

Leonard Cheshire Disability - Wardieburn Street Care Home Service

Wardieburn Unit
4 Wardieburn Street East
Edinburgh
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Telephone: 01315 515 088

Type of inspection:
Unannounced

Completed on:
21 August 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 north 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 in the service.

About the inspection

This was a follow up inspection that took place on the 18 and 19 August 2025. The inspection assessed progress made in meeting requirements and areas for improvement made at the previous inspection in April 2025. This inspection was carried out by one inspector 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 five people experiencing support and one family member.
- Spoke with seven staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with one visiting professional.

Key messages

- There had been improvements in the recording of people's health and care provision.
- Not everyone's care had been reviewed in line with statutory requirements.
- Staff worked well together and the staff culture had improved.
- Staff spoke positively about a supportive and improvement focused leadership team.
- Management oversight had increased significantly.
- Recording of people's meaningful activities and progress towards their goals had improved.

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 good is our staff team?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

4 - Good

During this inspection, we assessed progress on a requirement made under this key question. A summary of the progress made is noted in this report within the section 'What the service has done to meet any requirements made at or since the last inspection.'

Due to the significant improvements made, we re-evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

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

Requirements

Requirement 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).

This requirement was made on 3 April 2025.

Action taken on previous requirement

While some people's personal plans had been reviewed, others had not had a review of their care and support within the statutory timescale of at least every six months.

Substantial work had taken place to upskill the staff team so that keyworkers had the skills needed to plan, carry out and record outcomes and goals agreed at a review. This work was ongoing. Where reviews had taken place, people and their families had been involved. People's plans were available to them and to staff in a paper format. However, not all these plans contained the most up to date information or the most recent review record.

Where people benefitted from having a positive behaviour support plan, these had been reviewed. Further work was planned with the staff team to ensure all staff had the knowledge and understanding needed to follow this guidance.

There had been significant improvements in the recording of people's daily and weekly care needs. Folders had been tidied, with unnecessary or duplicate information removed. This meant that it was much easier for

staff to know what information to complete, and when follow up action was required. Important information, such as people's food and fluid intake, was recorded well. There were some inconsistencies in recording in other areas which management were aware of and were addressing with staff.

We found that while there had been progress, this requirement was not met. We have agreed an extension until 01 December 2025.

Not met

Requirement 2

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).

This requirement was made on 3 April 2025.

Action taken on previous requirement

We evaluated that there had been significant improvement in management oversight. Regular spot checks and observations of practice were taking place, including outside usual office hours. Outcomes from quality assurance processes were recorded and linked to training and development for staff. Appropriate action had been taken when there were concerns about staff practice. Regular flash meetings, alongside daily handovers, were taking place. Staff were being supported to develop additional skills. Staff we spoke with said that leaders were visible, approachable, and supportive.

Induction processes had strengthened with processes that supported staff to develop the skills, values and knowledge needed to provide good quality care. Training on professional boundaries had taken place. Staff reported an improvement in the culture in the service, with high expectations and a supportive leadership team. Staff were observed to work well together and people benefitted from a calm and cohesive environment.

Met - within timescales

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

This area for improvement was made on 3 April 2025.

Action taken since then

Medication processes had been strengthened with regular audits of staff practice, high compliance with training, team discussions, direct observations, and supervision contributing to staff development. This was an ongoing process due to the induction of new staff. There were some inconsistencies in the recording of topical medication that the management were aware of and had addressed.

This area for improvement has been met.

Previous area for improvement 2

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).

This area for improvement was made on 3 April 2025.

Action taken since then

The service was at an early stage of reviewing everyone's goals and personal outcomes. New systems had been introduced to improve how people were supported to set and review their goals. There was evidence that people were progressing in the goals they had set.

People were supported to plan their social activities for the next week. We observed that people were taking part in a wide variety of activities of their choosing and benefitted from fun and meaningful connections. The service kept a record of how people were spending their time that was accessible to people and families. Further work with the staff team was ongoing to improve recording of progress made towards people's goals when they were at home, as well as when they were out in the community.

It was evident that a significant amount of support has been provided to staff to develop skills and confidence in planning, recording, and reviewing people's care. From a position of having no responsibility for reviews, staff reported feeling more confident. Many staff told us that they pleased to have the opportunity to develop their skills.

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 good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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