

# BonnieView House Care Home Service

Bathgate

**Type of inspection:**  
Unannounced

**Completed on:**  
29 January 2026

**Service provided by:**  
Horizons Residential Care Limited

**Service provider number:**  
SP201301211

**Service no:**  
CS2022000350

## About the service

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

The service is registered to provide a care service to a maximum of four children and young people. The accommodation is a large, detached property which has been decorated to a good standard. The service is located in West Lothian, close to local amenities and transport links.

During the inspection, only one young person was living in the property.

Following the last inspection the service was inactive for a period of 18 months. During this inspection the service was still in a period of transition, adjusting from the period of being inactive, and required time to embed aspects of care and support.

## About the inspection

This was an unannounced inspection, which took place on 26 February 2026 between 10:30 and 14:00 and 28 February 2026 between 09:00 and 17:00.

The 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with one young person using the service and one of their family members.
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The service was improving overall but needed time to demonstrate consistent, sustained progress.
- Young people generally felt safe, respected, and well supported, with strong advocacy and family connections.
- There had been effective and passionate championing of young people's rights, particularly in respect of the core principles of the promise.
- Staffing stability and consistent use of risk and care strategies remain key areas requiring further development.
- Leadership is proactive and supportive and should continue to be utilised to evidence sustainability and good outcomes for young people.
- Care planning, risk assessment, and safeguarding recording need to be strengthened to ensure clear, reliable guidance for staff.

## 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 where strengths only just outweighed weaknesses. This recognised the improvements made since the last inspection but also where some aspects of practice cannot yet be fully evaluated or where the service required to evidence sustained improvement to ensure good outcomes for young people.

Staff worked hard to ensure young people felt safe in their environment, which was strengthened by the team having a good understanding of young people's needs. The staff team was relatively new, and some development was required to ensure risk was quickly identified and responded to. Leaders in the service were supporting this.

Leaders worked closely with other agencies to ensure young people experienced care that was proactively risk assessed. The service valued the input of advocacy workers and ensured that young people had opportunities to build relationships with adults outside the service who could act in their best interests.

The service quickly responded to safeguarding concerns and staff were confident in the procedures to follow should they identify concerns of this nature. This meant young people were kept safe from harm. The service should ensure that all concerns of this nature are fully recorded as per Care Inspectorate guidance.

Young people generally experienced care which was nurturing. There had been times young people had been cared for by staff they did not know well. However, efforts had been made to ensure increased stability in the team in the last six weeks.

Staff had not always utilised detailed strategies of support to manage crisis situations, which had led to incidents of increased dysregulation for young people. On one occasion restraint had not been carried out in a way that followed best practice. Leaders had implemented support for the team and recognised the need for development in these areas to ensure consistent and safe care.

The team worked hard to ensure that young people experienced spontaneity and fun, while maintaining a foundation of good routines and structure. The service should continue to prioritise consistency around routines and structure as the team begins to grow.

Young people experienced a high level of respect from those caring for them, listening and responding quickly to their feelings and wishes. Priority had been given to ensuring young people felt safe in their environment. There had been effective and passionate championing of young people's rights, particularly in respect of the Promise, where the service sought to ensure reduced transitions for young people.

The service had prioritised family relationships and ensured meaningful connections for young people were supported. One parent told us they felt "very supported by staff." This had led to improved relationships between young people and their families.

Young people were supported to attend school and to access opportunities that contributed to positive educational attainment and outcomes. The service planned to further develop their links to the community to ensure increased opportunities to activities and groups.

Some improvements were still required in care plans and risk assessments to ensure consistent and clear guidance for staff. This was in progress during inspection.

The manager in the service is new in post and is still building relationships with the team. However, the team described a safe and supportive culture that prioritised learning and development.

Quality assurance systems had been developed. Further work was required to ensure these systems were meaningful and always contributed to positive outcomes for young people. Staff felt there was an increased presence from external management which was supportive and contributed to development in the team.

The service had developed new assessments to ensure more positive transitions for young people. These had not yet been tested and as such could not be fully assessed during the inspection.

Since the service had re-opened there had been some challenges with staffing. The staff team remains small and is in the process of building on skills and experience. Staff have worked hard to develop trusting relationships with young people to ensure they feel supported and understood.

The team were committed to developing the skills to successfully meet all the needs of young people who come into their service. The support offered by the senior team and manager developed a reflective and learning culture, which supported these commitments.

The organisation had improved their knowledge and practice in relation to safer staffing. The service had plans to ensure that young people would be involved with these processes, in line with the promise.

