

# Northfield House Care Home Service

Edinburgh

**Type of inspection:**  
Unannounced

**Completed on:**  
16 January 2026

**Service provided by:**  
City of Edinburgh Council

**Service provider number:**  
SP2003002576

**Service no:**  
CS2003010923

## About the service

Northfield House is a care home for children and young people provided by City of Edinburgh Council.

The service is registered to care for seven young people aged between 12 and 18 years. The service is located within a housing estate in the north-east of Edinburgh and is close to local amenities and transport links.

One of the aims of the service is "providing a secure base within a homely, loving, and safe environment where they can achieve a sense of belonging, learn to trust and manage their feelings and behaviour".

## About the inspection

This was an unannounced inspection which took place on 07 January 2026. 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 family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals.

## Key messages

- Young people felt safe, and staff demonstrated increased understanding of how to support their safety.
- Stronger collaboration with external agencies ensured young people benefitted from a coordinated multi-agency approach.
- Young people had access to advocacy and legal representation and felt staff understood and acted on their views.
- There were some gaps in child and adult protection processes, we suggested improvement with protection processes.
- Positive, trusting relationships were evident, supported by a trauma-informed staff team.
- Restrictive practices were used only as a last resort, though risk documentation required clearer guidance.
- Young people were supported to maintain family connections and were offered access to external cultural and community supports.
- Care plans need further development to make them SMART, to ensure staff clearly understood required actions.

## 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?	4 - Good
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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?

4 - Good

We made an evaluation of good for this key question. The service demonstrated several important strengths which, taken together, outweighed areas for improvement. However, further development would help maximise wellbeing and ensure that young people consistently experience the best possible outcomes.

Young people told us they felt safe. We found evidence of strengthened collaboration with external agencies. This helped ensure a coordinated and multi agency approach to understanding and supporting young people. In addition, it contributed to staff's improved understanding of the support required to promote young people's safety. To further improve consistency in this area of practice we advised the service to add more detail to some individual support information, particularly where specific needs or behaviours required consistent responses from staff.

Young people benefited from access to external advocacy, and the service supported them to obtain legal representation when required. Young people told us staff and managers understood their views, which contributed to them feeling listened to and taken seriously.

The provider had increased training in child and adult protection, and staff reported improved confidence as a result. However, during inspection, we found that some protection processes had not been followed correctly or reported within appropriate timescales. This created a risk that safeguarding responses were not as robust or timely as they should have been. **(See Area for Improvement 1)**

Young people and staff shared positive and trusting relationships. Staff were consistently available and willing to spend meaningful time with young people. Trauma informed training enhanced staff understanding of how to provide nurturing support, which helped young people engage and build trust.

Restrictive practices were used only as a last resort, which reflected a rights based approach. However, the risk documentation did not always provide clear descriptions of when restrictive practice interventions might be used and the agreed approaches to implementing them. We suggested the need to strengthen this area of practice to improve consistency and proportionality of approach.

Young people's right to family life was promoted and supported wherever possible, and young people valued this. Where family connections were not available, the service ensured access to external supports, including cultural and religious groups. This helped young people maintain a sense of identity and belonging.

Young people were supported to develop interests out with the service and to attend clubs and community activities. Young people told us that staff supported them even when things were difficult, which helped build confidence and resilience.

Young people were supported to participate in education. The service promoted their right to suitable education provisions. For some, this included higher education. The service continued to work with education partners to improve access and reduce barriers for young people.

Continuing care was an area of strength. Young people were supported to remain in the service until they felt ready to move on. This supported them to retain a sense of family and reinforced their sense of belonging, while preparing for independent living.

All young people had care plans. The provider had recently updated these and was upskilling staff to ensure that they better reflected young people's views. While these developments were positive, we highlighted the need for care plans to be SMART (specific, measurable, achievable, realistic and timely). This would help staff understand clearly what was required to achieve each goal. **(See Area for Improvement 2)**

### Areas 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).

2. To support the young people's wellbeing, outcomes and choice the service should review their care planning and support plan processes This should include but is not limited to:

- a) Ensuring all staff and managers have access to appropriate training and supports to effectively develop care planning processes.
- b) Ensuring that goals are SMART (specific, measurable, achievable, realistic and timely). these should be reflective of young people's wishes and needs, and should clearly describe the supports required from staff to achieve these. Goals should be actively tracked and subject to regular review.
- c) Ensuring that all staff are aware of the needs and focus of work for all young people within the service and know exactly what is needed from everyone to support young people to reach their goals.

This is to ensure that 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).

## 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, outcomes and choice the service should review their care planning and support plan processes This should include but is not limited to:

- a) Ensuring that all young people have a full care plan within the service, within suitable timeframes
- b) Ensuring that goals are SMART (specific, measurable, achievable, realistic and timely). these should be reflective of young people's wishes and needs, and should clearly describe the supports required from staff to achieve these. Goals should be actively tracked and subject to regular review.
- c) Ensuring that all staff are aware of the needs and focus of work for all young people within the service and know exactly what is needed from everyone to support young people to reach their goals.

This is to ensure that 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).

**This area for improvement was made on 5 July 2023.**

#### Action taken since then

At the point of inspection, all young people had care plans in place. The provider had recently updated the care plan format following a trial across other services. While the plans were in place, the goals were not consistently SMART and require further improvement. Managers were auditing case files, and this process should help to continue raising standards as the new format becomes embedded. We have identified an additional area for improvement at this inspection to address this issue.

#### Previous area for improvement 2

To support a safe environment for young people and staff the provider should ensure that staff have access to the most up to date training, policies and procedures in relation to the protection of young people and adults.

To do this, the provider must, at a minimum, ensure:

- a) That all internal policies and procedures are up to date. Ensuring that these are reviewed frequently and include the most up to date guidance in relation to the protection of young people and adults.

b) That staff and leaders are fully trained and aware of their roles and responsibilities in the protection of children and young people.

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 5 July 2023.**

#### Action taken since then

The provider had updated their adult and child protection policies and had developed staff and management training relating to this area of practice. While this had resulted in staff reporting increased awareness of legislation and best practice, we observed inconsistencies in how this learning was applied in practice during the inspection. Although quality assurance measures were in place, these were largely ineffective in this area and did not identify the issues we noted. An additional area for improvement has been made at this inspection to address this.

#### Previous area for improvement 3

To support a safe environment for young people and staff the provider should ensure that all should review, and implement fully, their quality assurance measures. The service should include but not limit to:

- a) Identifying all quality assurance measures, including who has responsibility for undertaking these.
- b) Identify the mechanism for reminding staff of their role in completing these.
- c) Ensuring these are completed as outlined, and that leaders within the service have oversight and analysis of this.

This is to ensure 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 5 July 2023.**

#### Action taken since then

The service had made improvements to its quality assurance measures, including expanding the range of practice areas covered. Where these measures were applied, it was evident that they contributed to improving aspects of practice across the service. Recent changes in service leadership had resulted in new individuals taking on responsibility for completing audits. We identified a need to strengthen oversight of notifications to the Care Inspectorate, some aspects of medication, as well as adult and child protection processes. The service acknowledged this and agreed to take the required actions forward.

## 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?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good

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