

Leonard Cheshire Disability - Wardieburn Street Care Home Service

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Type of inspection:
Unannounced

Completed on:
3 April 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2003010995

About the service

Leonard Cheshire Disability - Wardieburn Street is a care home registered to provide a care service to nine adults with physical and sensory impairment.

The home is situated in the Granton area of Edinburgh, close to shops, leisure facilities and public transport. The home consists of a six-bedroom house and three self-contained flats all of which are at ground floor level and accessible for people using mobility equipment. All rooms and flats have en-suite and bathing facilities.

Communal areas in the main house include a dining area / kitchen, living room, and an accessible courtyard garden.

At the time of the inspection nine people were experiencing care.

About the inspection

This was an unannounced inspection which took place on 26, 27 and 28 March 2025 . 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:

- spent time and spoke with seven people using the service and five of their family/friends
- spoke with ten staff and management
- spoke with two visiting professionals
- considered feedback from questionnaires completed by people experiencing care, their family/friends and staff
- observed practice and daily life
- reviewed documents.

Key messages

- There was a new manager who had identified improvements and was beginning to affect positive change.
- Some people and families were positive about their support, other people and families expressed concerns about the quality of care.
- People's plans held good information but were not always up to date and were difficult to follow.
- While people were receiving support with their health and wellbeing needs, this was inconsistently recorded.
- People's support was reviewed regularly.
- There were staffing challenges that indicated increased management oversight and observation of practice was needed.
- People would benefit from more personalised opportunities for social support.
- Improvements had been made to the environment.

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed warm and respectful interactions between staff and people experiencing care. People told us about the trusting relationships they had with some staff. One person said, "I have been taken care of in the service very well." We saw examples of the service supporting people to increase their independence, while staying safe. However, some people and their families were concerned about the way certain members of staff interacted with their loved one. The provider was in the process of investigating concerns raised by relatives and staff at the time of the inspection. This meant that people could not be confident that they would always be treated with respect. We address this in the section 'How good is our staff team?'

We received positive feedback from external professionals on how the service supported people's health. We heard that the service was proactive in making appropriate referrals. This showed that the service was responsive to people's health needs and worked with others to help people keep well.

The manager had begun to implement improvements in how people's health and wellbeing outcomes and daily care needs were recorded. However, out of date paperwork had not been removed, leading to duplication and inconsistencies. We heard from several staff that there was too much paperwork, and we found it hard to find information. Daily records of people's care needs were sometimes poorly recorded, including food and fluid intake and support with continence. While we saw examples of good care, some families raised concerns about inconsistent care provision. This meant that people could not be confident that their health and wellbeing needs were being met (see requirement one).

There were safe systems in place to store medication, and staff were appropriately trained. Two staff supported people with medication and records were regularly audited. Despite these safeguards, we noted a few incidents where internal processes were not followed. This meant that there was a risk that people would not receive timely medical advice following a medication error. The use of topical medication was also not clearly recorded. Improvements were needed so that people could be confident that all staff understood and followed medication procedures (see area for improvement one).

There were robust systems to support people with their finances. This meant that people could be confident that their money was safeguarded.

Staff supported people with a variety of activities, for example going to concerts, walks, shopping, and art classes. We heard positive feedback about how well certain staff supported people to be active. While some people were happy with how they spent their time, others were less so. We saw opportunities for engagement and increased independence being missed. One relative was frustrated that they had to "keep pushing staff to get (activities) organised." Another person told us about things they had been wanting to do for a long time. Improvements were needed so that people were more meaningfully involved in activities outside and in their home. We have addressed this in the area for improvement under 'How well is care and support planned?'

It was beneficial that the service had access to Leonard Cheshire's positive behaviour consultant. Some people had comprehensive positive behaviour support plans to assist staff to support them with experiences of stress and distress. The service had identified that some positive behaviour support plans needed to be updated. Improvements were in progress, with further staff training planned. However, at the time of the

inspection staff did not always have the most up to date information to promote positive outcomes for people experiencing stress and distress. We saw and heard that existing positive behaviour support plans were not followed consistently. This meant that people were not being supported as well as possible with managing stress and distress (see requirement one).