Leadership in the service had clear plans for development and improvement and were committed to implementing systems that continually evaluate young people's outcomes. It will take time to evaluate whether these systems will work for Bonnieview. The service should continue to prioritise a focus on effective implementation of child-centred care planning strategies. This was in process and leaders were committed to prioritising a culture that promoted learning and reflection to ensure sustained service development.

## Areas for improvement

1. To ensure that children and young people are kept safe the provider should ensure that risk is well supported and managed.

This should include, but is not limited to:

- Ensuring the team understand the strategies within personal support plans and risk assessments.
- Ensure that these strategies are consistently implemented, and where required, are reviewed.
- Ensure that recordings of incidents accurately reflect support offered and are consistently reviewed, reflected upon and contribute to reviewed plans of support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2.

To ensure young people experience right care the service should continue to develop and embed the understanding of trauma within the staff team. This should include, but is not limited to, training, reflection, supervision and team meetings which consider and consolidate this area of practice and knowledge.

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); and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

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

### Requirements

#### Requirement 1

By 24 September 2024, the provider must ensure the safety of young people by consistently implementing adult and child protection procedures. This must be informed by effective reflection on safeguarding issues.

To do this the provider must, at a minimum:

- a) Ensure staff have accessed, and understand, the relevant guidance in relation to child and adult protection and utilise this in their practice.
- b) Ensure training is in place so staff are confident in identifying and responding to adult and child protection concerns.
- c) Ensure there is reflection and learning from any protection concerns that arise.
- d) Ensure that young people have adequate access to responsible adults outside the service who always act in their best interest, including advocacy.

This is in order 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 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); and 'I am protected from harm because people are alert

and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy, or may be at risk of harm' (HSCS 3.21).

**This requirement was made on 13 August 2024.**

#### Action taken on previous requirement

The provider had implemented a structure for induction, which included mandatory child and adult protection training. Staff had consolidated this learning and were confident in identifying and responding to concerns of this nature.

Where there had been safeguarding concerns, learning was evidenced by the service and appropriate action had been taken to implement the changes required. The service valued advocacy and worked hard to ensure young people had positive relationships with their advocacy workers and other adults who could act in their best interests.

This requirement was assessed as met outwith timescales. This is due to the service being inactive for a period of 18 months following the previous inspection.

**Met - outwith timescales**

## Requirement 2

By 10 September 2024, the provider must ensure that young people's health and wellbeing is understood and consistently responded to.

To do this the provider must, at a minimum:

- a) Ensure that staff have the right knowledge and skills to understand and respond to complex trauma.
- b) Ensure that staff understand and effectively implement care and support needs which are appropriately as detailed in personal plans.

This is in order 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 in order to comply with Section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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); and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

**This requirement was made on 13 August 2024.**

### Action taken on previous requirement

Some progress had been made in respect of the services understanding of trauma. The confidence and experience of staff had impacted on young people experiencing a consistent approach, which always considered trauma. However, we were reassured by the plans in the service by the leadership team to support this area of practice going forward

This was an area where there was still ongoing work needed in the service to ensure a fully trauma informed approach, in all aspects of care and safety, including consistent and effective implementation of personal plans.

**This Requirement will be replaced by a new area for improvement to address the outstanding issues and will be followed up at the next inspection.**

**Met - outwith timescales**

## Requirement 3

By 10 September 2024, the provider must carry out effective matching analysis to ensure that decisions made about arrivals and transitions are in the best interests of all young people.

To do this the provider must, at a minimum:

- a) Provide a detailed assessment of how the service plans to support identified risk or need for young people referred to the service.
- b) Undertake analysis of how the arrival of any new young person may impact on young people already living in the service and record how this will be supported.
- c) Ensure that any decisions for young people to transition between Horizons services, including the semi-independent placement (annexe), is subject to robust assessment and analysis.

This is in order 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 in the right place to experience the care and support I need and want' (HSCS 1.20); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This requirement was made on 13 August 2024.**

#### Action taken on previous requirement

The provider had developed new assessments to support positive transitions for young people arriving in the service and limit the impact of disruption for young people currently in the service. The service had made proactive decisions regarding new arrivals to limit the impact on young people living in the service.

This process of matching a new arrival had not yet been completed since the service reopened. This meant that there was limited evidence to fully assess the associated process and that these transitions were being done in a way that supports best possible outcomes for all young people.

We have assessed this Requirement was not met and we have agreed an extension until 16 April 2026.

**Not met**

#### Requirement 4

By 8 October 2024, the provider must ensure that children and young people are supported by the right number of staff with appropriate skill levels to meet their needs.

