

Hepburn Court, West Lodge Care Home Service

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Type of inspection:
Unannounced

Completed on:
12 November 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2003037897

About the service

Hepburn Court, West Lodge is contained within the Glamis House complex. It is a residential service offering 24 hour care for up to 12 people with a physical and/or sensory disability or a learning disability. The provider is Leonard Cheshire Disability.

Hepburn Court, West Lodge are two well-appointed, purpose-built premises with their own entrance points and there is opportunity for staff and residents to meet with others, if desired. Both houses are located in pleasant, landscaped grounds and gardens in a quiet, residential area with shops and links to public transport nearby.

Accommodation is provided in spacious single rooms with en-suite facilities, including a shower. Suitable equipment to assist with moving and handling is installed. There is a spacious sitting/dining room with access to a patio and sheltered grounds. The houses have their own small kitchen area, sluice and laundry. Each house has a spacious communal bathroom and toilet.

About the inspection

This was an unannounced inspection which took place on 4 and 5 November 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 seven people using the service and two of their representatives. A further two relatives shared their views with us via a customer service questionnaire.
- spoke with nine staff and management. A further five staff shared their views with us via a customer service questionnaire.
- observed practice and daily life.
- reviewed documents.
- two visiting professionals shared their views with us via a customer service questionnaire.

Key messages

We saw people benefitted from compassionate care and support.

Medication management had improved and was observed to be safely monitored and administered.

Leaders of the service were well thought of and considered to be approachable.

Changes to staff deployment had been well received and appeared to have a positive impact on staff and supported people's wellbeing.

Support plans were detailed and kept up to date.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	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?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement. The strengths have a positive impact on people's experiences and outcomes.

Care and support should be based on relevant evidence, guidance, good practice, and standards. We found that comprehensive and clear plans were in place to direct people's health care needs. These included person specific nutritional guidance, postural management, and pressure care. We saw a range of specialist health care professionals were involved to direct best practice care for people. One visiting professional told us that the service was "open and honest" and knew people's needs well. Another health professional told us that they felt that sharing of information following multi-disciplinary meetings could improve. We saw that the service had improved handover records by adding greater detail, which enhanced staff communication and supported progress in this area.

We made a requirement at our previous inspection, that included how safely the service managed people's medication. We found that improvement had been made in this area, and this requirement is now met. Please see 'What the service has done to meet any requirements we made at or since our last inspection' section of this report for details. The service had in place a robust medication management process that included daily checks of administration and medication stock levels. Protocols were in place, and guidance within the protocols was detailed. When multiple plans are in place for the use of different medications to treat the same symptom (for example pain), it should be clear which treatment to use first and the escalation process detailed. Staff we spoke with were confident in what treatment was required when, however this level of detail was missing in the protocols. An area for improvement is made. See area for improvement 1. Overall, we were assured that the systems in place benefitted people's health and wellbeing needs.

The service at Hepburn Court and West Lodge, demonstrated a strong ethos for personalised care and support. The staff team were motivated to support people to get the best out of life, one staff member told us, "It's up to us to have initiative and imagination" when talking about supporting the people to be active and engaged. People's choice was promoted, and daily routines were flexible. Regular group events were facilitated, for example BBQs, birthday parties, pamper evenings and games nights. One supported person spoke excitedly about the recent Halloween party and decorations were still visible around the service. Allocated keyworkers took time to support people, 1:1, in the community on a regular basis. Some people living in the service accessed the local community independently; this was encouraged and celebrated by the service. People benefitted from these opportunities.

We encouraged the service to enhance how they support people to have meaningful days, achieve their goals, and reach their full potential. We found that where some goals for people had been identified, these had not been achieved within the agreed timescales. We saw some missed opportunities for people to regularly participate in daily living tasks, such as meal planning and preparation. We received feedback from people and their relatives stating that "Getting out and about more" would be welcomed and would impact positively on wellbeing. The service should review its approach to helping people to plan and achieve doing things that promote meaningful days. Area for improvement 2 applies.

Areas for improvement

1. To support people's health and wellbeing the service should ensure that 'as required' medication protocols provide clear administration guidance and take account of any other treatments that may be in place to manage the symptoms being experienced.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS), which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To support people to have full and meaningful lives, the provider should ensure that where people have identified outcomes and goals, that these are planned, recorded and evaluated on a regular basis.