Requirements

1. By July 31 2025, the provider must ensure service users experience care and support which is consistent, safe, and meets their needs and identified outcomes. To do this the provider must, at a minimum:

- a) review all personal plans, including positive behaviour support plans, with people and their families/representatives, to ensure they are accurate and record in sufficient detail people's individualised support needs, preferences, and outcomes
- b) improve recording of people's daily health and care records so it is clear what care they require and what care has been provided. There should be clear guidance for staff on what, if any, follow up action to take, and this should be easy to track.

This is to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This in order 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 because people have the necessary information and resources' (HSCS 4.27) 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).

Areas for improvement

1. The service should ensure that all staff follow internal procedures for medication administration documentation to evidence that people receive the treatment they need.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

How good is our leadership?

4 - Good

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

A new manager had recently been appointed. This followed an unsettled period with several changes in leadership. The new manager told us they had good support from the wider Leonard Cheshire team. We could see that there was a comprehensive system in place to monitor quality assurance. Regular management audits, clinical care meetings, internal quality assurance inspections and a monthly local governance forum took place. This meant that people could be confident that the service was well led.

The service had developed a detailed service improvement plan which addressed many of the issues highlighted during this inspection. This meant that we were assured that the service was aware of the improvements needed and had begun to make progress.

All staff we spoke to felt well supported. One staff member said, "There is still a lot to do to improve but we are working to make things better." This demonstrated a positive team spirit which benefitted people experiencing care.

We saw detailed minutes from team meetings and noted that these happened regularly. It was apparent that the manager had high expectations of improvement but also provided staff with support and encouragement. One staff survey had taken place, with a plan to repeat this every six months. We spoke to the manager about providing more regular and informal opportunities for staff to contribute to service improvement ideas. This would help ensure staff continued to feel valued and included in service development.

Most people and their families were very positive about the new leadership team. One family member praised the service for working in partnership with them and the person experiencing care. Some relatives were unaware of the improvements in progress, and felt communication could be better. People and their relatives had the opportunity to complete satisfaction surveys. Improved communication was an area identified for the service to progress. It was planned that this survey would be repeated every six months. We spoke with the service about introducing more regular opportunities for people and their families to be involved and consulted. This would mean that people would be more confident that their opinions were heard.

The service had improved how it recorded formal and informal complaints, and we saw evidence that these were being dealt with according to the service's procedures. This showed that people were listened to, and concerns were acted on.

There were times when there was a lack of visible leadership in the home. This is addressed under the section 'How good is our staff team?'

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

The manager had made improvements in how staffing was arranged. Rotas had been changed to promote more effective working relationships. Allocation and handover sheets were used to improve communication between the team. This meant that staff were clearer on their role, which benefitted people experiencing care. The rotas we sampled demonstrated that there were enough staff on duty to meet people's health and wellbeing needs. All staff we spoke with felt positive about the changes made. One person said, "right now things are much better, staff are working well, (the manager) has motivated us to work together."

People gave variable feedback on the quality of staffing. We heard examples of competent and caring staff practice. We witnessed staff communicating well with people and providing skilled care. However, some people told us that they had been frightened or distressed following interactions with some staff. We heard feedback from people and relatives that some staff were disengaged and did not communicate with them

well. During the inspection the manager was dealing with complaints, adult protection concerns and allegations of staff misconduct. The service had taken appropriate action to keep people safe while these investigations were completed. This mixed experience of support meant that people could not be confident that all staff had the right values and skills to provide respectful person-centred care. (See requirement one).

Recruitment was well managed, with appropriate checks completed prior to staff commencing employment, including right to work checks and systems to monitor staff registration with the relevant professional bodies. This helped reduce risks to people experiencing care. Due to staff vacancies, the service had some reliance on agency staff and was actively trying to recruit. While the service attempted to use the same agency workers, this was not always possible. This meant that people did not always receive consistent care.

