Leonard Cheshire Disability - Stenhouse - Supported Living
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
2 July 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2008190885

About the service

Leonard Cheshire Disability Stenhouse is a supported living service registered to provide a housing support and care at home service for adults with physical and sensory disabilities in their own home and in the community.

At the time of inspection, seven people were being supported in accommodation in the Stenhouse area of Edinburgh. Each person has their own bedroom, sharing kitchen, bathing and dining facilities with other people experiencing support.

People have a mix of one to one and shared support allocated to them. Staff are on site 24 hours, with sleepover and waking night staff providing support during the night.

About the inspection

This was an unannounced inspection which took place on the 23, 25 and 26 June 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
- Intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with three people using the service and four of their family
- Spoke with eight staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with four visiting professionals
- Reviewed completed questionnaires.

Key messages

- There was a new leadership team in place.
- Staff morale, communication and consistency had improved.
- People were involved in a range of activities and had good community connections.
- People's health and wellbeing benefitted from the support they received.
- Recording of people's daily support needed to improve.
- Quality assurance processes needed to be strengthened.
- People's personal plans needed to be updated and reviewed at least every six months.

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?	3 - Adequate
How good is our staff team?	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 some positive and encouraging interactions between staff and people experiencing support. Support was delivered at a pace suitable for each person. While we observed occasions where opportunities to interact with people were missed, most staff were responsive to people's communication preferences, and demonstrated they knew people well. This meant that trusting relationships were formed between people and the staff who supported them.

Staff had received appropriate training to protect people from harm. Processes to support people with their finances were robust. We observed occasions when locked areas containing medication and cleaning materials were briefly left open. Keys for locked spaces were also routinely left in communal spaces. This placed people at potential risk of harm. We spoke with the manager who took steps to remind staff of their responsibilities. We will review this at the next inspection.

People enjoyed a wide variety of activities inside and outside their home. Some people were supported to attend voluntary employment. People's wellbeing benefitted from regular interaction with those who were important to them. The service had made good connections with the local community and people valued this. We discussed making minor improvements to outside areas so that people could gain maximum benefit from their living space. This had been actioned by the end of the inspection. This demonstrated that people experienced good wellbeing outcomes due to having busy and active lives.

Staff had received training in the administration of medication. The use of prescribed creams was appropriately recorded, with body maps in place to direct staff how to administer these correctly. Some creams were not labelled with an opening or use by date. We spoke with the manager about simple ways to improve consistency with this task. The service acknowledged that medication audits were not consistently taking place. Quality assurance processes in general needed to improve and we have made a requirement for this under the key question 'How good is our leadership?'

We saw that people also had specialised equipment and home adaptations to promote and enable their independence. This helped to empower people to have as much control of their life as possible.

People's health benefitted from regular engagement with other health services. People were in touch with social workers, GPs, learning disability professionals and a wide range of other specialists. Professionals we spoke with commented favourably about their working relationships with the service. One said, "They show a genuine commitment to the individuals they support, and this is reflected in the quality of care provided." Working in a multi-agency way helped people keep well.

The service kept documentation evidencing how people spent their day, and how their health and wellbeing support needs were met. However, this paperwork was not well organised and was inconsistently completed. This meant that staff did not always have the most up to date information needed to provide safe and consistent support (**see requirement 1**).

Requirements

1. By 1st December 2025, the provider must ensure that people experiencing support have an up-to-date care and support plan that accurately reflects all their health and wellbeing needs. All documentation must give detailed and up to date information about how people are to be supported. Accurate records, including health monitoring charts and daily notes, must be kept to demonstrate how this support is provided.

This is in order 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 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); 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' (HSCS 1.15).

How good is our leadership? 3 - Adequate

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

Following a period of reorganisation, a new leadership team had been appointed. We heard positive feedback from all staff we spoke with about the improvements made since the new manager came into post. Comments about the leadership included, "attentive and approachable", "very responsive", and "I feel valued and listened to." This demonstrated that staff received good support that helped them in their role.

The manager was transparent that expected quality assurance processes had not been fully implemented. This meant that people did not benefit from a culture of continuous improvement as the service did not yet have robust and transparent quality assurance processes (**see requirement 1**).

The provider had policies and procedures, relevant to Scottish legislation and best practice, and values that promoted good staff practice. This helped to protect people from harm and respected people's rights and choices.

The provider had a complaints policy and procedure in place. There had been no complaints since the last inspection. We spoke with the manager about ensuring people and visitors to the service knew how to make a complaint or compliment. The manager took this on board and introduced information accessible to everyone in the service. This demonstrated a positive and responsive approach to service improvement.

The service had an action plan which identified areas of improvement and progress made. We spoke with the provider about strengthening this by incorporating the views of people experiencing support, their loved ones, and staff. While the provider obtained feedback from staff via an annual survey, this was not was not offered to people and their families. This meant that people experiencing care and those important to them were not fully involved in service development. One relative told us, "I just want to feel a bit more in touch."

Requirements

1. By 1st December 2025, the provider must ensure that the service is operating effectively and that robust quality assurance and improvement processes are in place. To do this, the provider must, as a minimum:

a) Develop and implement regular, robust quality assurance audits and processes. This should include regular observations of staff practice.

b) Seek and collate feedback from people experiencing support, their families and staff, and demonstrate any learning or improvements made as a result.

c) Analyse findings from quality assurance processes to establish areas for improvement.

d) Prioritise and action improvements identified.

e) Keep records to evidence actions taken.

This is in order to comply with regulations 3 and 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 Standard (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
'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

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.

