

Cheshire House (Care Home) Care Home Service

Ness Walk
Inverness
IV3 5NE

Telephone: 01463 713 377

Type of inspection:
Unannounced

Completed on:
27 June 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2003008524

About the service

The service is operated by Leonard Cheshire Disability, a national charity supporting people with disabilities throughout the UK.

At the time of the inspection there were six people using the service. The people using the service prefer to be referred to as 'customers'. We will use this term of reference throughout the report.

The service is registered for customers with physical and sensory impairment and/or learning disabilities. Other services provided from Cheshire House include a day care support service and an integrated housing support and care at home service.

Cheshire House is a single storey building with purpose-built accommodation and facilities for customers with disabilities. It is located close to the centre of Inverness on the banks of the River Ness and provides very good access to local amenities.

The service offers accommodation in self-contained flats and support with all aspects of daily living. Each flat consists of a bed/sitting room with a well equipped kitchenette and separate shower and toilet. The accommodation has adjustable equipment to support customers with disabilities. All flats have their own front door accessed from the main house and direct access to a landscaped garden area through patio doors in the bed/sitting rooms.

About the inspection

This was an unannounced inspection which took place between 23 and 27 June 2025. 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 four customers using the service and four of their family;
- spoke with staff and management;
- considered feedback from three health professionals;
- observed practice and daily life; and
- reviewed documents.

Key messages

- The new management team was cohesive and working well together, focusing on improved outcomes for customers.
- Customers' views and rights to take risks were promoted by staff and central to service delivery.
- Customers were well cared for by staff who respected their views and understood the importance of promoting independence.
- Some of the shared areas within the care home were grubby and needed better maintained.
- There needed to be more robust systems in place to ensure infection prevention and control guidance was being implemented in the care home environment.
- There needed to be more focus on ensuring staff were following infection, prevention and control guidance when attending to customers' needs.
- Recording of "as required" medications needed to improve.

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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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 made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

Staff treated customers with compassion, dignity and respect. There were consistently positive relationships between customers and staff. This meant staff supported customers with communication needs and actively listened and implemented customers' choices and wishes.

Customers' rights were promoted as staff had a positive approach to risk taking and promoting independence. Customers were highly satisfied with the care and support they received. Some of the comments from people we spoke with included:

"The staff are respectful they give us choice and we have a laugh. They're good at listening when I'm telling them how I like things done and they move and handle me safely."

"The staff are good at offering choices. I feel now that the staff are like extensions of my family."

"My relative has a good quality of life and I feel relaxed as the staff know what to do and keep her safe and happy."

A number of customers told us their presentation was really important to them. Customers looked well and staff paid attention to customers' personal appearance, for example clothing, skin, hair and nails. This helped customers feel good about themselves and "ready to face the day." Relatives were reassured that their loved ones were getting the care they deserve.

We had made an area of improvement at the last inspection about the correct procedures being followed when there were adult concerns. Whilst a number of staff had undertaken relevant training and were able to tell us what they should do if they had concerns, there were still some areas of the area of improvement that required further work. (See Area for Improvement 1).

Prompt identification of changes to customer's health and successful partnership working ensured customers were getting the right treatments at the right times. Staff knew customers well and were quick to identify changes in their health. When changes were identified, staff sought health advice promptly and followed the advice given. Relatives felt reassured that staff were responsive to their loved ones' health needs and made sure they got the right treatments at the right times.

Partnership agencies told us there was open and transparent communication between the service and themselves. Staff were visible and approachable when they visited. This meant health professionals got the right information about the customer and could tend to their health needs promptly and appropriately. Some of the comments from people we spoke with included:

"My relative is having a better life since the new management team, he is getting out and about and they help him with his walking, this makes me and him happy."

"There's good communication and the staff are really good at identifying changes and responding to my loved ones changing health."

"I have been kept up to date regarding one of the clients I am working with in relation to changes in her health. Staff have been diligent about liaising with health professionals and family alike."

The provider had identified that they needed to make improvements in relation to the safe administration of medication. Overall medication was being managed safely. There were some areas in respect to "as required medication" that could be improved on. (See Area for Improvement 2).

Areas for improvement

1. To ensure staff respond appropriately to adult support and protection concerns the provider should:

a) review their "Safeguarding adult procedures Scotland 2017." in line with current guidance and good practice; and

b) where concerns are raised about customers, there should be a clear and recently reviewed process in place that staff follow.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20);

'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.' (HSCS 3.22); and

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

2. So as people receive their medication in line with their assessed support, the provider should ensure protocols are in place for the administration of PRN ('as required') medication. These should clearly identify when medication should be given, the desired effect, impact evaluation and next steps if medication is not effective.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and

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

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Quality Indicator: 2.2 Quality assurance and improvement is led well

People told us there had been steady improvements following the employment of a new manager and team leader. This included people getting out and about more, improved communication between families and staff, and generally a more relaxed atmosphere. People felt better listened to and that their views were sought and they were involved in service improvements. People felt confident raising complaints, and reassured they would be dealt with appropriately in an open and transparent manner.

The new leadership team had a good understanding of what was working well and what needed improved. This needed to be formalised so as the outcomes of improvements could be monitored and evaluated. (See Area for Improvement 1).

The leadership team needed time to focus on service improvements and management tasks. A barrier to this was the current office/administration arrangements. Examples of these were the manager and team leader being the first point of call for all incoming telephone calls. They were also undertaking office/administration tasks that would be better allocated to someone more appropriate. (See Area for Improvement 2).

