

Leonard Cheshire Disability - Alemoor Crescent Care Home Service

17 Alemoor Crescent
Edinburgh
EH7 6UJ

Telephone: 01315 542 220

Type of inspection:
Unannounced

Completed on:
18 February 2026

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2003015503

About the service

Leonard Cheshire - Ale Moor Crescent is a care home registered with the Care Inspectorate to provide a care service to a maximum of six adults living with physical and sensory impairments and/or learning disabilities. The provider is Leonard Cheshire Disability.

The home is purpose built and accessible for people with mobility support needs. Each person has an ensuite bedroom, with access to communal areas and garden. Support is provided by a small team of staff during the day, and two waking night staff overnight.

At the time of inspection six people were experiencing care in the service.

About the inspection

This was a unannounced inspection which took place on 12, 13 and 16 February 2026. 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:

- Met with six people using the service
- Spoke with three of their relatives
- Spoke with seven staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with three visiting professionals.

Key messages

- People's health and wellbeing benefitted from their support.
- Staff interactions were not always enabling and person-centred.
- People's experienced responsive care due to good collaboration with health and social care services.
- There was a lack of regular daily activity within the house.
- Support plans contained detailed information but required review.
- The setting was accessible with a good standard of cleanliness and decoration.

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

People were supported by a small staff team and were comfortable and at ease when receiving care. There had been some staffing challenges and a new manager was recently in post. New staff were being inducted and recruited during the inspection. We were assured that people would benefit from improved consistency of care once this process was completed.

We observed some kind and compassionate interactions between staff and supported people, where staff clearly knew people and their preferences very well. We also observed several occasions where support was not sufficiently person-centred or enabling. This meant that people did not always receive dignified and respectful care. We have made this an area for improvement (see area for improvement 1).

People experiencing support were generally positive about their care and spoke well of their staff. One person commented, "I feel lucky to be here." However, people we spoke with also told us that they often felt bored and would like to do more. One person said:

"We used to do things as a house like play games or quizzes. We don't do that anymore."

Families and guardians were also generally positive about their relatives' experience. Some felt the level of activity provided was appropriate to their loved one's needs, others felt that this could be better. One relative said:

"I don't think they do enough. They are very lax with activities. Even if they took [my relative] for a walk round the block it would break the monotony."

People's support plans held very good information on the type of social opportunities that benefitted their wellbeing; however, we saw opportunities to involve people in day-to-day activities in the home being missed. We have made this an area for improvement (see area for improvement 2).

The manager had conducted a survey with relatives and held regular meetings with people's guardians. This meant that people could be assured that those important to them were consulted and involved in decisions about the service. We discussed expanding this to involve people experiencing care. This would further strengthen people's opportunities to participate in decisions about their home and support. We will consider this further at the next inspection.

The service monitored people's health well, kept detailed daily records and had close relationships with community health services. This supported staff to quickly respond to any changes. Staff were well trained and clear on their responsibilities to support people to stay safe and well. Feedback from involved professionals spoke positively about how the service communicated with them. This meant that people experienced very good health outcomes as a result of the care they received. One professional said:

"The support my client receives at Alemoor Crescent reflects her physical, mental health and wellbeing needs. Staff respond quickly to any changing needs."

People's personal plans and risk assessments contained detailed and personalised information about their health and wellbeing needs and personal preferences. However, not all plans had been updated to reflect the care and support being provided. This meant that support plans were not an accurate reflection of the care required. We have made this an area for improvement (see area for improvement 1 made under Key Question 5 'How well is our care and support planned').

There were good medication systems in place and all staff evidenced their competency before supporting people with medication. Leaders had oversight through regular audits. Medication was stored securely within people's bedrooms. Risk assessments promoted people's independence and involvement in medication administration where this was possible. This demonstrated that people experienced safe and effective treatment.

People were supported to do their own food shopping each week. Menus were planned in a flexible way which respected people's day to day choices. Staff supported people who needed assistance to eat and drink, and their dietary requirements were well known. Records were kept of people's food and fluid intake when this was required, and referrals for specialist support were made if needed. This meant that people experienced good support to maintain a healthy diet and good hydration.

