

## Leonard Cheshire Disability - Pinewood Care Home Service

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Deans  
Livingston  
EH54 8DJ

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**Type of inspection:**  
Unannounced

**Completed on:**  
24 November 2025

**Service provided by:**  
Leonard Cheshire Disability

**Service provider number:**  
SP2003001547

**Service no:**  
CS2003010997

## About the service

Pinewood is a care home service provided by Leonard Cheshire Disability. The service is registered to support a maximum of seven people with learning disabilities, physical disabilities, and sensory impairment.

The home is located within a residential area of Livingston and is close to local amenities. The accommodation is bright and spacious, with landscaped gardens to the front and rear of the property. It is accessible on ground level and each bedroom has en suite facilities. People have use of a communal lounge and dining kitchen.

There were seven people living at Pinewood during the inspection.

## About the inspection

This was an unannounced inspection which took place on 18 and 19 November 2025. The 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, and spent time, with six people living at Pinewood
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

We also received care survey questionnaires prior to the inspection and feedback was taken into account as part of the inspection.

We received these from:

- six people who lived at Pinewood and received support from staff
- five family members of people who receive support from staff at Pinewood
- six staff.

## Key messages

- People experience kind and respectful support from a team of staff who knew them well.
- Family members were confident in the quality of management and staff, reported that that communication was good, and expressed trust in the service.
- Care planning was detailed and regularly reviewed. Assessment of risk would benefit from being more individualised.
- The service should put in place clearer guidance around the use of 'as required' medication and ensure that documentation of medication administration is clear and accurate.
- The home was thoughtfully designed to support and promote independence. Improvements were needed with ensuring maintenance was completed in a timely manner to facilitate good infection control.

## 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 setting?	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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People told us they were happy with the care and support they received. We observed that individuals were treated with dignity and respect. People spoke positively about their support, describing feelings of safety and comfort within the home, and expressed trust in the staff team. Family members of those living at Pinewood echoed these views, commenting, "I believe my [relative's] staff team are caring and have [their] best interests at heart" and "All staff appear friendly and treat my relative well".

People's health and wellbeing were prioritised. Although several new staff had recently joined the home, individuals continued to receive consistent care from a team who knew them well. When changes in health or wellbeing were identified, the service was appropriately seeking input from external professionals and adapting the care and support provided as needed. Family members felt involved and were trusting of the care and support provided to their loved ones. We heard, "Staff are helpful and responsive which I appreciate hugely", "I am hugely involved in [my relative's] care and support", and "The staff phone me when required".

Personal plans were in place to guide staff. These were individualised, outlining what support people required and how they wished their support to be provided. We encouraged the service to look at how they captured and reviewed residents' desired outcomes so that there was a clear purpose for staff.

Risks were being assessed and recorded alongside personal plans. We observed that the service was using a standardised approach to risk management, which made it difficult to fully assess individual risk levels. This included health recording charts for people who no longer required them. Although established staff demonstrated strong knowledge of individuals and the required documentation, there was a risk that newer or less familiar staff not having the correct information to provide safe and appropriate care. Although monthly audits and personal plan reviews were undertaken, changes were not consistently documented or reflected in individuals' personal plans. We assessed that the service should keep personal plans relevant and current, and that they detail risks unique to each individual. We have made an area for improvement (see area for improvement 1).

People were supported to eat well, with staff preparing meals that were nutritionally balanced. Mealtimes were sociable occasions, with most residents choosing sitting together and enjoying relaxed, friendly interactions. Everyone was involved in menu planning and personal preferences and choices were respected. The service also had plans to place greater emphasis on healthy eating, with the aim of encouraging people to learn about and try new foods. This was helping support physical health and wellbeing.

People were supported to be occupied. People had opportunities for activities out of the home and activities organised to celebrate seasonal events. During the inspection, we observed people enjoying outings and spending time with their families. Some families and staff expressed a desire for more activities away from the home. We also noted that activities could be spontaneous rather than planned, with some missed opportunities for activity within the home. The management team acknowledged this, recognising that some staff were more confident than others in initiating activities. They agreed to explore ways of encouraging a team approach to supporting activities.

Staff were supporting people to take medication. Regular audits were undertaken to identify and address any discrepancies. However, recording practices for occasions when medication was not administered should be improved. There were guidelines and protocols in place for all 'as required' medications, however these should be reviewed to ensure they are personalised, up to date, and provide clear direction for staff. We have made an area for improvement and will monitor progress at the next inspection (see area for improvement 2).

### Areas for improvement

1. To ensure people receive good support, the service should ensure that personal plans are updated when there are changes to people's support and that risk assessments are individualised and relevant to the person.

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).

2. To ensure people receive the safe support with medication, the provider should ensure that medication administration is accurately recorded with individualised and clear guidance in place around the use of 'as required' medication.

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).

### How good is our setting?

#### 4 - Good

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

People benefitted from an environment that was bright, airy, and spacious. The building was thoughtfully designed to be fully accessible, supporting and promoting independence. The gardens were well maintained and inviting. All bedrooms had en suite facilities, with integrated equipment available to assist mobility, where required. There was ample space throughout the home, allowing people to move around comfortably, both independently and with support. People told us that they were happy with the setting.

People benefitted from having a variety of spaces in which to spend their time. A communal lounge and dining kitchen provided opportunities to socialise or enjoy time alone, depending on individual preference. Each person had their bedroom furnished and decorated to reflect their personal taste with their own belongings. People took pride in their rooms and valued the privacy they offered. Bedrooms provided a safe, comfortable, and private space for individuals to spend time as they wished.

The home was well maintained, with regular maintenance and health and safety checks being carried out. The management team were quick to raise repairs and maintenance requests. Since the last inspection, people had been enjoying the new dining kitchen. However, we observed that the communal toilet and bathroom required attention, as some fixtures, fittings, and surfaces were not watertight and storage of products and supplies and cleaning in hard-to-reach areas was not adequate. This presented a risk of poor infection control. We raised this with the manager who took immediate action to arrange deep cleaning and request necessary repairs. We have made an area for improvement (see area for improvement 1).

## Areas for improvement

1.

To improve the setting, the provider should ensure that maintenance is carried out to enable good standards of cleaning.

This should include, but is not limited to, ensuring there is effective auditing of the environment and timely maintenance completed.

This is 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).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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