

Leonard Cheshire Services (Scotland) – Glamis House

Housing Support Service

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Type of inspection:
Unannounced

Completed on:
29 July 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2004076466

About the service

Leonard Cheshire Services (Scotland) - Glamis House, is one of a number of services operated in Scotland which is owned and managed by a voluntary organisation, Leonard Cheshire Disability. Leonard Cheshire Services (Scotland) - Glamis House provides a combined housing support and care at home service for people living in their own homes. The service is provided to people with a range of needs including physical and/or learning disabilities and mental health support needs.

At the time of the inspection visit the service was supporting 10 people. The service operates 24 hours per day, seven days per week, with time allocated to service users according to individually agreed needs.

About the inspection

This was an unannounced inspection which took place on 22 and 23 July 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:

- spoke with six people using the service and two of their representatives, a further two representatives shared their views with us via a customer service questionnaire
- spoke with eight staff and management, a further 12 staff shared their views with us via a customer service questionnaire
- observed practice and daily life
- reviewed documents.

Key messages

Improvement had been made in supporting people to be active and engaged.

Staffing was more stable and consistent.

Strengths were noted in the services improvement planning, capacity for improvement was observed.

Care and support plans were personalised and clear.

Improvement is required to the safe management of medication.

Enhancement would be beneficial in supporting staff skill and development.

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?	4 - Good
How well is our care and support planned?	4 - Good

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 there are strengths, these just outweigh weaknesses. Improvement had been made to the service's promotion of people having meaningful and active lives. Further work is required to improve practice in medication management and infection prevention and control.

Through our inspection we saw examples of relationships between staff and supported people that were warm and encouraging. Staff we spoke with were promoting of people being as independent as possible, as well as being active and engaged. One staff member said, "We are here for them [supported people]".

People should feel confident in their staff team, knowing who is coming to support them and when to expect them. The service had made improvements to the consistency of staffing. Work was still required to ensure that all staff were confident and skilled to help people to meet their full potential. One relative commented, "More training would be helpful for some staff to be more confident in planning and organising". Another commented that it was the same staff who were taking their loved one out and keeping them [the relative] updated. The service should consider ways in which it can continue to upskill its staff team to ensure people's experiences are consistently positive.

We saw examples of where refresher training for support staff, in the 'SSSC - Codes of Practice' and the 'Health and Social Care Standards: My Support, My Life' would be beneficial. We found examples of where information had been shared with relatives and supported people that was confidential. People told us they didn't always feel respected in their own homes: "They talk over me during personal care", "They think I can't hear them talking but I can" and "They speak amongst themselves". We have made an area for improvement to promote improved practice in this area. **See area for improvement 1.**

People should benefit from maintaining and developing their interests and what matters to them. We saw people being encouraged to be active and involved in their daily living, where this was achievable. Goals had been set for people, some achieved, and others planned. We saw where social relationships and connections had been promoted and supported. Community outings and participation in daily living, such as food shopping was a regular part of people's routines. Keyworkers and key staff members were evidenced taking the lead in planning, organising, facilitating people's meaningful events, and communicating with relatives. To ensure that this support is consistent and sustained across the persons whole support team, the service should develop all support staff to enhance their skills in these areas. This would help to sustain positive health and wellbeing outcomes for people.

People's health and wellbeing should benefit from their care and support. Care notes indicated that people were regularly attending scheduled health appointments and supported to have input from health professionals, where this was required. We saw examples of where the service was encouraging people to develop independent living skills. For example, ordering their own repeat medications and taking their own medication, with some prompting. Care and attention had been given to supporting people with good postural support and skin integrity. One relative told us, "He is the best he has been in a while".

Where there had been concerns about people's weight, the service had taken steps to create a more balanced, healthy and or calorific menu plan and were batch cooking fresh meals. Food and fluid diaries were in place for those where this was required. Daily care notes were detailed and informative. Improvement could be made to how support staff hand over essential care information. Area for improvement in section 'How well is our care and support planned?' applies.

People should benefit from a robust medication management system that adheres to good practice guidance. Our sample of people's medication found errors in stock control, stock rotation and medication auditing. We found medications within people's storage pods that were out of date, no longer in use or being used without the required prescription. The service was responsive to issues raised at the time of inspection and actions taken to reduce any immediate risks. We further gave advice to the service on the best practice guidance on handling of controlled drugs within peoples own homes. This included keeping a regular running balance to ensure any irregularities are identified as quickly as possible. A requirement has been made to allow the service to evidence practice that is safe and in line with the good practice guidance. **See requirement 1.**

We reviewed infection prevention and control (IPC) practice within the service. We saw that staff had received the relevant IPC training. Staff told us they had good access to personal protective equipment (PPE). Where observations of staff practice had been carried out, safe IPC and use of PPE was captured.

Where support staff are assisting people to maintain a clean and safe environment, good practice guidance should be promoted. We saw some examples of soiled mattress covers and bedding. Lack of attention was given to thorough cleaning of commode and shower chairs. The service should review its procedures and audit systems to ensure that people feel confident in the services IPC practices'. **Area for improvement 2 applies.**

Requirements

1. By 29 September 2025, the provider must protect the health and welfare of those who use the service. You must ensure people experience safe, competent and effective support with medication. In order to achieve this, you must at a minimum:

- a) ensure that all medication is administered in accordance with the prescription instructions
- b) ensure suitably detailed protocols are in place and accessible, to inform the administration of medication that is prescribed on an 'as required basis's'
- c) maintain good oversight of medication stock
- d) ensure practice is in line with best practice guidance in the handling of controlled drugs,
- e) ensure that there is sufficient and effective audit process for medication management.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4(1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

Areas for improvement

1. The provider should ensure support staff have access to and implement in their working practices', the principles and expectations set out in the SSSC Codes of Practice and the Health and Social Care Standards. This is to ensure that people experience respectful care provided by trusted, skilled and confident workforce.