Newly recruited staff took part in an induction process and staff we spoke with told us this was helpful in preparing them for their role. Supervision was happening regularly, and records we sampled demonstrated that this included discussion of staff wellbeing, practice issues and training and development needs. This demonstrated that staff were well supported.

Staff training was well organised and regularly monitored to ensure that the staff team took part in opportunities to develop their knowledge and skills. Some families and staff felt that training would be more effective if it focussed on the experience of people being supported. The service was able to demonstrate that staff were being booked onto a wide variety of courses, including positive behaviour support, person centred planning, and autism. This showed that feedback from families had been taken on board and the service was working towards a culture of continuous improvement.

After an internal reorganisation, the service was operating with one manager and one team leader. This meant that there was a lack of leader visibility, particularly at weekends, evenings and overnight. We heard feedback that while there had been improvements in staff practice when management were around, this was not always the case when staff were unsupervised. At the last inspection, an area for improvement was made around direct observation of staff practice. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection.'). We found that management oversight needed to be improved further, with spot checks and more observations of staff competence and development needs. This would strengthen management oversight of staff practice and increase confidence that all staff had the right skills and values to provide care. We found this to be particularly important given concerns about the quality of some staff interactions, and the lack of leadership presence in the evenings and at weekends. (See requirement one).

Requirements

1.
By July 31 2025, to support people's wellbeing the provider must increase the amount of leadership visibility, monitoring, and direction for staff. At a minimum, the provider must:
 - a) improve management oversight of staff practice, including spot checks and regular observations of staff communication and care provision. This must inform ongoing quality assurance, supervision, and staff development
 - b) strengthen induction and probation processes to ensure that all inexperienced staff have the right values and skills to support people in a respectful and person-centred way.

This is to comply with section 7(1) 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).

How good is our setting?

4 - Good

We evaluated this key question as good. There were several strengths with the setting which was bright and comfortable. This clearly outweighed areas for improvement.

There had been a significant upgrade of some communal spaces since our last inspection, with a new kitchen, laundry, and office. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection.'). These improvements meant that people benefited from a more modern environment. People had better access to the kitchen and office which promoted people's involvement in daily life.

There were spacious corridors and communal areas where people could choose to spend their time. Three people had their own self-contained flats, while six other people had en-suite bedrooms and shared the large lounge and kitchen. While some bedrooms were smaller than others, they were personalised and well decorated. People we spoke with were generally happy with their personal space. This meant that people benefitted from an environment suitable to their needs and preferences.

The service had plans to improve the environment further with new flooring and improvements to the communal lounge area. We spoke with the service about some low-cost changes that would make the environment more homely. The provider should continue to gather people's feedback on the quality of their environment and any changes they would like to see. This would ensure that people are able to influence any further changes and would maximise people's enjoyment of their indoor and outdoor space.

There were clear arrangements for regular monitoring and maintenance of the premises which helped to ensure people enjoyed a safe and well-maintained home.

The service had recently removed the post of domestic and support staff and people experiencing care were completing all cleaning tasks. Some families raised concerns about how well hygiene standards would be maintained under this new arrangement. During the inspection, the home was clean and had no odours. We saw that staff were assigned daily cleaning tasks and weekly cleaning schedules of mattresses and equipment were in place, however recording was inconsistent. This meant that the system for evidencing hygiene was not sufficiently robust. We will look at this again at the next inspection when the new cleaning arrangements are embedded.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Everyone had a paper copy of their personal plan, which was kept in their room. Plans were well written and contained a good level of detail. There was comprehensive and person-centred information about what was

important to people, how they communicated and what they needed to stay well. As discussed under 'How well do we support people's health and wellbeing,' we identified that improvements were required to ensure people's plans were better organised, accurate and easy for staff to follow (see requirement 1).

We could not see evidence that people felt any meaningful ownership of their support plan. One person told us they did not know that they were allowed to look at the paperwork in their home. Documentation showed that the manager had encouraged staff to complete any updates to the plan and daily recording alongside the person experiencing support. This improvement would mean that people experienced more ownership of their plan.

The service had identified that improvements were needed to ensure that plans held documentation about consent, signed by the person or their legal representative. This would ensure that people's legal rights were protected.

