

# Lothian Villa Care Home Service

Musselburgh

**Type of inspection:**  
Unannounced

**Completed on:**  
16 March 2026

**Service provided by:**  
East Lothian Council

**Service provider number:**  
SP2003002600

**Service no:**  
CS2003011076

## About the service

Lothian Villa is a care home service run by East Lothian Council, registered to care for six young people. It operates from a large detached house over two floors close to local amenities and a second property that operates as a variation to the main service.

## About the inspection

This was an unannounced follow up inspection which took place on 9 and 10 March. The inspection was carried out by two inspectors 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 two young people using the service
- spoke with 9 staff and management,
- observed practice and daily life
- reviewed documents.

**Key messages**

- Care planning documentation demonstrated an understanding of the impact of trauma on children and young people.
- Work had been undertaken with young people to identify the type of language they would want to see in their care plans.
- Children and young people did experience positive relationships with staff.
- The quality of care and support remains inconsistent and further improvement is needed to meet the outstanding requirements.
- The provider is engaged in a focused programme of improvement alongside the Care Inspectorate to improve outcomes for children and 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?	2 - Weak
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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?**

**2 - Weak**

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

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

### Requirements

#### Requirement 1

By 31 March 2026, the provider must ensure that children and young people experience consistent trauma-informed care.

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

- a) ensure that staff have a consistent understanding of trauma and how this impacts the support required by children and young people in the service;
- b) ensure that care plans are holistic, aspirational and written in language that demonstrates an understanding of trauma; and
- c) ensure the service has a clear model of relationship-based practice that outlines its aspirations for children and young people.

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

**This requirement was made on 14 November 2025.**

#### Action taken on previous requirement

We saw evidence that language in plans was trauma informed and demonstrated an awareness of the impact of children and young people's past experiences. Language in recordings was appropriate and work had been undertaken with young people in relation to the terminology used in documentation.

Further improvement is needed in how the service identifies support needs for children and young people and service actions required, to ensure a consistent approach to care and support. The provider is engaging in a programme of improvement alongside the Care Inspectorate which will support developments in this area.

#### Not assessed at this inspection

## Requirement 2

By 31 March 2026 the provider must ensure that children and young people benefit from high quality SMART (Specific, Measurable, Attainable, Relevant, Timebound) planning.

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

- a) ensure that care plans clearly outline how identified support needs will be met by the service;
- b) ensure that there are clear care planning goals agreed in partnership with children and young people; and
- c) ensure that there is ongoing review of progress.

This is 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 am fully involved in developing and reviewing my personal plan, which is always available to me.'  
(HSCS 2.17)

**This requirement was made on 14 November 2025.**

### Action taken on previous requirement

The service has reviewed care planning format and its approach to SMART planning and this was in the process of being implemented during this inspection. Feedback has been provided about how to further improve the service's approach to care planning as part of this inspection.

### Not assessed at this inspection

## Requirement 3

By 14 December 2025 the provider must ensure that there is improved management and oversight of the property operating as a variation to the residential service.

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

- a) undertake an audit of the physical setting and progress necessary repairs;
- b) engage with the Care Inspectorate registration team to ensure that the service is correctly registered;
- c) ensure that a clear care plan is in place that outlines how children and young people's needs will be met; and
- d) ensure that recording processes meet the requirements for registered services and that all incidents are recorded and notified appropriately.

This is 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.' (HCSC 1.19)

**This requirement was made on 14 November 2025.**

#### Action taken on previous requirement

The provider has a clear plan to address the concerns identified at the previous inspection in relation to the management of the variation attached to this service. Clear assurances have been provided by senior leaders that issues will be addressed. At the time of this follow up inspection these planned improvements are yet to be fully implemented.

This requirement is not met and will be continued with a new date of 07 September 2026.

**Not met**

#### Requirement 4

By 31 January 2026, the provider must ensure young people's medication is recorded accurately.

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

- a) ensure there is an accurate record of the amount of medication
- b) ensure the medication is detailed correctly as per prescription label
- c) ensure each medication is prescribed to the individual.

This is to comply with Regulation 4 (1) (a) 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

**This requirement was made on 11 October 2024.**

#### Action taken on previous requirement

We identified ongoing issues with the management and storage of medication in the service. The provider has been responsive regarding action required to address immediate concerns and further training for staff is being sought to improve medication practice.

This requirement has not been met and will be continued with a new date of 07 September 2026.

**Not met**

## Requirement 5

By 31 January 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.

In particular the provider must:

- a) ensure there is a comprehensive assessment of the needs of the young people using the service, underlining how the service will meet these needs and evidence regular reviews of the assessment
- 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 the staff skills and training to meet the needs of the young person.

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)

**This requirement was made on 11 October 2024.**

### Action taken on previous requirement

The provider has an admissions process and matching assessments were considered when a child or young person moved in to Lothian Villa. These assessments however lacked detail in key areas in particular around the impact on other children and young people already resident in the home.

This requirement is not met and will be continued with a new date of 07 September 2026.

**Not met**

## Requirement 6

By 31 January 2026 the provider must ensure that the risks young people present within the service are assessed.

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

- a) The risks young people present are recorded accurately and include proactive strategies, along with primary and secondary strategies to support the young people.
- b) Risk assessments are updated following incidents.
- c) A clear safety plan was in place if required, which details clearly the actions staff should take.

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 I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies' (HSCS 3.24)

**This requirement was made on 13 February 2025.**

#### Action taken on previous requirement

We saw that staff have an understanding of trauma and how this impacts children and young people. Potential risks were identified in assessments but there was at times a lack of clarity regarding service action to address these which meant that practice was inconsistent. Detailed improvement advice has been made in this area at this follow up inspection.

This requirement is not met and will be continued with a new date of 07 September 2026.

**Not met**

### Requirement 7

By 31 Jan 2026 you must ensure there is effective analysis and oversight of incidents and these are recorded accurately.

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

- a) There is a review of the incident, reflecting what could have been done differently.
- b) Patterns of incidents are reviewed, and pro-active strategies identified.
- c) Restrictive practices are clearly recorded.
- d) All incidents are reported to The Care Inspectorate.

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 11 October 2024.**

## Action taken on previous requirement

Management overview and leadership within the service needs to improve to ensure service is responsive to incidents and service demonstrates a consistent approach to risk management.

This requirement has not been met and will continue with a date of 07 September 2026.

**Not met**

## 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 children's wellbeing, learning and development, the provider should ensure that there is effective auditing systems in place.

This should include, but is not limited to, auditing systems which when areas are identified have a clear action 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)

**This area for improvement was made on 11 October 2024.**

#### Action taken since then

New audit systems are in place to review quality of care plans and other documentation with the service. However, these have not been utilised by the service with the effect of robustly reviewing outcomes for children and young people. Improvement advice has been provided to the service and there are plans in place to address the concerns raised at this follow up 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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support children and young people's rights and wellbeing?	2 - Weak
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	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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