.

While improvements had been made following the previous inspection and the provider's internal review, quality assurance was not always effective in identifying or addressing areas of concern. Where strong partnership working existed between internal and external managers, such as in child and adult protection, improvements were evident. However, other areas such as risk assessments, care planning, and debriefs relied heavily on the service's own assessment, lacking objective oversight. There was insufficient external scrutiny of practice and standards, and gaps remained in progressing areas identified at the last inspection. **(See area for improvement 2)**

The service improvement plan was not specific and lacked clarity about the actions needed to drive forward improvement and service development. We suggested that the service should develop SMART (specific, measurable, achievable, realistic, and time-bound) goals to identify areas for improvement, assess and monitor progress made and identify any possible barriers to achieving their desired improvement. **(See area for improvement 3)**

Areas for improvement

1. To support the young people's wellbeing, outcome, and choice the provider should review their post incident support and staff debriefing processes, ensuring these help develop supports to help reduce the likelihood of reoccurrence.

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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).

2. To support the young people's wellbeing and outcomes the service should review their quality assurance measures.

This should include but not limit to:

- a) Reviewing existing quality assurance measures, ensuring that these cover all necessary assurances.
- b) Ensuring that the formal quality assurance processes in place, can identify and address swiftly any issues.
- c) That all staff are fully aware of their roles and responsibilities in completing quality assurance measures. This should include the roles of both the internal, and external managers in reviewing processes, planning and practice within the service.

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).

3. To develop and enhance the service for young people, the provider should review and develop their service improvement plan to ensure this covers all identified aspects of improvement, clearly defines roles and responsibilities, and is subject to regular review.

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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 May 2025, you must ensure that you inform the Care Inspectorate, and any other relevant agencies, are informed of all notifiable instances, as per 'Records that all registered children and young people's services must keep and guidance on notification reporting.'

To do this, the service must, at a minimum, but not exclusive to:

- a) Ensure that all notifiable incidents are fully documented, include pertinent detail and are shared timeously with relevant partner agencies including the social work department, the Care Inspectorate and any other relevant agencies.
- b) Ensure robust overview and analysis of all incidents within the house.
- c) Ensure effective quality assurance measures are in place to support this area of practice .

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 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 1.23).

This requirement was made on 3 March 2025.

Action taken on previous requirement

The service and provider took swift steps to ensure that notifications to external agencies were made and included all pertinent details. This resulted in improved oversight from regulators and other external agencies.

While this area of practice has improved, the service's ability to analyse incidents and ensure that post incident debrief and learning translates into enhanced support arrangements was not always consistent. We have highlighted this, and the provider and service have agreed to progress this area of practice.

Met - within timescales

Requirement 2

By 31 May 2025 you must ensure that risk assessment and care planning processes are reviewed and developed.

To do this, the service must, at a minimum, but not exclusive to:

- a) Ensuring that all care plans and risk associated documentation is fully reflective of the needs, views and wishes of young people.
- b) Ensuring that goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these.
- c) Ensuring that staff are fully aware of their roles in supporting young people, and that quality assurance systems ensure that these are regularly reviewed and updated to include relevant information.

This is to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

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

'My personal plan (sometimes referred to as 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).

And

'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 3 March 2025.

Action taken on previous requirement

It was clear that the service had made improvements to care planning processes, and this had been a focus of recent work. During this inspection, we found that care plans were more personalised and provided a better overview of individual needs. However, not all staff were aware of the content and focus of these plans, which reduced the likelihood of achieving intended outcomes due to an uncoordinated approach.

Risk assessment documentation remained an area of concern. We found that the content did not fully reflect the identified risks or the agreed strategies to minimise them. Furthermore, staff we spoke with were not always aware of the content of the risk assessments in place. As a result, this requirement has not been met and will be repeated following this inspection.

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

To support the young people's wellbeing, and outcomes, the service should ensure that the child and adult protection practice is reviewed and developed. This review should be informed by effective analysis of safeguarding issues. This is to ensure the safety of children and young people. The service should include but not limit to:

- a) Ensuring that organisational child and adult protection procedures and policies are fully followed.
- b) Ensuring robust oversight and quality assurance of child or adult protection concerns which may arise to strengthen reflection within the staff team and support learning for future practice.
- c) Ensuring that child protection, adult protection and safeguarding concerns are reported to the appropriate agencies, including the social work department and any other relevant agencies within appropriate timeframes.

This is to ensure 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 their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 3 March 2025.

Action taken since then

The service had made necessary arrangements to ensure better oversight of protection concerns. When these arose, they benefitted from an improved decision-making chronology. External agencies were notified promptly and demonstrated improved decision-making in line with their lead professional responsibilities. Internal quality assurance mechanisms were in place to ensure concerns were identified and notified appropriately.

However, the outcomes and learning from these concerns were not consistently reflected in updated risk assessment documentation. Quality assurance measures could be strengthened to ensure this area of practice continues to improve. As this will be addressed elsewhere, we will confirm that on this occasion, 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?	3 - Adequate
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	3 - Adequate

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