This is 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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. The provider should promote safe infection prevention and control standards. This includes supporting people to experience care in an environment that is safe, clean, tidy, and well maintained.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our leadership?

4 - Good

We found that the service was performing at a good level in this key area. There were a number of strengths that outweighed areas for improvements.

It is essential that leaders have the skills, capacity, and systems in place to drive improvement. We found the service continued to enhance its quality assurance, management, and leadership. Staff told us, "[The manager] has improved the service" and that the leadership team overall were approachable, supportive, and addressed issues promptly.

We saw comprehensive auditing and monitoring systems in place, this included medication management, management of people's finances, environmental checks, and observations of practice. This was further supported by monthly oversight from senior managers to monitor compliance. A service improvement plan was in place that detailed areas for improvements identified from audits. It was clear that this system was driving improvement, for example introducing a clearer format for carrying out finance audits with supported people. The service should consider how it delegates the driving of, without delay, and monitoring of, improvements, across its leadership team. **Area for improvement 1 applies.**

Although we identified some areas that required immediate improvement (detailed in section 'how well do we support people's wellbeing?') that had not been captured within the relevant quality assurance system, the service was responsive and pro-active to the issues raised and action plans implemented. Recent changes within the leadership team were attributed to some of the gaps.

A previous area for improvement was made to promote people's views, suggestions, and choices being gathered on a regular basis. We saw some evidence of this, and attempts had been made to gather feedback. The service was aware of the need to find other ways to capture feedback to monitor people's experiences. This is important as it ensures that people's views and experiences are central to change. This area for improvement still applies. See section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report. **Area for improvement 1 applies.**

Areas for improvement

1. The provider should ensure robust quality assurance processes are maintained. Where areas for improvement are identified through quality assurance and audit processes, these should be actioned without delay. This should include but not be limited to, medication stock control and infection prevention and control.

This is to ensure that care and support is consistent with 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).

How good is our staff team?

4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvements.

It is important that staff have the right competence, and practice supports to support improving outcomes for people. Staff told us the "atmosphere" among the staff team was much better and that working relationships were positive. One commented that, "Staff in the main are more positive".

Team meeting minutes evidenced being positive, forums to update the staff team on any changes, ask for feedback and promoted best practice. The staff team had regular access to supervision and observations of practice. One staff member commented that a team leader had "watched my work and I got positive feedback". Supervision records we sampled showed these were supportive forums, focussing on wellbeing and development.

Our review of training records detailed the mandatory and essential clinical training that was required for staff. We found that this was mostly up to date. Where training compliance had fallen below the expected level, this had been addressed with the specific staff members. We found good oversight of people's training and development needs. Area for improvement in section 'How well do we support people's wellbeing?' applies and promotes care and support that is value based.

Overall, staffing levels and consistency of staffing had improved. We reviewed staff schedules and found that people were being supported by someone from their core care team four out of five days. The service was continuing to work on ensuring people have members of their core team on a consistent basis. Recruitment had been successful and was ongoing; the service had one full time vacancy yet to be filled. Use of agency support staff was still occasionally required. We could see that when used, these were regular to and familiar with the service. Although supported people told us staffing arrangements were better, at the time of our inspection, they reported that they would like more time with their allocated keyworkers. Staff also told us they would value re-commencing core team meetings to allow them to better co-ordinate care and support. This feedback was shared with the leadership team.

How well is our care and support planned?

4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvements.

Care plans and assessments should be used to plan and effectively deliver care and support. We saw some examples of care plans that were personalised and written by staff that knew them well. 'My daily support' plans in particular were very detailed and clearly captured people's routines and things that were important to them. We saw evidence of health professional inputs within plans and risk assessments. Monthly reviews of plans had been undertaken, and we found plans were up to date. We suggested the service review how it records people's prescribed medications within care plans, to ensure that this information is accurate.

Support plans are essential tools to support care staff to engage in meaningful interactions with people, support meeting of planned outcomes and manage risks. The service was in the early stages of creating shortened and easy read care plans to be kept in people's homes. It was suggested that these detail people's outcomes and contain as required medication protocols. This not only allows support staff, including newer and agency staff, easy access to essential information about people's care needs, but this also allows access to supported people and their relatives. An area for improvement is made. **See area for improvement 1.**

Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the provider should ensure that people and support staff, have easy access to up to date care plans and any relevant care records. This should include, but not be limited to daily care notes, handover records and as required medication protocols.

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 4.27) 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

In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. There should be a focus on the planning, recording and evaluation of activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) 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).

This area for improvement was made on 18 June 2024.

Action taken since then

We saw an increase in support for people to be active and engaged. This included socialising with peer groups and day trips. Goals had been set for people. The service should continue to monitor and review its success in supporting people to have meaningful days. Information recorded in section 'How well do we support people's wellbeing?' applies.

AREA FOR IMPROVEMENT IS MET.

Previous area for improvement 2

To support people's health and wellbeing, the service should ensure that medication is managed in line with the policy of the service. This should include accurate recording of medication that has been administered and that all medication is administered in accordance with the instructions.

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

This area for improvement was made on 18 June 2024.

Action taken since then

This area for improvement is replaced with a requirement in section 'How well do we support people's wellbeing?' section of this report.

NOT MET AND REPLACED WITH REQUIREMENT.

Previous area for improvement 3

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences.

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 give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 18 June 2024.

Action taken since then

The provider should consider how to continue to improve its practice here. Although we saw attempts had been made to gather formal feedback from people, relatives and staff, this had not always been successful. Consideration should be given to other ways in which to gather peoples feedback, to ensure people's views are central to improvement planning.

NOT 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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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