

Leonard Cheshire Disability - South West Scotland - Housing Support Service Housing Support Service

4 Atkinson Road
Dumfries
DG2 7DH

Telephone: 01387 261690

Type of inspection:
Unannounced

Completed on:
5 March 2026

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2004075567

About the service

Leonard Cheshire Disability - South West Scotland is registered to provide housing support and care at home to adults with learning and physical disabilities in shared and individual accommodation. The provider is Leonard Cheshire Disability.

The service supports people who live within Dumfries, Annan and surrounding areas. Support is provided to people living in their own homes and shared tenancies. Each shared tenancy accommodates between three and four people, who have their own bedroom and share social space. Some people are supported within a model of core and cluster supported living. The range of support hours varied based on assessed need, and ranged from a few hours per week to 24 hours per day.

The registered manager is based within a staff office on site, and coordinates the overall running of the service. There is a service manager who supports with running and oversight of the houses of multiple occupancy, and three team leaders are based across the services who manage the staff teams, who provide direct support to people.

At the time of the inspection there were 27 people being supported.

About the inspection

This was an unannounced inspection which took place between 3 and 5 March 2026 between 08:30 and 18:00. 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:

- spent time with eight people who were supported by the provider, and spoke to one relative
- for people unable to express their views we observed interactions with staff, and how they spent their time
- spoke with ten staff and the management team
- reviewed feedback responses to questionnaires sent before the inspection from five people supported, seven staff and four professionals
- observed practice and daily life
- reviewed documents
- spoke with two visitors.

Key messages

- People experienced warm, compassionate and trusting relationships with staff, which had a significant, positive impact on their health and wellbeing.
- Staff were highly attentive and supported people using personalised communication approaches, that helped them feel understood, secure and included.
- Individuals were supported to build independence, participate in daily routines and achieve personal goals.
- Personal plans were rich, detailed and person-centred, although some documents should be reviewed and updated to reflect current risks, progress and outcomes.
- Staffing arrangements were well-organised, responsive and person-centred, ensuring people consistently received the right support at the right time.
- Teams worked collaboratively and supportively, creating a strong, positive culture where staff felt valued, listened to and confident in their roles.
- People benefited from stable, familiar staff who knew them well and built trusting relationships that supported safety, comfort and continuity of care.
- Induction processes were meaningful in practice, although documentation could be strengthened to fully reflect the quality and structure of early workforce support.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good, as there were significant strengths in how the service supported people's health and wellbeing, and these clearly outweighed the areas for improvement.

People experienced warm, kind and compassionate interactions from staff who knew them well. Staff used people's preferred ways of communicating, including non-verbal signs, body language and individualised approaches, which supported people to feel understood and secure. As a result, people appeared happy, settled and comfortable in their home. Relationships between staff and those living at the service were strong, trusting and respectful, which enabled people to express their wishes with confidence.

Staff were attentive to people's interests, routines and wellbeing and created a varied weekly programme of activities. People benefited from a wide range of meaningful experiences including gym sessions, walks, holidays, shopping, concerts, discos and community groups. These opportunities enhanced people's physical health, emotional wellbeing and community connections. Activity planners, one to one sessions and consistent routines were used effectively to support stability, choice and engagement.

People were encouraged to be as independent as possible. We saw examples of individuals preparing meals, participating in household tasks, attending day opportunities and developing budgeting and daily living skills. These activities helped people build confidence, increase mobility and achieve personal goals. Families told us they felt heard and involved, and that they had seen positive progress in their relatives' wellbeing, relationships and independence.

Staff worked proactively with external professionals, including learning disability teams and health specialists, to ensure people received appropriate support. People were supported to maintain healthy lifestyles through regular access to healthcare, dental care, physiotherapy and exercise. For example, one person had made significant improvements in their mobility and confidence, due to consistent physiotherapy and walking programmes.