People told us they knew their staff team and got on with them well. Staff spoke positively about improved staff morale and teamwork. One commented, "It is a nice place to work; I love what we do here." This showed that people were supported by staff who were committed to their wellbeing and to the service.

Strong recruitment processes were in place. All staff had a probation period where they were regularly assessed and appropriately trained before supporting people. Staff told us that their induction included multiple shadowing opportunities which helped improve their understanding of people's needs and preferences. These processes reduced potential risks for people experiencing care and support.

The service had been operating with some vacancies and during the inspection was in the process of recruiting staff. We found that staffing levels were sufficient, and staff told us that on the whole they had enough time to support people well. The manager had been able to reduce reliance on agency workers by utilising a small team of bank staff. This meant that people benefitted from consistent and familiar support.

Staff completed training that was relevant to their role. This included training that was specific to understanding the needs of people being supported and cared for. Staff spoke favourably about the range of training they were supported to complete. Training records were kept which evidenced that mandatory training was up to date, however information on additional training completed was difficult for the manager to access. A better system was being introduced but at the time of the inspection wasn't yet operational. This meant that while we were assured that staff had the training necessary to provide competent support, evidence of this was not readily available. We will consider this further at the next inspection.

Arrangements for the one-to-one supervision of staff were in place. Staff spoke favourably of the supervision process and told us they were free to seek support with any issues they faced. Team meetings gave staff further opportunities to discuss any issues they experienced. This evidenced that staff were valued by leaders in the service.

Observations of staff practice were completed annually for the administration of medication. The manager told us that they regularly completed spot checks and informal observations of staff practice, but these were not recorded in a way that would inform staff reflection and development. We have asked for quality assurance processes to be improved generally (see requirement one under 'How good is our leadership'). This would mean people could be confident that management had improved oversight of staff practice.

Staff reported that they felt equipped to do their jobs to the best of their ability. Staff felt the management team were supportive, approachable, and knowledgeable. One staff member commented, "If something has gone wrong [the manager] takes the approach that we did it, not just one person. How can we improve?" This showed that people benefitted from a positive and pro-active culture in the service.

How well is our care and support planned? 3 - Adequate

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

The format of people's support plans was comprehensive and gave a sense of the person and what was important to them. There was good information on people's health needs and medication. Risk assessments were in place which were detailed and well written. Whilst this was positive, we found out-of-date and conflicting information in people's support plans, which, if followed by staff, could compromise people's health and wellbeing. We have made a requirement that the content and consistency of personal plans must be improved (**see requirement 1**).

Most people had not had a review of their support in the last six months. Others had had a review, but the copy of the support plan available to them and to staff had not been updated. This meant that people, families, and staff did not always have access to the information needed to provide safe and consistent support. We have made a requirement that support plans must be formally reviewed, involving people, their families, and relevant others, at least every six months in line with legislative requirements (**see requirement 1**).

People and families told us that they had been involved in previous reviews, and some reviews were planned for the coming weeks. People experiencing support showed us that they valued their participation in reviews, and some people were proud of the record of this, which included a slideshow of their achievements and interests. However, the photographic record of their review wasn't routinely available to people. The service was in the process of introducing new documentation that intended to support a more thorough review of people's health and support needs, as well as their goals and aspirations. We will consider progress on this at the next inspection.

Requirements

1. By 1st December 2025, the provider must ensure that people's care and support is regularly reviewed. To do this, the provider must ensure that, at a minimum:

a) People benefit from care plans that are regularly reviewed, evaluated and updated involving relevant professionals.

b) Reviews take account of best practice and people's own individual preferences and wishes.

c) Reviews take place at least six monthly, when requested or when needs change.

d) Records are kept of the discussions and decisions made and any actions to be completed following the review.

e) People and those important to them are involved in their review, and have a record of this in a format that is meaningful to them.

This is to comply with Regulation 5(2b) (Personal Plans) 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 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.' (HSCS 1.15); and
'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

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 promote people's inclusion in their care planning, the provider should ensure that review meeting minutes are accessible to them and demonstrate who was invited to and involved in their reviews as well as agreed actions arising from review meetings.

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 because people have the necessary information and resources' (HSCS 4.24).

This area for improvement was made on 1 October 2024.

Action taken since then
There had been limited progress on this area for improvement. People did not consistently have a copy of their review record available to them. Review documentation did not include who was involved in their review or any actions to be followed up. The service had new review documentation but this was not in use at the time of the inspection.

This area for improvement is no longer in place as it has been incorporated into a requirement under 'How well is our care planned?'

Previous area for improvement 2

To promote people's wellbeing the provider should organise further positive behaviour training and ensure that all staff are consistently following the guidance in people's personal plans when supporting them.

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 meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 1 October 2024.

Action taken since then

Some staff had completed introductory training on positive behaviour support. Positive behaviour support plans had been completed for people who would benefit most from this approach. There was inconsistent evidence that all staff were following guidance in people's plans. The manager was aware of this and had arranged further training. We will report on further progress at the next inspection of the service.

This area for improvement has not been met.

Previous area for improvement 3

To provide people with assurance that their staffing arrangements are managed well and that their staff work well together, the provider should review managerial arrangements to monitor staffing during evenings and weekends. Further staff development sessions should be held to promote effective communications within the staff team.

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 is consistent and stable because people work well together' (HSCS 3.19).

This area for improvement was made on 1 October 2024.

Action taken since then

The service had increased team leader presence over some weekends and evenings. The manager told us they had carried out spot checks out of hours however had not recorded their findings. Staff communication and team work had improved with a responsible person on each shift, and clearer delegation of tasks. This arrangement was working well at the time of inspection. We will revisit this at the next inspection to ensure progress has been sustained.

This area for improvement has 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 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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