

# Cheshire House Day Service Support Service

Cheshire House  
Ness Walk  
Inverness  
IV3 5NE

Telephone: 01463 713 377

**Type of inspection:**  
Unannounced

**Completed on:**  
13 February 2026

**Service provided by:**  
Leonard Cheshire Disability

**Service provider number:**  
SP2003001547

**Service no:**  
CS2015336182

## About the service

The service is operated by Leonard Cheshire Disability Scotland, a charitable organisation. The service supports disabled people throughout the UK and around the world. This service provides a day care facility for adults with learning and/or a physical disability or sensory impairment.

The service is located within the premises of Cheshire House, a multi-purpose complex providing other registered care services including a residential care home and a combined housing support/care at home service. The facility is located in the centre of Inverness on the banks of the River Ness and provides very good access to local amenities.

The service is registered to operate Monday - Friday between 08:00 and 22:00, although it presently opens between 09:00 and 17:00.

People using the service prefer to be referred to as 'customers'. We will use this term of reference throughout the report.

## About the inspection

This was an unannounced inspection which took place between 10 and 13 February 2026. One inspector from the Care Inspectorate carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and customer and provider records.

In making our evaluations of the service we:

- spoke with all the customers present during the inspection and six of their relatives;
- considered returned questionnaires ;
- spoke with staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

There needed to be structured and planned improvements to ensure the service was well led and managed and customers' outcomes were being met.

Improvements were required in regard to safe medication procedures, leadership and management, environment and care planning and reviews.

Customers were happy attending the day service.

Staff were kind and caring when supporting customers.

## 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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff were kind and caring when supporting customers. A number of customers communicated non verbally. Guardians were reassured that staff knew their loved ones well enough to identify when there were changes to their health. They were confident that staff would contact them if there were changes to their loved ones' health. They felt that their loved ones were safe and well cared for when attending the service. Some of the comments from people we spoke with were:

"Most of the staff are really proactive and there is good communication if there are changes to my loved one's health."

"The staff who look after my loved one want her to be happy and they have her best interests at heart, they are very positive with her."

"Staff are very caring and they keep in touch if there is any change, my relative is safe here."

The provider's current medication policy was more relevant to a care home than a day care service. We were concerned that some aspects of medication were not being managed safely. The provider had been responsive to our feedback and put extra checks in place before the inspection was completed. However to ensure people are safe and getting the right medication at the right time further work is required in this area (see requirement 1).

We observed people participating in activities during the day. One of these was a good example. People were actively involved, enjoying and benefiting from the activity. Staff were responsive to people's needs and adapted the activity accordingly. The other activity lost people's interest and there was a lack of meaningful involvement. Some families and customers told us they were bored with some of the activities or the activity was not meaningful for their relative. The provider had recognised this and was working on how to make activities more meaningful. To ensure this remains a focus we will make an area for improvement (see area for improvement 1). Some of the comments from people we spoke with were:

"We used to do lots of things at the day centre but now it only seems to be walks and coffee, I'm very bored."

"My relative loves her music, she has varied activities and yes she is stimulated."

"My relative gets bored as he is not particularly interested in some of the activities. Sometimes with arts and craft I think the staff have made, rather than getting him to participate."

"The staff try to involve my relative and he enjoys doing walking and cooking."

## Requirements

1. By 11 May 2026, people must be getting the right medication at the right time.

The provider must ensure:

- a) relevant procedures are in place for the safe administration of medication;
- b) there is sufficient management oversight to ensure staff are following the procedures; and
- c) medication is consistently being administered safely.

This is in order to comply with: Regulation 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 Standards (HSCS) which states 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).

## Areas for improvement

1. People who experience care should have the opportunity to participate in activities that are meaningful to them. The provider should evaluate and review activities on a regular basis to ensure they remain meaningful and enjoyable for each person.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

## How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

There had been a number of new managers and staff. They had not received a robust and meaningful induction. This resulted in confusion and a lack of clarity regarding roles and responsibilities and poor management and leadership within the service. It had also impacted negatively on the quality of service being provided to customers (see requirement 1).

There was minimal evaluation of customers' experiences to ensure that they were supported to meet their outcomes. People did not feel involved in shaping the direction of the service. Changes happened as the result of crisis management rather than through effective quality assurance and self-evaluation. Some of the comments from people we spoke with were:

"We are not involved in service development or asked our views."

"There have been a number of changes of managers, we are not sure who to speak to, our complaints seem to get brushed under the carpet."

"The person in charge of day care gets pulled away to do other things, he does not have the capacity to make service improvements."

We were concerned the provider did not have sufficient capacity and skill to support the areas of improvement required to provide a safe and meaningful service to customers. The provider has identified how they will do this and the extra resources they will be bringing in to support and embed ongoing improvements. We will consider the success of this when we undertake our follow up inspection in regard to the requirements we have made.

To ensure people's needs are being met to a good standard, the provider should prioritise and action the points identified in their recent internal audit. For example care planning and reviews, medication and fire safety (see requirement 2).

The Care Inspectorate expects providers to notify them of certain events, for example accidents and incidents. This allows the Care Inspectorate to check providers are working within legal frameworks and following good practice guidance. This had not always been happening (see area for improvement 1).

## Requirements

1.  
By 11 May 2026, people must be attending a safe and well managed service.

The provider must ensure:

a) staff understand their roles and responsibilities, and are confident and competent when carrying these out.

This is in order to comply with section 8 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 states 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).

