

Leonard Cheshire Disability - Stenhouse - Supported Living Housing Support Service

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Edinburgh
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Telephone: 01314 431 839

Type of inspection:
Unannounced

Completed on:
9 March 2026

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 with the Care Inspectorate to provide housing support and care at home for adults with physical and sensory disabilities, in their own home and in the community. 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 within the service.

About the inspection

This was an unannounced inspection which took place on 4 and 5 March 2026. This was a follow up inspection to evaluate progress on three requirements and one area for improvement made at a previous inspection in July 2025 and not met at the subsequent inspection in December 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
- Intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Met with five people experiencing care
- Spoke with four staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two external professionals.

Key messages

- Written documents required improvement to ensure people received safe, consistent, and effective care.
- Communication around changes to people's health and clinical care needs needed to be more robust.
- Improvement was needed in how people were supported to maintain their skin integrity.
- Some aspects of Quality Assurance had improved however audits of documentation needed to be strengthened.
- People's wellbeing benefitted from improved staff knowledge of Positive Behaviour Support.
- People and their families were involved in reviews of their care.

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?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

During this inspection, we assessed progress on a requirement made under this key question. A summary of our findings is noted in this report within the section 'What the service has done to meet any requirements made at or since the last inspection.'

Due to insufficient progress, and the potential impact on people experiencing care, we re-evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses. We have also made a new area for improvement to ensure people receive high quality and responsive care to maintain their skin integrity (see area for improvement 1).

Areas for improvement

1. To benefit people's health and wellbeing, the provider should ensure that people are supported effectively to maintain their skin integrity. This should include, but is not limited to, ensuring that staff have the necessary skills and knowledge to monitor people's skin condition, complete necessary documentation and take appropriate action when required.

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

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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

We sampled personal plans and associated documentation and found that some contained conflicting information about people's care needs. Personal plans and risk assessments had not been consistently updated following changes in health and therefore did not direct staff to follow the most up to date guidance. Expected documentation, such as body maps, records of people's positioning, and nutritional support needs were not consistently completed. We were assured that information about changes in people's support needs had been shared verbally with the staff team. However, we were not confident that this method was robust enough to ensure all staff had reliable access to the information they needed to provide care in a safe and effective manner.

This requirement has not been met. The manager responded to feedback given during the inspection and began to make the improvements needed. We have agreed a further extension to 26 April 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

Additional quality assurance processes had been introduced. Finance and medication audits were happening regularly. People experiencing care, families and staff had been consulted on their views, and some positive action had been taken as a result. Direct observations of staff practice, regular supervision and team meetings had increased. The leadership team had identified some areas for improvement and were working towards these. Despite this progress, quality assurance processes had not been sufficiently robust to identify and act on the issues we raised during the inspection around communication and accurate and up to date documentation (see Requirement 1).

This requirement has not been met. The provider is committed to making the improvements needed and we have agreed a further extension to 26 April 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

All people experiencing care had benefitted from a review with the service and those important to them. People we spoke with told us of their positive experience of the review process. People had been supported to set new goals that were personal and important to them. Detailed records were kept of the review discussion and actions agreed, and these were accessible to people and their families. Progress made

towards goals was recorded within diaries, activity folders, and monthly key worker meetings. Reviews were scheduled to be repeated every six months.

We evaluated that there had been sufficient progress to evaluate this requirement as being met. However further improvements were needed to ensure personal support plans were also reviewed and updated when there was a change in circumstances, as discussed under Requirement 1. We will consider progress on this at our next inspection.

Met - outwith timescales

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

Where people benefitted from having a Positive Behaviour Support (PBS) plan, these had been reviewed and updated. PBS plans contained detailed and person-centred information to guide staff on how to support people well. PBS plans had a positive focus, which encouraged staff to support people to build on strengths and develop skills.

The majority of staff had completed Positive Behaviour Support (PBS) training. We observed good staff awareness of the principles of PBS, and occasions where guidance within PBS plans was being followed to support people with positive interactions and skills development.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

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