Leonard Cheshire Services (Scotland) - Glasgow
Housing Support Service

Cheshire Homes
4 Wardieburn Street East
Edinburgh
EH5 1DQ

Telephone: 07591382576

Type of inspection:
Unannounced

Completed on:
4 November 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2004075575

About the service

Leonard Cheshire (Scotland) - Glasgow provides a combined housing support and care at home service for adults with learning disabilities and physical disabilities living in their own home. Care and support is provided 24 hours a day.

The service offers support to people living in four locations in Glasgow. There is one site in Partick, one in Castlemilk and two in the Parkhead area of the city. We visited all four locations during our inspection.

At the time of inspection there were 20 individuals receiving care and support from the service.

About the inspection

This was an unannounced inspection which took place on 29, 30 and 31 October and 3 November 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

Feedback was provided to the management team on 4 November 2025.

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:

- met or spoke with 10 people using the service
- spoke with six family representatives
- spoke with 12 staff and management
- spoke with one external professional
- reviewed documents.

Key messages

- Staff and management were very person-centred and took a thoughtful and considered approach to people's care and support.
- People were supported to achieve very good outcomes and life experiences
- People's health and emotional needs were well met by a consistent and cohesive team.
- Management were accessible and responsive to both families and the staff team.
- The service's quality assurance processes drove a culture of continuous improvement.

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?	5 - Very Good
How good is our leadership?	5 - Very 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? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People should expect to be supported by staff who know them well. We observed warm interactions between staff and people. There was a lot of banter and laughter. One family member told us, "It's great to listen to the patter". This indicated a depth of personal relationship between people and staff. The fact that people made staff laugh also had a positive effect on their wellbeing. People felt valued.

People had confidence in the staff team. We asked people what they would change about where they lived. Only one person wanted to change anything. They said they'd like to move to a home with a garden. Asked what would happen about the staff here, they said, 'I'd take them with me.' Everybody we spoke to who was able to respond either verbally or by gesture said they liked the staff. A family member also told us that when their loved one visited them and it was time to return to their home, they put their coat on right away. For the family that meant they could confidently say the person was, "Very happy there". People felt safe and comfortable in their own home.

We saw staff sensitively and gently interact very closely with people who needed support to eat. Staff sat facing the person so that they could clearly see any facial expressions and the person could see them too. This enabled communication and meant that the person was able to enjoy their meal at the pace that suited them. A family member told us that their loved one, "Has come on great. They're much more flexible, eating more things. They look after them great". One member of staff told us about assessing situations and possible triggers for a person's anxiety so that they could take actions to minimise the person feeling anxious or distressed. This information was also accessible within the person's personal plan. Interactions were very person-centred, thoughtful and considered, and based upon people's individual needs and preferences.

The registered service operates across a number of locations. In each of these, people's bedrooms were individualised, sometimes highly so. One family member told us, "They have a good life there. The house is lovely. They have a lovely room". Each location also had a unique atmosphere. Whilst it was positive to enter a house where the sound of laughter was immediately heard, it was equally positive to experience the calm and quiet environment in another house that suited the needs of the people living there. The service was person-centred and sensitive in meeting people's individual needs.

People were supported in a wide range of meaningful activities. A family member told us that, "All staff and the manager are willing to try new things and help them [their loved one] to get out and about. They go to clubs, socialise. Staff have created more positives in their life". We heard examples of people being supported to attend weddings, to go on holidays abroad and in the UK, to go on day trips, to go bowling and cycling, and celebrating special occasions with friends and family. One person was supported every weekend to both home and away football matches of their favourite team. Family told us they had only missed one match due to bad weather. Photographs showed people enjoying activities like eating out or shopping in the supermarket. People were able to participate in a range of activities of their choice, promoting a sense of empowerment and wellbeing.

Personal plans recorded information about contact with health professionals and any outcomes of appointments to ensure appropriate follow up could take place. People were supported to attend appointments with different health professionals and also to attend regular health check-ups. The service worked together with external teams such as the learning disability team and accessed occupational therapy and speech and language therapy services where needed. Staff had received training in specific health conditions to keep people safe. They were able to explain people's diets and the importance of a textured diet for some individuals. Monitoring of nutrition and fluids also helped to maintain individual's health. Medication records we looked at were fully completed. Protocols for 'as required medication' had been written with clear and concise guidelines to ensure a safe and appropriate outcome for people. People's health needs were being well met so that they could remain as healthy and active as possible.

How good is our leadership? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had implemented a quality assurance system, elements of which were carried out by team leaders, the service manager and operations manager. These elements combined to contribute identified areas for improvement or lessons learned into a service improvement plan for each separate location. Regular monitoring and reporting meant that people could be confident areas for improvement would be quickly identified and acted on, resulting in improvements in their care and support.

The service improvement plan was regularly updated. It was an active, working document with a manageable number of improvements to be actioned under the broad headings of care and support, management, the environment, and staffing. It was informed by audit processes and organisational priorities, however it would benefit from input from consultations with people using the service, staff and family members. This had been identified as an action point in progress. Any information gathered from questionnaires or raised through reviews, team meetings or other media should be collated and analysed to inform future improvement plans.

There was a detailed audit system in place. This meant management had oversight of the service and highlight any improvements for inclusion in the service's improvement plan. Action points to be included in the plan were made explicit within the audit. We saw examples where suggestions for improvements had translated into action, for example improved recording of activities so that people could be assured that their choices, whether expressed verbally or not, would influence future support. This had resulted in activity records where a person's level of enjoyment of an activity, or their choosing not to participate, would be recorded. This helped to build a picture of their emerging needs or preferences. It meant that people could be confident the service would strive to find out what they wished to do and support them to do this, promoting personal choice.