2. By 11 May 2026, people must experience high quality care in line with the areas for improvement identified in the provider's internal audit dated 22 January 2026. It would be good practice to include the findings from this inspection in the plan.

This is to comply with Regulation 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 Standards which states that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

### Areas for improvement

1. The provider should improve their practice of informing the Care Inspectorate of any notifiable events as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff were kind and caring when supporting customers. The majority of staff had undertaken "core" training to ensure they were competent and confident when supporting customers. Some staff had received supervision and the provider was working their way through this. Supervision gave staff the opportunity to reflect on their training needs and areas that could be improved on to meet customers' needs. Some of the comments from people we spoke with were:

"Yes I am confident all the staff have had the right training and know how to administer my relative's medication."

"The staff are very welcoming. They are amazing and friendly."

Staff did not have the opportunity to meet together to discuss what was working well and what could be improved on to enhance the customers' experience of the service. Methods for sharing information about changes to customers' needs were confusing and unstructured. There was a risk that staff were not getting the right information at the right time to support people consistently, safely and promote their well-being (see requirement 1). Some of the comments from people we spoke with were:

"We do not have the opportunity to meet together as a staff team, there is no time in the day to do this."

"There is not a formal method for passing on information, I would depend on one of my colleagues telling me during the day."

We were concerned that some staff had been working in the Cheshire House care home and the Cheshire House housing support (all in the same building) when there were shortages of staff. The majority of staff were not registered to do this. We advised the provider this practice should be stopped immediately and are confident they have done this. A possible way forward would be to dual register staff. This would allow them to work across all three services if there was sufficient training and oversight.

## Requirements

1. By 11 May 2026, people must be getting the right care at the right time.

The provider must ensure:

- a) there are structured opportunities for staff to pass on and discuss information about changes to customers' needs; and
- b) staff have the opportunity to evaluate customers' experiences of the service and how these can be enhanced.

This is in order to comply with Regulation 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 Standards (HSCS) which states 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 is consistent and stable because people work well together.' (HSCS 3.19)

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We had recently undertaken a complaints investigation into Cheshire House (Care Home). One aspect of the complaint related to the communal areas that were shared between the care home and the day care service. We were concerned they were not being cleaned to an acceptable standard. Following the complaint investigation we made a requirement which will be followed up after 28 February 2026.

Whilst the cleanliness of environment had improved, there were still some areas that required further attention. The provider was working on cleaning schedules for staff to follow to ensure a clean and well maintained environment.

We were concerned that the recommendations in a recent fire audit had not been progressed. This meant staff and people attending the day care service had not been included in fire evacuations. There was also a lack of fire training for staff. A possible consequence being if there was a fire, staff and customers would not have the right knowledge and confidence to evacuate the building safely. The provider has assured us they will make this a priority (see area for improvement 1).

We observed customers making good use of the environment that was available to them. They were relaxed and comfortable in the environment. Customers had the choice of quiet or communal areas. We observed a staff member supporting a customer to a quiet area, this helped them feel more at ease and less anxious in their environment.

### Areas for improvement

1. To keep people safe, the provider should implement all the recommendations in their fire assessment dated 15 January 2026.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My environment is safe and secure.' (HSCS 5.17); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

### How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Customers who experience care should receive support that reflects their needs, wishes, and choices. Support plans must be reviewed regularly and updated promptly when a customer's needs change.

The standard of support planning was inconsistent. There was limited oversight by the provider to ensure support plans were person centred and accurately reflected customers' needs. Whilst the support plans contained very detailed information, the review paperwork could not be found. Therefore it was unclear if support plans were current and in line with people's wishes and choices (see requirement 1).

Some guardians told us they had been involved in a recent review, whilst others had not. They did confirm that staff were good at asking for advice should they have any worries about customers' care and support needs.

For a number of customers who were not able to verbalise their needs there were "communication" diaries. These contained relevant information as to how staff had been supporting customers and what customers had been involved in during the day. Guardians could record any concerns they had in these. Guardians found the "communications" diary helpful and informative. The communication diary provided reassurance that their loved ones' needs were being met in a consistent manner.

## Requirements

1. By 11 May 2026 people's physical, emotional, social and psychological needs must be met.

The provider must ensure:

- a) each person has a written plan which sets out how their holistic needs should be met;
- b) relevant staff must be familiar with the content of the plan and have the necessary knowledge, skills and confidence to provide the support the person needs; and
- c) there must be effective arrangements in place to ensure the plan is regularly reviewed, updated and staff are responsive to the person's changing or unmet needs.

This is to comply with Regulation 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 Standards (HSCS) which states 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.' (HSCS1.15); and  
'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

## 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 manager should ensure that day care staff have planned 1:1 meetings with their supervisor to support their learning and development and help improve practice. Frequency should comply with the organisation's own policies.

National Care Standards: Support Services - Standard 2 - Management and Staffing Arrangements.

**This area for improvement was made on 13 September 2016.**

### Action taken since then

The area for improvement has been met. Please see key question 3 for further information.

## Previous area for improvement 2

The provider should develop and implement an effective quality assurance system. In order to do this, the provider must set baseline standards from which the performance of the service can be measured and develop auditing systems to check actual performance so that gaps can be identified and resolved. The provider must develop and share any action plans that arise from the quality assurance audit with all stakeholders and advise them when progress would again be reviewed.

National Care Standards for Support Services; Standard 2 - Management and Staffing Arrangements. No

**This area for improvement was made on 13 September 2016.**

### Action taken since then

This area for improvement has not been met and will be incorporated into a new requirement under key question 2.

## 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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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