

# Action for Children - West Lothian Disability Outreach Service Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Action for Children

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## About the service

Action for Children West Lothian Disabilities Support Service is a support service for children and young people with disabilities. The service provides children and young people with disabilities the opportunity to access community activities, broaden experiences and have fun. It is linked to a Therapeutic Activity Club, with many young people using both services, and the same staff team working across both services.

The service operates from premises in Livingston, West Lothian however activities mainly happen in the community.

## About the inspection

This was an unannounced inspection which took place on 14 January 2025 from 10:00 to 15:30. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information from the service. This included registration information, information submitted by the service, and intelligence.

To inform the inspection we:

- spoke with five members of staff including managers
- reviewed documents
- Reviewed questionnaires from:
  - four young people who use the service (assisted by staff at the service)
  - eight parents/carers
  - seven members of staff
  - five external professionals

## Key messages

- Children and families benefited from very positive relationships with the staff
- The manager led by example and was a very good role model for staff
- Children enjoyed fun activities which they chose whenever possible
- Families indicated that they were very happy with the support they receive from the service
- Care plans could be improved by developing SMART objectives.

## 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated this quality indicator as very good.

Children and young people benefitted from nurturing care that was warm and encouraging. The families of people using the service told us that they and their children had developed good relationships with staff at the service. They told us the staff knew them well and were fully aware of their individual needs and complexities. Parents said "I think getting out and about doing things that are child centered is key, all staff know my child what his likes and dislikes are and support him with this" another said "Action for children all staff are fantastic . My child is non verbal so have to take social clues from him how he feels and they are all positive. Smiles, happy to take staff by the hand".

Staff knew the children's preferences and used communication aids skilfully to offer choice. For those children who were non verbal, staff actively sought information from parents and other professionals to plan and prepare for activities. Staff planned fun activities which children enjoyed, whilst also giving them new experiences which broadened their world and supported them to develop new skills. As many of the activities as possible were planned for outdoors, providing fresh air and active play.

Children and young people's health needs were fully considered and information was shared through a multi agency approach. Whilst staff rarely administered medication a system was in place to do this safely if needed.

Feedback from external professionals and families indicated that people using the service felt safe. Whilst there had been no child protection incidents staff were confident about their responsibilities in relation to child protection taking into account the particular vulnerabilities of the children in their care. Staff had received on going child protection training and were supported by posters and information from the provider Action for Children.

Families and, where possible, children and young people using the service were fully involved in making decisions about their support.

## How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated this quality indicator as very good.

The service used a variety of ways to seek views including direct discussion before, during and after care, questionnaires and events. The results of questionnaires had been very positive and the views used to build a service development plan.

There were a number of documents used to evidence quality assurance:

- The service development plan reflected the current position of the service and the key strengths.
- The Promise action plan for children, families and staff identified areas for improvement through next steps.
- The service review refers to Edinburgh and the Lothians Outreach Service. It would be useful to carry out a

review of the West Lothian service with stand alone badging.

- Team report to local authority identifying hours for individual children and adherence to the contract.

Whilst all of the information in relation to quality assurance is in these documents it would be helpful to pull them together to form an overall picture of the service. This should identify plans for improvement, tasks and timelines for achievement.

The manager was well supported by the external manager through regular visits . In addition a weekly cluster managers meeting across East Scotland focuses on practice and shared concerns whilst also serving to provide reflective development opportunities and a support network. Two team leaders have responsibility for some areas of quality assurance such as care plan review, supervision and role modelling.

Staff continually evaluated experiences and, as a result, children and young people who used the service were provided with the right care and support to progress in their lives.

Families using the service were confident raising any concerns because they had well established relationships with frontline staff and managers and trusted them to act effectively. Family members indicated that they valued how quickly leaders responded to any queries.

There had been no complaints to the service. The very few incidents had been notified to the Care Inspectorate and appropriate action taken to mitigate against recurrence. Staff received a full debrief after incidents and said that they valued the reassurance and concern for their welfare demonstrated by managers.

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated key question as very good.

Staff competence was assessed through direct observation of practice by managers and one to one supervision as well as regular feedback gathered from children and their families.

Children and young people were well supported by staff who understood them well and were sensitive to their needs, wishes and goals.

Extensive staff training was evidenced by a well organised training tracker.

Staff deployment was based on the individual needs of the child or young person with a risk assessed, identified staff:child ratio. This ensured that the young people could have the best opportunities and have fun whilst keeping them safe.

In situations where young people were unable to attend sessions every effort was made to offer the session to another child or young person or families who might be struggling. This ensured that staff time was used effectively and as many children and young people as possible received support.

The questionnaires returned from staff were generally positive with staff highlighting training and support as some of the strong advantages of their work for West Lothian disabilities service.

Some staff had completed train the trainer training such as moving and handling and we heard that senior staff were delivering service based trauma training.

## How well is our care and support planned?

5 - Very Good

We found several strengths which impacted positively on outcomes for young people and outweighed areas for improvement therefore we evaluated this quality indicator as good.

The service recognised the importance of having full information at the start of placement. They recognised that parents were the experts in the care of their children and best placed to provide information. Home visits, visits to schools and good communication with partner agencies ensured that children's needs were well known at the start of placement.

The service used the professional knowledge of other agencies to develop care plans. External professionals advised about individual children which was incorporated into care plans.

Behaviour support plans were written clearly and sensitively providing credible strategies for working with children and young people. However they varied in format and therefore detail. It would be helpful to review behaviour support plans and identify a format specifically for the service.

Risk assessments for specific activities sat alongside the behaviour plan. The risk assessments had clear strategies to minimise risk for individual children.

Care plans identified all of the contacts and stakeholders working with the individual child. They focused on, me, my home, my family, Health, food and nutrition, personal care, feelings, joys and behaviours. They provided all the information needed to provide individualised care for the children effectively. However targets (desired outcomes) were simplistic and did not identify how they would be achieved or measured.

An annual outcomes report for individual young people identifying next steps provided much clearer goals and were much fuller and SMARTer than those in the care plan, providing better guidance about children's goals and how these could be achieved. See area for improvement 1.

Families were involved in the formation of care plans and whenever possible, children and young people were involved in their care plan.

## Areas for improvement

1. To ensure consistent positive outcomes the provider should review the care planning system and adopt a SMART approach to care planning. These care plans must be outcome focused and clearly express goals and strategies to help young people to achieve their potential.

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

## 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?	5 - Very Good
1.2 People get the most out of life	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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