

# Leonard Cheshire City Park Housing Support Service

4 Wardieburn Street East  
Edinburgh  
EH5 1DQ

Telephone: 01315 515 088

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
3 March 2026

**Service provided by:**  
Leonard Cheshire Disability

**Service provider number:**  
SP2003001547

**Service no:**  
CS2020379018

## About the service

Leonard Cheshire City Park is registered with the Care Inspectorate to provide housing support and care at home services to adults with learning and physical disabilities in their own home and in the community. NHS nurses provide on site support to people and work closely with Leonard Cheshire staff. The service office address is located in North Edinburgh near people's tenancies.

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

## About the inspection

This was a short notice announced inspection which took place on 25, 26 and 27 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met with three people using the service and spoke with three of their representatives
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with one external professional
- reviewed completed questionnaires from eight staff and one professional.

**Key messages**

- A new manager and team leader were newly in post after a period of change.
- There was increased management oversight.
- People's health and wellbeing benefitted from their support.
- Further improvements in planning, providing and recording social support were in progress.
- Families and guardian's generally felt positive that the service was improving.
- Staff felt well supported and positive about the improvements made.
- People's support plans contained good information but required review.
- More assurance was needed to confirm that outsourced recruitment processes were robust.

**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 staff team?	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.

The service had recently appointed a new manager and team leader after a long period of uncertainty and change. The new manager had reintroduced regular audits which provided increased management oversight and accountability. There was a clinical risk register completed each month and people's wellbeing was monitored using relevant screening tools. This meant that people benefitted from good quality care and support that was responsive to any changes in their needs.

People generally received support from a small and consistent staff team who knew them well. We observed that care was compassionate and delivered at a pace suitable for each person. One person told us: "I am happy with all my staff. I get on with all of them." This showed that people benefitted from consistent care, and trusting relationships were formed between people and the staff who supported them.

Guardians were reassured that those people who needed it had access to on site NHS nurses. Involved health professionals told us that there was effective partnership working and communication was good. There had been improvements in medication support (see 'What the service has done to meet any areas for improvement made at the last inspection'). This demonstrated that people could be confident that they would receive the right treatment at the right time from the right person.

People had the mobility equipment they needed to support their independence, and this was in good condition and regularly checked. Staff had received appropriate training which meant that people were helped to move in a safe and dignified manner. While guidance on people's positioning requirements was generally very good, we spoke with the service about updating associated risk assessments to clarify overnight support. We will follow this up on the next inspection.

Systems were in place to keep people safe from potential harm and staff were aware of their responsibilities in this area. People's finances were safeguarded and guardians were kept informed. These systems and procedures ensured that people experienced safe care and support.

## How good is our staff team?

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 provider had outsourced some aspects of staff recruitment to an external agency. Some checks were done in-house, and all staff had the required Protection of Vulnerable Groups (PVG) checks completed before starting work and were registered with a professional body. However, we were unable to confirm that the external agency had completed a proportionate amount of due diligence to ensure that references were legitimate. This meant that we were not assured that recruitment processes were sufficiently robust. We have made this an area for improvement (see area for improvement 1).

New employees were well supported during their induction. There were opportunities to shadow experienced care and nursing staff and learn about people's individual needs and preferences. Staff competency was assessed before new staff worked alone. Direct observations were taking place regularly

and records of these were detailed and provided guidance on future development needs. The manager had prioritised ensuring staff were up to date with training and supervision. This meant that people could have confidence that their staff had the necessary training and development opportunities to support them in their role.

Care was well planned and rotas completed in advance. One person told us that they did not know which staff member would be supporting them next, despite the rota being in the house. The manager proactively addressed this and arranged for rotas to be discussed each week. This meant that people could be confident that staffing arrangements were well organised.

Staff we spoke with felt optimistic that after a period of uncertainty things were becoming more settled and they felt positive about their work. We heard that staff found the new leadership team to be supportive and approachable. One said:

"I like it here. Big difference now we have [the new leadership team]. Always someone on hand if you need to speak to someone."

Staff also told us that they had good support from both Leonard Cheshire and NHS colleagues and that communication had improved. Handovers and team meetings had been re-introduced. This meant that people could have confidence that their staff team worked well together.

## Areas for improvement

1.  
To ensure people's wellbeing and safety, the provider should evidence due diligence when recruiting staff. This should include, but is not limited to, ensuring that there are sufficient checks on references to confirm legitimacy.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## 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 and risk assessments gave a good sense of what was important to people, and how they preferred care to be provided. However, we found that some recent changes were not reflected in written documentation. This meant that people's plans did not consistently reflect their current health and support needs (see area for improvement 1).

Due to changes in management, review meetings had not been held as frequently as expected. Relatives and guardians felt reassured by the opportunities for regular communication with staff and leaders. There were plans to hold reviews within the next few months. This demonstrated that relatives felt able to raise any issue with the leadership team, however regular reviews needed to be reinstated to ensure support plans remained up to date. We have made this an area for improvement (see area for improvement 1).

## 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).

## 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 support people's wellbeing and enhance the quality of their daily lives, the provider should review how people's activities are planned for and recorded.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 30 January 2025.**

### Action taken since then

People were supported to take part in a variety of activities inside and outside their homes. This was recorded in daily documentation completed by staff. The manager had identified that recording of how people spent their day could be more consistent and detailed and had supplied staff with guidance on what improvement would look like. The manager had also re-introduced a journal to aid communication with guardians. Monthly keyworkers meetings were restarting, which would give staff the opportunity to review more regularly what activities people would like to participate in. Families and guardians felt there had been progress in this area, but people's support would be strengthened further by expanding on the type of activities people participated in, and following up on activities previously enjoyed.

While there has been development under this area for improvement, the improvements have not yet been embedded within day-to-day practice. This area for improvement has not been met and we will consider it again at the next inspection.

**This area for improvement has not been met.**

#### Previous area for improvement 2

To support people to have their medication consistently well recorded and any issues reported to management promptly, the provider should ensure that all staff are following the organisation's medication procedures.

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 I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 30 January 2025.**

#### Action taken since then

Medication systems were well managed. Medication was stored safely, with daily stock checks and regular audits by the leadership team. All staff had completed training and evidenced competency in medication administration. When people needed 'as required' medication, there was sufficient information about this within people's support plans. We were assured that recording was in line with best practice.

**This area for improvement has been met.**

#### Previous area for improvement 3

To promote people's rights to express any concerns about any aspect of their service, the provider should review local systems to evidence that issues are responded to and are well detailed in the service's concerns log.

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

'I am supported to understand and uphold my rights' (HSCS 2.3).

**This area for improvement was made on 30 January 2025.**

#### Action taken since then

The service kept a log of concerns and action taken to address these. There had not been any recent concerns raised. Accessible information was available to people and their representatives on how to make a complaint. Families were confident that any issue they raised would be appropriately dealt with by the new management team.

**This area for improvement has been met.**

#### Previous area for improvement 4

To promote people's rights to consent to sharing of information and use of digital images, the provider should ensure that those authorised to make decisions on their behalf sign all consent documentation.

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

'I am supported to understand and uphold my rights' (HSCS 2.3); and

'My views are always sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

**This area for improvement was made on 30 January 2025.**

### Action taken since then

The necessary consent documentation had been signed and was stored in people's support plans, along with details of legal proxies and related records about capacity. The manager was in the process of updating signed consent forms to reflect the new management arrangements.

**This area for improvement has 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](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 staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.3 Staffing arrangements are right and staff work well together	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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 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.