This is to ensure that care and support is consistent with 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 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement. The strengths in leadership and quality assurance had a positive impact on people's experiences and outcomes.

Robust quality assurance ensures standards of good practice are adhered to and drives change and improvement. We saw that the service had a comprehensive range of audits and assurance checks in place. These were being completed consistently and involved various members of the team, including support staff, team leaders, and provider wide quality assurance teams. We saw some clear links between the information recorded within audits and the service improvement plan. The service should continue to develop how it 'closes the loop' when identifying an area for improvement to ensure that the actions required to drive improvement are clear and complete. We saw that the leaders at all levels of the service demonstrated an understanding of their role in monitoring practice and supporting improvement. This helps to ensure that improvement planning is responsive.

We saw efforts had been made to gather the experiences and voices of people as part of these audits; however, this was not always consistent or clearly recorded. The service evidenced effective use of six-monthly reviews to gather the experiences of people and their relatives. Consistent measuring of people's experiences through regular assurance checks would ensure that people's voices are the drivers for change. The service could also develop how it shares service improvements with supported people and wider stakeholders. This keeps people well informed about their service, how their voices and experiences have been heard, and how they drive continuous improvement. See area for improvement 1.

Support staff told us that leaders of the service were approachable and supportive. Comments from staff included, "Really impressed by the way they handled it" and "Can't praise them enough." Leaders of the service demonstrated a culture of improvement and welcomed feedback to drive positive change. Visiting professionals told us the leaders operated an open-door policy and were "extremely well informed" about people's needs. We saw evidence that complaints had been well managed by the provider and opportunities were given for the people involved to share their experiences.

Requirements

1. To support a culture of responsive and continuous improvement, 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. Service improvement plans and developments should be shared with people and their representatives in ways that are meaningful and encourages participation.

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) and 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

How good is our staff team?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement. The strengths have a positive impact on people's experiences and outcomes.

The skill mix, deployment and number of staff should meet the needs of the people living in the service. We found that staff were readily available to meet people's needs and worked well together as a team. People were supported by staff who generally knew them well and, in some cases, had longstanding, positive relationships with them. One person said, "They're all great, I get on well with them all." Staff had time to engage in meaningful conversations and interactions with people, which promoted a positive and warm environment. Whilst all staff engaged with people, each individual had a dedicated key worker who provided extra support. People were able to plan their day and week with this key worker. Improvements around outcomes and goal setting, detailed in section 'How well do we support people's wellbeing?' would further enhance how staff support people to reach their full potential.

Staff worked flexibly to meet people's needs. A recent staffing change meant that staff worked across all areas of the service. Staff told us that this change had promoted better distribution of workload, enhanced teamworking and allowed more opportunities for staff support and development. Feedback from staff, service users and their relatives was positive regarding this change.

Staff supervision was regular and comprehensive. When staff were new to the service they were supported by monthly 1:1 sessions, which focused on their learning and development needs and encouraged reflective practice. Newer staff appeared to be well supported during a five-day induction period. Staff were present in a 'shadow' role initially, until they became confident within the service. One staff member told us that joining the team at Leonard Cheshire had been a "breath of fresh air." A number of competency checks were being undertaken before staff could perform certain tasks. This gave reassurance that staff skills and abilities were being well considered during their initial employment.

Observations of practice were also used to identify strengths and areas which required further guidance. People using the service were encouraged to give feedback about their experience during these observations. This meant that people were actively involved in ensuring that staff understood their individual needs and wishes.

Staff training had recently moved to a new online platform. This provided an easy oversight of overall staff training, including overdue courses and levels of completion. Training completion was at a good level for most staff. The team leader was aware of a small number of issues with incomplete training and was addressing these with individuals. Staff were able to add to their mandatory and suggested training with additional courses to increase their knowledge. Courses could also be added in response to training needs identified during supervisions or observations of practice. This gave confidence that staff were well trained and that there was a strong oversight, which would identify any issues or concerns.

How good is our setting?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement. The facilities and environment have a positive impact on people's experiences and outcomes.

The service benefit from an open plan communal kitchen, diner and living spaces. This was observed to be homely and comfortable. Attention had been given to ensuring people's private spaces were personalised. Rooms were spacious and adapted to allow for moving and handling equipment, where required. Although some people told us that the environment could be "quite loud at times" and overstimulating, they appreciated having the option to choose between private and communal spaces.