Areas for improvement

1.
To ensure people experience compassionate, respectful, and enabling care, the provider should increase observations of staff practice and support staff to reflect on their practice and follow their professional codes.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. The provider should improve opportunities for all people to participate in a wider range of activities that suit their needs and preferences, both at home and in the community. This should include opportunities to be involved in day-to-day life and build and retain skills.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6); and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

How good is our setting?

4 - Good

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

The home felt welcoming and homely, and relatives told us they felt able to visit at any time. One person experiencing support said, "It is a lovely house." People's bedrooms and communal areas were clean and tidy, and decorated and furnished to a good standard. People had ensuite bedrooms that were spacious, and comfortable, and decorated according to their individual preferences. This demonstrated that people were valued, and they benefitted from a high-quality environment furnished to meet their needs and wishes.

People could choose whether to spend time in their own rooms or communal spaces, which included a large lounge and dining area. Corridors were wide and able to accommodate people's mobility aids. People had access to outside space from their bedroom doors and from corridors. This meant that people had the freedom to choose from a variety of places to spend their day.

Personal plans gave good information to inform staff how people wished to participate in daily life and be involved in aspects of their care, such as cooking, and assisting staff with cleaning tasks. Some people had benefitted from this approach and had developed skills and independence as a result. For others, opportunities were being missed to develop a more enabling and personalised approach. Access to some areas of the home, such as the kitchen and laundry, was limited for people using mobility aids, and steps previously taken to address this, such as the use of an accessible cooking station, were not in use. This meant that people were not consistently supported to get the most out of life.

People had the mobility equipment they needed to be as independent and comfortable as possible, and this was stored in a way that did not infringe on their space. All bedrooms had the option of ceiling track hoists. There was a communal bathroom with a ceiling track hoist that enabled people to have a bath. The hoist was not in operation during our visit, but the manager assured us that this repair was in progress. Once completed this would further improve people's wellbeing.

Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance. Maintenance of the premises and equipment was well organised and up to date. Cleaning schedules for all areas of the home and equipment were in place and the environment was clean, fresh, and tidy. We found that the door to the cupboard storing hazardous cleaning materials was not always kept locked, and we asked the manager to address this, which they did during the inspection. This ensured that people experienced an environment that was pleasant, safe, and hygienic.

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.

The format of people's personal support plans was comprehensive and gave a very good sense of the person and what was important to them. Plans contained good information on people's health needs and medication. Required risk assessments were in place which were detailed and well written. Support plans were based on people's strengths and interests and gave staff the information needed to support people in an enabling and person-centred way. While this was positive, we found that preferences documented in the support plans were not consistently followed in practice, which meant that people did not always receive support in a way that promoted their independence and skills development. In addition, some of the information in the support plans we sampled was out of date and did not include important information

about people's skin care and repositioning requirements. Evidence within other documentation demonstrated that staff were providing the support needed to keep people safe and well. However, if staff had followed guidance held in the support plan this could have compromised people's health and wellbeing. We have made it an area for improvement that the consistency and accuracy of personal plans should be improved (see area for improvement 1).

There was a lack of clarity around what reviews of support had been held over the last 12 months. Copies of previous reviews were not accessible to people in their support plans. This meant that people and their families had not had regular opportunities to discuss and review their support and set new goals. We have made this an area for improvement (see area for improvement 1). The new manager had begun to progress reviews for all people experiencing care.

Areas for improvement

1. To support people's health and wellbeing, the service should undertake a full review of people's personal plans and update information held within plans to ensure it is consistent with the care required and provided. Reviews should be repeated every six months and when needs change. The provider should ensure that people and their representatives are meaningfully involved in developing and reviewing their personal plans, and that they have access to review documentation in a format that is meaningful to them.

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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	5 - Very Good
4.2 The setting promotes people's independence	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

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 cànan eile ma nithear iartras.

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.