To do this the provider must, at a minimum:

- a) Ensure effective staffing assessments are in place and reviewed four-weekly.
- b) Ensure that staffing assessments appropriately analyses changes in staffing levels and details minimum safe levels of staffing correlating with the presenting risk of young people in the service.
- c) Ensure that staffing assessments are updated following incidents which may indicate increased risk.
- d) Ensure that there are processes in place to conduct a staffing needs assessment before a young person is admitted to the service.
- e) Ensure that any deficits in staffing is clearly identified and a detailed plan of how this is going to be managed is included within assessments, including on the occasions where staff require to be deployed elsewhere to support other Horizons services.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

**This requirement was made on 13 August 2024.**

## Action taken on previous requirement

Assessments of staffing had been undertaken on a four weekly basis and clearly detailed the needs of young people and the staffing requirements of the service.

There had been some concern about stability of staffing early in the service when it reopened, however, this had been stabilised. We were reassured that there was a good oversight of staffing needs, strengths and areas for development which meant that the right number of staff with the correct skills were in place.

Deployment had been reduced and the service was taking a considered approach to recruitment to ensure the team continued to work well together. The provider should continue to take this approach as the team begins to grow.

This Requirement was assessed as met outwith timescales. This is due to the service being inactive for a period of 18 following the previous inspection.

## Met - outwith timescales

### Requirement 5

By 19 August 2024, the provider must follow safer recruitment principles to ensure that children and young people are not placed an unnecessary risk.

To do this the provider must, at a minimum:

- a) Ensure that staff do not start work until all pre-employment checks have been concluded.
- b) Ensure that in the exceptional circumstances where a staff member starts working without preemployment checks having been undertaken, that a robust risk assessment is in place ensuring the safety of children and young people.

This is in order 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 confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

**This requirement was made on 13 August 2024.**

## Action taken on previous requirement

The provider had made significant progress in developing their systems to ensure that all staff were safely recruited. Some minor feedback was provided during the inspection to ensure that all paperwork was accurately reviewed so that this area continued to be sustained as the staff team grew.

This Requirement was assessed as met outwith timescales. This is due to the service being inactive for a period of 18 following the previous inspection.

## Met - outwith timescales

## Requirement 6

By 12 August 2024, the provider must ensure that children and young people receive quality care and support to manage risks effectively.

To do this the provider must, at a minimum:

- a) Review all risk assessment and management plans and ensure that they accurately reflect the known risk for each young person.
- b) Review all risk assessment and management plans and ensure that strategies for reducing risks are proportionate and in line with safe care principles.
- c) Ensure that staff completing or quality assuring these documents have the knowledge and skills to do so to a quality standard.
- d) Ensure that all staff receive CSE training.
- e) Provide training to the staff team in supporting young people in crisis when displaying crisis behaviours.
- f) Ensure that internal and external quality assurance processes are in place and are effective in improving the quality of risk management practices within the service.
- g) Increase the level of management support to ensure the above areas are established and maintained.

This is in order 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: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This requirement was made on 13 August 2024.**

### Action taken on previous requirement

Risk assessments had been regularly reviewed and updated. While strategies for reducing risk were detailed within risk assessments and support plans, these were not always confidently or effectively utilised. This had at times led to increased dysregulation for young people. Management were aware of these areas for development and had actions plans in place, which included training, supervision and team meetings.

Staff had received training on CSE, trauma and de-escalation but the team required further time to embed trauma informed principles in all aspects of safety and care. Managerial oversight had picked up on areas of development and the approach in the service supported these areas for development to ensure further confidence in all aspects of their role.

This Requirement was assessed as partially met, where some developments were still needed. This Requirement will be replaced by a new area for improvement to address the outstanding issues and will be followed up at the next inspection.

**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 service should develop a continuing care policy to set out its responsibilities to provide continuing care to young people and how it will ensure that young people are aware of their right to continuing care up to the age of 21.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person I feel valued, loved, and secure' (HSCS 3.5); and 'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

**This area for improvement was made on 13 August 2024.**

#### Action taken since then

The organisation had developed a continuing care policy, which set out the responsibilities of each service to provide continuing care. We heard the organisation were committed to ensuring young people understood their rights to continuing care and would support this.

#### Previous area for improvement 2

The service should review their development and improvement plan to reflect how leadership and improvement activities will drive forward 'The Promise.' This should be regularly reviewed and young people's views gathered and reflected at regular intervals.

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); and '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 13 August 2024.**

#### Action taken since then

Leadership in the service had clear plans for development and improvement, as well as implementing a system that continually evaluated young people's outcomes.

It will take time to evaluate whether these systems will work for Bonnieview and the service should continue focusing on effective implementation of child-centred care planning strategies and a culture that promotes learning and reflection to ensure sustained service development.

## 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?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate
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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