

Horizons Residential Care - Glendale House Care Home Service

Gorebridge

Type of inspection:
Unannounced

Completed on:
21 January 2026

Service provided by:
Horizons Residential Care Limited

Service provider number:
SP2013012111

Service no:
CS2015341181

About the service

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

The service is located in Gorebridge, Midlothian, and is close to local amenities and public transport links. The property is a large, detached house with a spacious garden. Inside, there are three floors, and each young person has their own bedroom and bathroom. The house also has large communal areas, and space for staff to work and sleep.

About the inspection

This was an unannounced inspection which took place on 19 January 2026 between the hours of 09:45 and 17:15. Further inspection work was carried out on 20 January 2026. The inspection was carried out by one inspector from the Care Inspectorate.

This was a follow up inspection to review progress on the requirements and areas for improvement made at an inspection completed on 19 August 2025.

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 to five members of staff and management
- spoke to one relative
- reviewed documentation
- observed practice and daily life.

Key messages

- Improvements to risk assessment and risk management were helping to keep young people safe.
- The service had made efforts to develop a trauma-informed approach to care, but progress had been hindered by high staff turnover.
- Care planning had improved, with clearly recorded actions from the service helping young people to make progress.
- Leadership arrangements for the service were in a transitional phase. There was a plan to create stability and enhance the skills and knowledge of leaders through the support of an external agency.
- The service was making efforts to drive sustainable improvements to young people's care and support, but further work and time is required to embed improvements.

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

Requirements

Requirement 1

By 1 November 2025, to ensure children and young people are safe, the provider must improve their practice in risk assessment and risk management. At a minimum, the provider should:

- a) Develop evidence-based risk assessments for children and young people;
- b) Produce and review risk assessments in collaboration with lead professionals and any other relevant external agencies;
- c) Ensure staff are supported to maintain a therapeutic and child-centred approach to risk.

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 my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.2).

This requirement was made on 19 August 2025.

Action taken on previous requirement

Risk assessments that were representative of young people's risks were now in place. These contained helpful strategies that were being utilised to keep young people safe. Risk assessments were regularly reviewed and updated when circumstances or risks changed, and young people's views were documented. We made some minor suggestions for improvement during the inspection, which were taken on board by the service.

There was regular communication with lead professionals about risk for young people, and plans to increase young people's safety were agreed on a multi-agency level. Improvements had been made to working relationships with external agencies. The provider should improve how important multi-agency decisions are recorded, to ensure clarity and accountability.

Staff were supported to maintain a therapeutic and child-centred approach to risk through regular training and development sessions, team meetings, supervision, and handover meetings. The service had carried out work to improve the level of reflection undertaken by the staff team, which had helped the approach.

Met - within timescales

Requirement 2

By 1 December 2025, to ensure children and young people receive high-quality care and support, the provider must ensure a trauma-informed approach is embedded through appropriate learning and development opportunities for staff.

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 supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29) and '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 requirement was made on 19 August 2025.

Action taken on previous requirement

The provider has carried out work to support the development of a trauma-informed approach to care. Staff were provided with basic training in trauma, and there was emphasis placed on trauma-informed care through many aspects of the service. This included staff supervision, team meetings, incident recordings, and quality assurance practices.

The service had a clear development plan to further embed this approach. There is a plan to carry out more in-depth, in-person training from an external provider later this year, as well as a plan to better equip leaders with the skills and knowledge to nurture a trauma-informed culture (see also requirement 4). The provider was also in the process of changing their approach to quality assurance practices, which appeared positive.

High levels of staff turnover, and the current small number of staff, had interrupted progress and delayed some planned training sessions. Young people had experienced the loss of key relationships, which impacted on their sense of security and stability. The team is now stabilising, and leaders were confident that moving

forward, future recruitment decisions will support the vision of the service. The service is in a transitional phase where further work is needed to embed a trauma-informed approach to care.

Whilst progress has been made, this requirement has not yet been fully met. The date for this requirement will be extended to 1 April 2026.

