

# Leonard Cheshire Disability - Stenhouse - Supported Living Housing Support Service

73 Stenhouse Place West  
Edinburgh  
EH11 3LB

Telephone: 01314 431 839

**Type of inspection:**  
Unannounced

**Completed on:**  
15 December 2025

**Service provided by:**  
Leonard Cheshire Disability

**Service provider number:**  
SP2003001547

**Service no:**  
CS2008190885

## About the service

Leonard Cheshire Disability Stenhouse is a supported living service registered to provide a housing support and care at home service for adults with physical and sensory disabilities in their own home and in the community.

Accommodation is in the Stenhouse area of Edinburgh. Each person has their own bedroom, and shares kitchen, bathing, lounge, and dining facilities with other people experiencing support. People receive a mix of one to one and shared support based on their assessed need. Staff are on site 24 hours, with sleepover and waking night staff providing support during the night.

At the time of inspection, eight people were experiencing support in the service.

## About the inspection

This was an unannounced inspection which took place on 10 and 11 December 2025. This was a follow up inspection to evaluate progress on three requirements and one area for improvement made at the previous inspection in July 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 five people using the service and two relatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- considered feedback received from one visiting professional.

## Key messages

- There had been changes at a leadership level which had impacted progress.
- Personal plans and daily recording had improved.
- Quality assurance processes were beginning to be introduced.
- Most reviews were up to date but required more detail.
- Requirements for improvement were not met, and we agreed an extended timescale.

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

## Requirements

### Requirement 1

By 1st December 2025, the provider must ensure that people experiencing support have an up-to-date care and support plan that accurately reflects all their health and wellbeing needs. All documentation must give detailed and up to date information about how people are to be supported. Accurate records, including health monitoring charts and daily notes, must be kept to demonstrate how this support is provided.

This is in order 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 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); 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 requirement was made on 2 July 2025.**

### Action taken on previous requirement

Support plans were person-centred and better organised, however further updates were required to ensure all plans were comprehensive and contained the most up to date information. Whilst daily recording of people's support had improved, further progress was needed to ensure all records kept were consistent and clear. The new interim manager had begun to introduce new documentation to better capture the social support people received and the impact of this. The staff team required time to familiarise themselves with the new paperwork being introduced.

While there had been improvements, this requirement was not met. We were assured that the provider was committed to continuing the progress made. We have agreed an extension to 16 February 2026.

**Not met**

## Requirement 2

By 1st December 2025, the provider must ensure that the service is operating effectively and that robust quality assurance and improvement processes are in place. To do this, the provider must, as a minimum:

- a) Develop and implement regular, robust quality assurance audits and processes. This should include regular observations of staff practice.
- b) Seek and collate feedback from people experiencing support, their families and staff, and demonstrate any learning or improvements made as a result.
- c) Analyse findings from quality assurance processes to establish areas for improvement.
- d) Prioritise and action improvements identified.
- e) Keep records to evidence actions taken.

This is in order to comply with regulations 3 and 4(1)(a) 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 Standard (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 2 July 2025.**

### Action taken on previous requirement

Quality assurance processes had begun to be implemented, including observations of staff practice and other expected audits. Feedback from people experiencing care, their families, and staff had begun to be gathered. Systems were in place to ensure that identified improvements were recorded. Further progress was needed to evidence that quality assurance systems were robust and would be carried out consistently, with identified improvements actioned.

This requirement was not met within the timescales set. We were assured that the leadership team were committed to building on improvements that have been started. We have agreed an extension to 16 February 2026.

**Not met**

**Requirement 3**

By 1st December 2025, the provider must ensure that people's care and support is regularly reviewed. To do this, the provider must ensure that, at a minimum:

- a) People benefit from care plans that are regularly reviewed, evaluated and updated involving relevant professionals.
- b) Reviews take account of best practice and people's own individual preferences and wishes.
- c) Reviews take place at least six monthly, when requested or when needs change.
- d) Records are kept of the discussions and decisions made and any actions to be completed following the review.
- e) People and those important to them are involved in their review, and have a record of this in a format that is meaningful to them.

This is to comply with Regulation 5(2b) (Personal Plans) 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:

'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); and

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12)

**This requirement was made on 2 July 2025.**

**Action taken on previous requirement**

Most people's care and support had been reviewed within the last six months, and people experiencing support and those important to them had been involved in their review. Further improvements were needed to ensure that all areas important to people's health and wellbeing were reviewed. Work was also needed to improve recording of people's progress towards their goals, and any actions agreed.

This requirement was not met within the timescales set. We have agreed an extension to 16 February 2026.

**Not met**

## 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 promote people's wellbeing the provider should organise further positive behaviour training and ensure that all staff are consistently following the guidance in people's personal plans when supporting them.

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); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 1 October 2024.**

#### Action taken since then

Most staff had received some in-house training in positive behaviour support. Further training was booked for the remaining team in January 2026. Additional staff development was needed to support staff to follow individual positive behaviour support plans, and consistently complete documentation to inform the development of these plans.

This area for improvement is not met. Progress will be considered at the next inspection.

### 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).

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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