Everyone had a diary which was used to record daily activities and wellbeing. Some staff were recording in a more person-centred way which evidenced that people's choices, wishes, and views were being promoted. There was further scope for improvement to ensure that care records were not solely task driven and captured progress towards people's individual outcomes.

There was a good system in place to ensure that people's care was regularly reviewed. Most people had had a review in the last six months, with people and those important to them in attendance. People we spoke to felt listened to during the review process. We found that the outcomes section of people's personal plans could be used to better effect. Outcomes could be recorded in a more personalised way and updated when there had been progress, or new outcomes set. This would increase people's confidence that all people experiencing care had their goals and outcomes regularly reviewed (see area for improvement one).

Areas for improvement

1.

To ensure that people are meaningfully involved and actively encouraged to maintain and develop what is important to them, the service should improve the support provided to people to meet their outcomes and goals. This should include but is not limited to:

- a) support people and their families/representatives to record individual and meaningful goals and outcomes within their personal plan, and review these regularly
- b) record activities alongside people and their families so it is clear how people are spending their time and what impact this has towards meeting their personal outcomes
- c) provide all staff involved with planning, recording, and reviewing people's care with appropriate training, time, and support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS1.15) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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 consistency in the quality of care people experience the provider should check that all staff have read and understood people's support plans and are consistently following the agreed plan when supporting people who experience stress and distress.

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 area for improvement was made on 27 March 2024.

Action taken since then

As addressed in the main body of this report, we found that further improvement was needed in consistency of care charts and support plan recording. This area for improvement is no longer in place and has been incorporated into a new requirement under the key question 'How well do we support people's wellbeing?'

Previous area for improvement 2

To support people to uphold their rights to have any concerns about the quality of their care and/or facilities investigated and responded to effectively there should be a concerns/complaints log maintained at service level. Records should indicate whether the formal complaints procedure has been offered as well as clearly logging the details and outcome of any concerns raised by people experiencing care. Concerns should be logged at the time received and not retrospectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights.' (HSCS 2.3)

This area for improvement was made on 27 March 2024.

Action taken since then

The service maintained a log of informal and formal complaints which clearly recorded people's concerns and the action taken. This was overseen by senior management. This area for improvement has been met.

Previous area for improvement 3

To promote people's sense of ownership and control over their living space staff should not congregate in people's kitchen/dining area and be deployed effectively to the benefit of people experiencing care. Alternative arrangements should be made for staff to have their breaks outwith people's living space.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I experience care and support where I live, people respect this as my home.' (HSCS 3.2)

This area for improvement was made on 27 March 2024.

Action taken since then

The manager had made changes to staff rotas, introduced allocation sheets to assign staff to specific care tasks and created a separate room where staff could have their breaks. During the inspection we observed that staff were deployed effectively. We received some feedback that some staff continued to congregate in people's living areas at times when there was less management presence. We evaluated that the changes made were sufficient for this area for improvement to have been met, however we have made a requirement under key question 'How good is our staffing?' for increased spot checks and management oversight.

Previous area for improvement 4

To support consistently positive outcomes for people experiencing care the provider should increase the level of recorded observations of staff practice and include observations of night staff in its quality assurance processes.

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 27 March 2024.

Action taken since then

As addressed in the main body of this report, we found that increased observations of staff practice continued to be required. This area for improvement is no longer in place and has been incorporated into a new requirement under the key question 'How good is our staffing?'

Previous area for improvement 5

To promote people's independence, choices and enjoyment of their indoor and outdoor environment the provider should finalise dates for the planned environmental improvement works to be carried out.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can use an appropriate mix of private and communal areas, including accessible outdoors space, because the premises have been designed for high quality care and support.' (HSCS. 5.1)

This area for improvement was made on 27 March 2024.

Action taken since then

The service had installed a new kitchen, laundry and office which had improved people's environment and opportunities for independence. Further changes to upgrade the flooring were planned. We spoke with the service about some additional changes to make the environment more homely, and suggested they consult with families and people experiencing care on any further upgrades. We evaluated this area for improvement as being 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 people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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