Not met

Requirement 3

By 1 December 2025, to support children and young people to achieve positive outcomes, the provider must ensure care plans are SMART (Specific, Measurable, Achievable, Realistic and Timebound) and are reviewed regularly.

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: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) and 'My personal plan (sometimes referred to as a 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).

This requirement was made on 19 August 2025.

Action taken on previous requirement

Young people now had care plans that were SMART (Specific, Measurable, Achievable, Realistic and Timebound) and were being reviewed regularly. There was evidence of specific actions being undertaken by staff and young people to make progress on identified goals and outcomes. Plans reflected young people's needs and were being updated when there were changes or progress. The service had undertaken care planning training since the last inspection which had supported their understanding. We made some minor suggestions for improvement during the inspection to help keep plans as focused as possible.

Met - within timescales

Requirement 4

By 1 December 2025, to ensure children and young people receive high-quality care and support, the provider must equip leaders with the skills and resources to develop a trauma-informed culture and to drive improvements to the service. The provider should, at a minimum:

- Carry out a review of leadership resources and the ability of the service to support continuous improvement;
- Ensure that all operational managers receive regular reflective supervision provided by appropriately qualified practitioners.

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) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This requirement was made on 19 August 2025.

Action taken on previous requirement

The provider had carried out a review of leadership resources, and as a result had developed a new senior management structure, including a new post. The purpose of the new post is to strengthen leadership of all Horizons services, and ensure there are the resources to drive the necessary improvements. At the time of this inspection, this post had not yet been recruited to.

At the time of our inspection, there was not yet full stability within the management team at Glendale, with considerable change since the last inspection. Staff were positive about current leaders, and plans were underway to stabilise the current management team.

Work had been undertaken by the external manager to support current leaders. This included creating training and developmental opportunities, having increased peer mentoring, and carrying out a skills, knowledge and experience audit of managers. A new induction pack had also been created for managers, helping to ensure they had the resources needed to carry out their roles.

Plans were also underway for leaders to receive support from an external agency, to strengthen their skills and knowledge. The aim was for this support to help embed a trauma-informed culture and drive improvements.

We saw evidence that most leaders were receiving reflective supervision. There remains the need for the external manager to receive reflective supervision from a suitably qualified practitioner.

Whilst there has been progress, and there is now a clear plan in place, this requirement has not yet been fully met. The date has been extended to 1 April 2026.

Not met

Requirement 5

By 30 May 2025, the provider must ensure that children and young people are supported by the sufficient number of staff. To do this, the provider must, at a minimum:

- a) Carry out a comprehensive staffing needs assessment which should be reviewed at least four weekly or when young people's needs change. This assessment should consider the skills, experience, qualifications, and training history of staff, and take into account the needs and risks of all young people using the service;
- b) Ensure that the assessed number of staff to meet needs and manage risks are available at all times;
- c) Rotas should clearly link with the staffing needs assessment;
- d) Ensure that there are processes in place to review the staffing needs assessment before a young person is admitted to the service.

This is to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS 3.15)

and

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

This requirement was made on 19 August 2025.

Action taken on previous requirement

Staffing needs assessments were undertaken and updated at least every four weeks. Improvements had been made since the last inspection, with a new proforma, greater clarity on the justification for staffing ratios, and on the quality of information recorded about staff skills, knowledge, experience and qualifications. There was evidence that staffing needs assessments were informing the rota, and there was an improved understanding about the purpose of these documents. We discussed during our inspection minor ways to improve the quality of these documents further.

The service is currently understaffed, however this was being managed at present by limiting the number of young people using the service. The provider gave assurance that no new young people would be joining the service until a full team is in place.

Met - outwith 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 ensure decisions to use the service are based upon clear and accurate information, the service should update their aims and objectives and public website.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 19 August 2025.

Action taken since then

Both the public website and the service aims and objectives have been updated to provide a more clear and accurate representation of the service.

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.

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