Personal plans were rich in person-centred detail and reflected people's routines, strengths, preferences and behavioural support needs. Hospital passports and communication profiles were helpful and consistently used. Plans demonstrated a good understanding of how to support people kindly and safely, including tailored positive behaviour support approaches, to support very good outcomes for people.

Medication systems were generally well-organised and safe. Medication administration records were completed appropriately, and 'as required' protocols guided staff practice for those who required additional support with emotional regulation. Health-related plans, including those for diabetes, continence, COPD and choking risks, were thorough and supported safe decision-making. The service had already identified improvements to recording of topical medications, and we saw this had been discussed at team meetings. We reminded the service of the importance of recording outcomes to 'as required' medications. This will support oversight of effectiveness and ensure that people receive care that best suits their needs.

Some improvements were suggested to ensure that the high-quality of care delivered was fully reflected in documentation. Some plans and risk assessments should be reviewed or were missing review dates. Six-monthly review templates were not always fully completed, and outcomes achieved were not consistently recorded. The management team were responsive to our feedback during the inspection and discussed plans to address this.

Overall, people benefited from high-quality, compassionate and enabling care. Staff demonstrated a strong commitment to supporting people to live fulfilling, healthy and active lives and outcomes for individuals were consistently positive.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good, as there were significant strengths, which clearly outweighed the areas for improvement.

Staffing arrangements were well-planned, stable and responsive to people's needs. Core staff teams and clear keyworker structures promoted strong relationships and consistency. People supported were able to name their staff teams confidently, which reflected the continuity and security they experienced. Many staff were longstanding, and this contributed significantly to the positive culture, relational practice and emotional safety for people.

Teams worked collaboratively and supported one another well. Staff described a strong sense of teamwork, with colleagues "picking each other up" and providing reassurance. Staff reported feeling valued, supported and listened to. Newer staff felt welcomed and included through buddying arrangements, shared shifts and clear team communication, allowing them to build strong relationships with people at a pace that felt safe.

Managers had a clear overview of staffing levels and were proactive in reviewing needs. They adjusted rotas when people required increased support, for example, when individuals' mobility or physical needs changed. Shift patterns were adapted flexibly to ensure activities could go ahead, such as earlier start times for planned outings. Bank staff were used appropriately, and many were regular and familiar to people, reducing disruption.

Staff valued the training provided, such as recent autism training which they felt improved their practice and confidence. Competency assessments for key areas were completed, ensuring safe and skilled care. Staff registration was well-monitored and up to date. Staff told us they received regular supervision, and records confirmed a strong compliance with supervision expectations. Probation periods were extended when needed, to ensure staff were confident and competent, reflecting a culture of safe and reflective practice.

Families spoke positively about staff, describing them as friendly, approachable and consistent. They felt communication was good and that people were active, happy and engaged when staffing was stable. A small number of staff told us that at times, they felt under pressure or struggled with time. While these experiences were valid we found no evidence that outcomes for people were negatively impacted. Activities continued regularly, people remained well-supported and the team had strong mitigation strategies in place. However, this is an area the service should continue to monitor closely to sustain good outcomes for people.

Induction processes emphasised shadowing, reading personal plans and supported learning. While induction was evidently meaningful, the documentation of induction was inconsistent, and could be strengthened to better capture feedback and development during the early stages of employment.

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 service should ensure that appropriate language is used to support people who are agitated or distressed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can." (HSCS 2.15) and, "I have agreed clear expectations with people about how we behave towards each other, and these are respected." (HSCS 3.3).

This area for improvement was made on 29 June 2022.

Action taken since then

We reviewed personal plans, including positive behaviour support plans that were in place for people, and found these to use supportive and appropriate language to guide staff practice. We observed staff engaging well with people in a supportive and kind manner. Staff had undertaken relevant training on how to support people who present with stress or distressed symptoms, and the service had access to a specialist behavioural support team within the provider for additional support for the staff team.

We saw evidence that the service was working well alongside multidisciplinary professionals, such as learning disability teams.

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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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Compass House
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