We saw good cleaning and housekeeping standards were in place across the service. This included regular cleaning of mattresses and care equipment. Some minor attention to detail around cleaning the undersides of showering and toileting equipment would help prevent the build-up of mould. We provided this feedback to the service during the inspection. Overall, we observed that the infection prevention control measures being used were in line with best practice. This keeps people safe from the spread of infection. Clear and planned arrangements were in place for regular monitoring and maintenance of the premises and equipment.

The service had recently replaced some soft furnishings, involving people in choosing the new items. Other soft furnishings and fittings had also been identified for replacement, and we saw that plans were in place to carry this out. We noted some redecoration was required in communal areas, with evidence of wear and tear. We discussed this with the manager at the time of the inspection. Overall, people's wellbeing benefitted from good quality facilities at West Lodge and Hepburn Court.

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where there were a number of important strengths which clearly outweigh areas for improvement. The strengths have a positive impact on people's experiences and outcomes.

Assessments and personal plans should reflect people's outcomes and wishes. We reviewed plans that were clearly individualised. We saw good detail around people's daily needs and preferences. Condensed plans had also been developed and were easily accessible to support staff and agency staff. We could see that efforts had been made to ensure that updates to people's plans were done without delay, in response to any changes. This helps to deliver care and support effectively.

Throughout the plans we reviewed we saw consistent evidence of people and their relatives being involved in the planning and reviewing processes. Consent forms had been signed by the relevant people, and any legal decision-making arrangements were clearly recorded. This evidenced meaningful involvement. Best practice guidance was in place within people's individual plans, along with relevant professional advice. For example, photographic postural management guidance, distress support plans, and epilepsy protocols. We were assured that the relevant professional input was in place and guided practice that met people's needs.

Personal plans should reflect people's wishes and aspirations. Plans were clearly written by staff that knew people well. People's strengths and abilities were at the forefront. We found that when people had identified a goal or expressed a wish to achieve something, there was no clear plan or structured approach outlining how this could be achieved. We saw how this had resulted in some people's goals being unmet, for example a trip to a local football game. The service should consider how to support people with SMART (specific, measurable, achievable, relevant, and time-bound) goals. Area for improvement in section 'How well do we support people's wellbeing?' applies. This helps to maximise people's potential.

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

Requirements

Requirement 1

By 19 May 2025, to ensure a culture of responsive and continuous improvement which meets the health, safety and wellbeing needs of supported people, the provider must develop a dynamic service improvement plan which is reflective of self-evaluation and outcomes of quality assurance processes.

These processes must include, at a minimum:

Planned and regular audits in medication stock control and Medication administration records (MAR).

Audits of care planning and care records

Regular, formal reviews of peoples care needs and experiences

Feedback from supported people, stakeholders and external agencies

Observations of staff practice and people's experiences of care.

Robust oversight of agency induction to the service.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) 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:

'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).

This requirement was made on 24 February 2025.

Action taken on previous requirement

We saw that work had been undertaken to make improvements across all of these areas. Medication management and oversight was regular and robust. The systems that were now in place gave us confidence of safe medication management.

Overall, quality assurance measures had impacted positively on the progress and improvements made within the service. The audits being carried out were successful in identifying strengths and areas for improvement. The leaders of the service evidenced having a positive approach to improving planning and driving change.

We saw that care reviews had been undertaken for most supported people. Ones that were outstanding were planned for the near future. We saw that these had been positive platforms for people and relatives to give feedback on their experiences of care and support.

Overall, the management of agency staff had significantly improved and supported safe practice and better experiences for people.

Although we saw evidence of feedback from people and stakeholders being gathered, this could be stronger. The service should review how it gathers feedback as an ongoing and regular system to support ongoing quality assurance. Details in section 'How good is our leadership?' apply.

Met - outwith 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

In order that people experience good outcomes and quality of life, the provider should ensure:

- a) people are supported to spend their time in ways that are meaningful and meet their outcomes;
- b) people are supported to be as independent as possible, in line with their wishes and outcomes, enhancing daily living skills.

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 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21).

This area for improvement was made on 19 June 2023.

Action taken since then

Although we saw people being supported to engage in regular 1:1 day out and some planned events, further work is required around goal setting, planning and achieving. This would help to ensure that the support given, helps people to get the most out of life.

This area for improvement is no longer in place and has been incorporated into a new area for improvement detailed in section 'How well do we support people's wellbeing?'.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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