Family members spoke very favourably about communication: "The manager always makes time for me on the phone or to meet," one said, adding, "We feel very listened to. It is support for me as well as [family member]". Another said, "I can lift the phone if I have any concerns, and it works that way with them too. Communication is very good." People were assured those important to them were actively involved in their day to day life. It meant that those who knew them well could inform and contribute to their care and support, leading to better outcomes.

Team meetings and staff support and supervisions were taking place regularly. Items discussed at both reflected a focus on people's care and support through discussion of practice, policies and procedures. Staff spoke positively about their experience of both team meetings and supervision. "Support and supervision helps me grow," one member of staff told us, "I can discuss progress and get feedback." "At team meetings you can say what's on your mind," another said. This meant that support and supervision and team meetings were drivers for improvement in people's care and support. By striving for best practice and consistency, people could be confident that staff worked to help them achieve the outcomes they wished.

Staff and family both noted what they thought had been improvements in management. One family member said, "There have been changes in staff over time but in my eyes that has been positive. The new management and the staff that are there have got together and it is a good team." Staff spoke about supportive colleagues and management. Management were accessible and responsive: "I can speak to them any time" was one comment. Another member of staff told us, "[Management] 100% acted on any concerns." Where there had been issues between staff, these had been identified and addressed. One staff member said that they had felt much happier over the last year and commented on a more stable team. Effective teamworking meant that people were supported by a motivated team providing a consistency of support they could depend upon.

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

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

Personal plans were respectfully written and contained sufficient information to enable staff to know people well. They took a strengths based approach to encourage people's independence. Plans were regularly reviewed and updated. A "Hospital Passport" section provided information in an accessible format to enable a person to be supported safely by those who were not immediately familiar with their needs and preferences. This meant that people could be confident that they would be supported safely and effectively, according to their wishes

The permissions section of the plan was very person-centred in laying out the people in a person's life whom the service could contact without permission and those where permission should be sought. The "My Support Plan Summary" highlighted areas where the service was to provide support such as enabling decision-making, budgeting, or seeking employment or volunteering opportunities. Equally, the "My Health and Personal Care Summary" section highlighted support a person needed for personal care, medication or with specific health conditions. "My Goals" provided insightful person-centred details such as, "I am an affectionate man who enjoys the company of others. I will often reach out to hold my support staff's hands". The service also recorded how the person was made aware of the contents of their plan, which might be through a member of staff talking through it with them. Plans were highly person-centred, emphasised areas where a person required support and clearly established goals they wished to achieve.

Risk assessments were comprehensive, easy to read and contained the necessary and sufficient information to help keep people safe. We suggested to management the inclusion of a risk assessment for one person with a specific health condition so that a safe system of support could be highlighted should it re-occur.

Reviews had taken place regularly. Family confirmed they were able to attend and meaningfully contribute. Links from one review to the next were not always clearly established. Within one review we found the goal of swimming had been identified and included, having been taken from the - very useful - monthly summaries undertaken by keyworkers. This had been included within the review discussions but had not then been transferred into the person's plan in the form of a goal. It would have been important for this to happen because the reviews had highlighted that they would have benefitted from undertaking more activities. The service should clearly establish links between reviews and links from reviews to personal plans. This would ensure that personal plans contain the most appropriate and up to date information for a person to have the care and support they wish.

We saw an example of a weekly calendar of activities for a person which management told us was reviewed on a weekly basis. This included the timing of support, helpful for staff planning. It also included a summary of a person's preferred places to visit, places to avoid, and meal choices. This meant that there was ready access for staff to information to support people's wishes and preferences.

The service used a variety of different ways to record what had happened during people's day. This included diaries, and two different proforma record sheets as well as an activity record sheet. Notes did not always give indicators of a person's mood, or enjoyment or otherwise of an activity. One proforma sheet included the option to note a person's mood and also to highlight any particular outcomes they wished to achieve which had been addressed that day. However, the outcomes section had not been used. This was a missed opportunity to link a person's review and established goals to daily activities. The service had recently introduced an activity record sheet. This had the aim of not just recording an activity in which a person had participated, and how much they had enjoyed it, but also to serve as a record of when they had not wanted to take part, and why that might be. This form of recording would help to build a picture of a person's wishes and preferences to inform future care and support. The service should continue to develop its format for daily notes to establish the best mechanism for capturing and acting upon people's needs, wishes and preferences.

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 ensure that people's care and support needs are appropriately met, managers should ensure that,
• everyone receives regular reviews of their support plan and at least within a six month timeframe
• reviews take place with the person's guardian, representative or an advocate present to fully represent their views
• review records provide space for family carers and others attending the meeting to sign showing their agreement and understanding of what was discussed.
This will ensure care and support is consistent with the Health and Social Care Standards which state: "I am fully involved in reviewing my personal plan, which is always available to me" (HSCS 2.17).

This area for improvement was made on 28 November 2019.

Action taken since then

Regular audit processes had been undertaken by management for each location in the service. These included the monitoring of reviews of people's support plans to ensure they had been taking place at regular intervals. Reviews had been taking place with the person and people important to them. We found through speaking to people and their family, and by reviewing people's personal plans, that regular reviews of care and support had been taking place within appropriate timeframes.

This area for improvement had 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.