

# Leonard Cheshire Disability - South West Scotland - Housing Support Service Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 August 2024

**Service provided by:**  
Leonard Cheshire in Scotland

**Service provider number:**  
SP2003001547

**Service no:**  
CS2004075567

## About the service

Leonard Cheshire Disability - South West Scotland is registered to provide housing support and care at home to adults with learning and physical disabilities who live in Dumfries and Galloway.

The registered manager is based in Hestan House, Dumfries and coordinates the overall running of the service.

The service has three deputy managers across the services who manage the staff teams who provide direct support to people.

At the time of the inspection, 27 adults were being supported by the service. Support ranged from a few hours per week to 24 hours per day. Support is provided to people within individual tenancies and shared tenancies. Each shared tenancy accommodates between three and four people who have their own bedroom and share social space.

## About the inspection

This was an unannounced inspection which took place on 20 and 21 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate between the hours of 10:00 and 18:00. 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.

To inform our evaluation we:

- spoke with seven people using the service and one of their family members
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- reviewed 10 questionnaires from people using the service
- reviewed three questionnaires from visiting professionals

**Key messages**

- Staff used their knowledge of people to provide very good person centred care
- People were encouraged and supported to make their own decisions
- People engaged in meaningful activities throughout the week .
- Staff feel supported by the management team
- As part of this inspection, we assessed the service's self-evaluation of key areas.  
We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

**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?	4 - 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 people, therefore we evaluated this key question as very good.

Staff knew people well and were able to use this knowledge to offer very good person centred support. We observed warm, kind and respectful relationships between staff and people supported. People told us "Staff are brilliant and respect me." This helped people to feel valued as an individual.

People were supported to make decisions on both day to day matters as well as more long term decisions such as new cars. There was clear guidance for staff on how best to support this. People told us "I am happy here and staff listen to you." People took part in a wide range of activities and events which were evaluated regularly to ensure that they met peoples needs and wishes. This allowed people to feel respected and heard.

The evening mealtime arrangement at one of the services visited was a sociable and enjoyable event with everyone being involved and participating . People supported all got together to plan the menus as well as to help with the shopping which was both beneficial and practical particularly during the week when they were all busy with activities. Healthy eating was encouraged however peoples wishes were respected. This enabled people to feel part of the community within the house.

Staff worked hard to ensure peoples environment reflected their needs and wishes with personalised rooms and individual outside environments which a local artist had decorated.

People were referred appropriately to external professionals, the advice followed and follow up arranged. There was effective communication systems in place to ensure staff received any updates . This meant that people were supported in a relevant and appropriate manner.

There was a robust procedure in place for medication administration which was appropriately documented. Staff supported people as required and people's dignity was respected. This improved health outcomes for people and kept them safe.

We could see that work had been done to meet the previous area for improvement around the use of language when people are distressed . The written language used throughout the documentation was respectful and appropriate. There were a few instances when staff were describing events that the language used was not that which would be expected and therefore this area for improvement will be continued (see area for improvement 1).

### Areas for improvement

1. The service should ensure that appropriate language is used to support people who are agitated or distressed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can'. (HSCS 2.15) and; 'I have agreed clear expectations with people about how we behave towards

each other, and these are respected'. (HSCS 3.3)

### 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 people, therefore we evaluated this key question as very good.

The service had systems in place to monitor the quality of the service. There was a range of audits completed regularly by both internal and external staff and the actions from these informed the service improvement plan. All documents were stored on a shared drive ensuring the registered manager had oversight of all information. Each of the services had their own development and action plans which allowed a tailored approach and helped to improve outcomes for people supported.

Accident and incidents are reviewed at an individual service level as well as on a monthly basis by both the service manager and regional manager to assist in identifying any trends or actions required. This assisted in keeping people safe.

Feedback was gathered in a variety of ways including surveys and observations of staff practice which was then applied to service improvements. This allowed people to feel involved and have input into the service development.

The management team were described as both supportive and approachable. Staff told us " the management team are there if I need them, " and that " the management team are very supportive and helpful and give me moral support. "

### How good is our staff team?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The staff team reported that they felt supported and worked well as a team. Staff told us " We have a good team and work well together. " There were supervisions taking place which staff reported were worthwhile. This enabled staff to reflect on their practise. It would be beneficial for staff to have advance notice of the supervision sessions to allow them to reflect on what they would like to discuss.

Staff reported that they received a variety of training which was relevant however some staff felt that this could be more tailored to the people they support. This was discussed with the management team and will be looked at for each service on an individual basis.

Staffing was flexed to meet the needs of people supported and their planned activities for that day. Staff did not appear rushed and told us "I have plenty of time to do the tasks I need to." The rotas were completed by each service individually which allowed them to be tailored and adapted as required to peoples needs and routines.

The staff teams within some of the services were longstanding and consistent which contributed to people feeling safe. However new staff reported that they were made feel welcome and told us "We have a great, close team." There was a structured induction programme for new staff with regular check-ins and shadowing opportunities.

## How well is our care and support planned?

5 - Very Good

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

The support plans sampled reflected peoples needs and preferences. The plans were person centred and demonstrated how well staff knew people they supported. It was clear from the documentation that peoples wishes were paramount and were respected. This demonstrated that people were respected and treated as individuals.

There were appropriate risk assessments in place which supported people to fully participate rather than be restrictive. People had appropriate goals which they were working towards with staff assistance and encouragement. This supported the development of new skills.

Regular reviews took place and we saw that relatives and family members were encouraged to attend these. Families told us "We are aware he has a care plan. I don't think we have a copy, however we are sure Leonard Cheshire would provide one if requested." This assisted families in being fully informed.

The support plans were reviewed and updated regularly. There was an audit plan in place and this assisted in providing consistency throughout the service.

## 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 documents refer to the legislation in the country in which the service is operating.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively'. (HSCS 1.3)

**This area for improvement was made on 29 June 2022.**

#### Action taken since then

A review of key policies demonstrated the relevant Scottish legislation was referenced and in the case of adult support and protection guidance a specific policy for Scotland was available.

This area for Improvement is met .

## Previous area for improvement 2

The service should ensure that appropriate language is used to support people who are agitated or distressed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can'. (HSCS 2.15) and; 'I have agreed clear expectations with people about how we behave towards each other, and these are respected'. (HSCS 3.3)

**This area for improvement was made on 29 June 2022.**

### Action taken since then

A review of documentation demonstrated appropriate and respectful language when recording instances of stress and distress. However when staff were speaking about these events there were several instances of inappropriate language.

This had already been identified by service and there is training being piloted at present with regards to language use and this will shortly be rolled out to all services within Leonard Cheshire which will increase staff awareness.

This area for improvement has not been met and will continue.

## 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
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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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