

Southhouse Close Support Unit Care Home Service

Edinburgh

Type of inspection:
Unannounced

Completed on:
22 January 2026

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2003011119

About the service

Southhouse is a care home for children and young people located on the outskirts of Edinburgh. The service provides care for up to five young people at any one time. There were five young people using the service at the time of our inspection.

Within the house, each young person has their own bedroom. There are a communal spaces for young people to spend time such as a living room, dining room and chill/music room. There are a number of office spaces within the house which are used by staff. Young people also have access to a large garden which surrounds the house.

About the inspection

This was an unannounced inspection which took place on 14 and 16 January 2025 between 14:00 and 19:20, and 09:30 and 17:00 respectively. This inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection. To inform our evaluation we:

- Spoke/spent time with three people using the service and two of their representatives
- Spoke with seven members of staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two visiting professionals

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

Key messages

- Staff worked effectively with other agencies to promote the safety and wellbeing of young people
- Quality assurance processes required further development to ensure learning from incidents informed care and support.
- Staff promoted relationships between young people and their family/friends.
- Young people were involved in planning their care and there was regular review of plans and risk assessments.
- Periods of disruption impacted on the consistency of care experienced by young people.

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 overall, with some elements evaluated as good and others as adequate. We identified strengths that had a positive impact on outcomes for young people; however, there are key areas requiring improvement.

Young people were kept safe by a caring and responsive staff team. Staff worked effectively with external agencies to promote young people's safety and wellbeing. An external professional told us that staff were *"really good at working collaboratively"*, which helped ensure information was shared appropriately to safeguard young people.

Young people had access to independent advocacy, supporting them to have their views heard on matters that affected them.

There had been improvements in the detailed recording of significant events. However, there remained limited evidence of reflection and learning, either for staff or with young people. Alongside inclusion of young people's views, this learning would support a deeper understanding of young people's needs. A requirement was made in relation to this at the last inspection which will be continued. To support staff in reporting concerns consistently, it would be helpful to revisit the National Child Protection Guidance and the Care Inspectorate's notification guidance.

Since the last inspection, the house had experienced several periods of disruption. Despite staff working hard, this had, at times, impacted the therapeutic and stable care experienced by young people. One young person told us, *"I'm used to it."* This had also contributed to staff feeling under considerable pressure.

The provider continued to embed trauma informed practice within Southhouse to support staff understanding of young people's needs. During the inspection we observed warm, nurturing, and fun interactions between staff and young people, demonstrating the strong relationships that had developed. Staff reflected on the importance of relationship building to enable them to offer meaningful support.

Young people had opportunities to take part in activities that were of interest to them, such as football, basketball, and spending time with friends. This supported them to explore new experiences and create positive memories.

Following a series of repairs, the physical environment continued to be enhanced with the aim of providing a more welcoming, homely space. Young people's views were sought in relation to developing communal areas and their bedrooms. As this work is ongoing, we look forward to seeing the progress at our next inspection.

Young people were supported to maintain relationships with those important to them. Staff worked alongside social work colleagues where necessary to facilitate family time. One parent told us they had good relationships with staff.

There was a clear commitment to supporting young people to remain at Southhouse into adulthood where appropriate. Some young people had lived at Southhouse for several years, demonstrating enduring relationships and the service's commitment to The Promise.

Young people were involved in the development of their care plans and risk assessments, which reflected personalised goals and agreed support strategies. These documents were regularly updated, promoting a consistent approach across the staff team.

The service has experienced challenges relating to staffing, alongside caring for young people who present significant levels of risk. This has contributed to varying levels of stability within the staff team. While most staff described an improvement in team stability, they also acknowledged the difficulties they had faced over recent months.

Staff reported having regular opportunities for formal supervision with their line managers. However, some expressed concerns about how well their views were listened to by senior managers, particularly in relation to decisions around admissions and the team's capacity to meet the needs of the young people living in South House.

As a result of emergency admissions decisions that needed to be made by the local authority staff were not always provided with sufficient information prior to young people moving in. This meant that matching considerations were limited and there was no impact assessment completed beforehand. This had a direct impact on the wider group of young people, with some choosing to spend more time in their bedrooms due to the increased noise and disruption. Staff expressed concerns over situations where the individual needs of young people impacted on positive outcomes for other young people. One young person described the house as having been "*eventful*" recently.

(See Requirement 1).

Staffing needs assessments were completed regularly to ensure that the appropriate number of staff, with the relevant skills and experience, were available. During a more challenging period, additional staffing was required which resulted in increased reliance on agency and locum workers. Although efforts were made to ensure consistency by using the same individuals where possible, staff noted that reliance on temporary workers was not always effective, especially during times of crisis, due to varying levels of experience and training.

Since the last inspection, we found that processes in place to address staff practice required to be more robust. There was a lack of clear learning from events, and safeguarding measures to support young people needed to be more effective. Additionally information had not been shared within the required timescales with the Care Inspectorate.

(See Requirement 2).

Quality assurance processes involving care plans and risk assessments highlighted a range of required improvements, including ensuring trauma informed language was used, promoting consistency, and strengthening the application of SMART principles in planning. Some improvements were evident; however, audit documentation lacked clarity in terms of demonstrating whether identified actions had been completed. These processes would be strengthened through improved recording to clearly reflect the work undertaken.

A requirement was made at the previous inspection regarding the need for effective quality assurance of incidents. During this inspection review of incident registers identified inconsistencies in recording and reporting. This highlighted the need for further development of quality assurance processes in this area

therefore the requirement will be continued.

Requirements

1.

By 30 March 2026, 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. To do this, the provider must, at a minimum:

- a) Ensure there is comprehensive assessment and recording of matching considerations for young people moving into the service
- 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 sufficient staff with the right skills and training to meet the need of all young people in the service.

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)

2.

By 30 March 2026, the provider must ensure all investigations into staff practice consider the safety, rights and wellbeing of young people. To do this, the provider must, at a minimum:

- a) Ensure there is clear learning, reflection and training to support staff
- b) Ensure decision-making processes demonstrate consideration of safeguarding young people
- c) Notify the Care Inspectorate timeously and provide ongoing, accurate updates

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 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)

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

Requirements

Requirement 1

By 1 September 2024, the provider must ensure there is an effective quality assurance process of incidents.

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

- a) ensure incident records are reviewed by a manager
- b) ensure incidents record the full detail of what happened
- c) ensure there is reflection following the incident with staff and young people
- d) ensure all relevant parties are informed of the incident.

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 26 July 2024.

Action taken on previous requirement

We found there had been some improvements in terms of recording of incidents. However further development is required to ensure meaningful reflection on incidents and consistent management oversight is achieved.

Not met

Requirement 2

By 30 September 2024, the provider must ensure there is detailed risk assessments and care plans. To do this, the provider must, at a minimum:

- a) ensure there is detailed risk assessments in place, which include pro-active strategies
- b) ensure care plans provide the details of daily routines, and support the young person receives
- c) ensure the views of the young people are included within their plans.

This is to comply with Regulation 4(1)(a) and (d) (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 care and support meets my needs and is right for me.' (HSCS 1.19); 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' (HSCS1.15).

This requirement was made on 26 July 2024.

Action taken on previous requirement

We found the service have developed individualised risk assessments for each young person which were based on identified strategies which were effective in supporting young people. Assessments and plans were updated on a regular basis to include relevant information, including information about daily routines. There was evidence of young people being involved in the development of their plans.

Met - within timescales

Requirement 3

By 20 January 2024 the provider must ensure that they develop individual care plans for the young people in their service. To do this, the provider must, at a minimum:

- a) ensure these documents should be SMART (Specific, Measurable, Achievable, Realistic, Time-bound) and have a focus on the young people's views, goals, routines, and reviewed regularly
- b) reflect that this has been shared with the young people to seek their views.

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 a care plan) is right for me because it sets out how my needs will be met as well as my choices' (HSCS 1.15).

This requirement was made on 15 January 2024.

Action taken on previous requirement

Young people's care plans included individual preferences and goals which demonstrated individuals being involved in the development of plans about them. Overall plans were SMART. We found quality assurance processes were effective in identifying where improvements could be made to ensure SMART principles were evident.

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

The provider should ensure that there is a systematic process of evaluation in place. This process should include all staff, children and young people, parents, carers, external professionals and others involved in the service and form the basis of a service development 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); and

'My care and support meets my needs and is right for me' (HSCS 1.19)

This area for improvement was made on 26 July 2024.

Action taken since then

The service's development plan incorporated principles of the promise however this could be further enhanced through the inclusion of stakeholder feedback. The service are currently developing their processes in relation to seeking feedback which will be further considered at the next inspection.

This area for improvement has not 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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