Areas for improvement

1. To allow the evaluation of planned improvements there should be a dynamic and responsive service improvement plan in place. This should be reviewed and evaluated regularly. Priority should be given to improvements that will have the most significant impact on customers' wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

2. So as leaders have the capacity to drive service improvements forward, the provider should review their current administration arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

There was an effective process for assessing how many staff hours were needed. The duty rota showed planned staffing numbers were consistently met. The manager gave examples of when they had used professional judgement to increase staffing levels to ensure customers were safe. Staff, customers, and their visitors felt staffing levels were appropriate.

Customers benefited from a warm atmosphere because staff worked well together. Staff helped each other in a flexible and responsive way, ensuring customers' needs were met in a person centred manner. Staff were motivated to do their best for customers, there was a focus on promoting customers' choice, rights and independence.

There were systems in place to check staff were competent and confident when they were supporting customers. This included a variety of training opportunities, and the promotion and ongoing discussion of value based practice. We suggested that formal staff practice observations would be beneficial for staff reflective practice. Communication within the team was good. Information was passed on and care and support matters were discussed to ensure customers were getting the right care.

Staff reported that management were supportive, approachable, on hand and had good insight into people's care needs and wishes. This promoted person centred, safe care for customers.

Some of the comments from people we spoke with included:

"The staff are strong advocate for person centred care, and work together for the best of my relative."

"There are clear protocols in place now and staff are always visible and easy to ask questions."

"The manager is really helpful."

How good is our setting?

3 - Adequate

We made an evaluation of adequate for this key question. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses.

Quality Indicator: 4.1 People experience high quality facilities

Customers had their own flats. This is not the usual model of care for a registered care home and the provider was currently reviewing this. Customers were happy with their flats and had them decorated as they wished. They felt safe and comfortable in their flats and there was plenty of space for friends and visitors.

The provider no longer employed domestic staff. We concluded this had impacted on the customers' right, to live in an environment that was clean and tidy, and where the risk of spread of infection was reduced. The safe disposal of potentially contaminated waste was put in jeopardy as there were insufficient safe systems in place to allow this. (See Requirement 1).

It was staffs' responsibility to keep customers' flats and the shared areas clean and tidy. The housing association that owned the building was responsible for ongoing maintenance. There were areas that were grubby and required further cleaning and ongoing maintenance. There were insufficient systems in place to ensure the environment was well maintained and appropriate deep cleaning schedules were not in place or followed to reduce the risk of spread of infection. (See Requirement 1).

Good hand hygiene reduces the risk of spread of infection and illness between customers and staff. When we spoke with partnership agencies they identified that staff were not undertaking appropriate hand hygiene at the right times. We have discussed this with the manager and made suggestions on how staff can be supported with this. (See Area for Improvement 1).

Some of the comments from people we spoke with included;

"I do not think the staff should be responsible for all the cleaning within the home especially the shared areas. They do keep my relatives room clean and tidy."

"I think they need to "up their game" in regard to cleanliness within the home."

"The staff need to get better at hand washing in between caring for customers, there also needs to be safer disposal of waste in place."

"My shower door jams sometimes and I am still waiting for it to get fixed, the place is not clean and the staff should not have to do all the cleaning, they should be here for us."

"It feels like the place could be cleaner especially the main bits it feels grubby."

"I like my bedroom, the staff keep it clean and tidy."

Requirements

1. In order to ensure people receive safe care and support which reduces the risk of spread of infection the provider must by 14 August 2025;

a) review the current domestic arrangements

b) develop a clear infection prevention and control policy which reflects the National Infection Prevention and Control Manual (NIPCM). This should include expected cleaning schedules to maintain a safe environment.

c) ensure staff are fully aware of the content of the newly developed policy and are following this.

d) ensure all staff understand the cleaning schedules, are clear about their specific responsibilities and undertake these at the expected times .

This is in order to comply with Regulations 4(1)(a) and 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and the Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

Areas for improvement

1. In order to ensure people receive safe care and support which reduces the risk of spread of infection, staff should be confident and following good practice guidance in relation to infection control. Particular attention should be paid to hand hygiene. There should also be a system in place to regularly refresh and assess staffs' knowledge and understanding on how to keep people safe from infection.

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

How well is our care and support planned?**4 - Good**

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans reflected customers' rights, choices and wishes. They were person centred and there was a focus on promoting customers independence and goals. Customers and/or legal representatives were fully involved in their reviews and the developing of their personal plans, thus they had control over how their care and support was delivered. One relative told us "We can bring up what we want at a review and we feel we are listened to and there is good communication."

Unfortunately the files the personal plans were held in were bulky and not easy for staff to access. The manager was working on developing a "user friendly" working folder. We will consider this at the next inspection.

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 provider should inform 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 state that:

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

This area for improvement was made on 24 July 2024.

Action taken since then

The area of improvement has been Met. We are confident the new manager will follow the notification guidance.

Previous area for improvement 2

To ensure staff respond appropriately to adult support and protection concerns the provider should:

a) review their "Safeguarding adult procedures Scotland 2017." in line with current guidance and good practice; and

b) where concerns are raised about customers, there should be a clear process in place so that the correct forms and notifications are sent to the right professionals. This should include but is not limited to:

- adult concern forms being sent to relevant authorities; and
- the Care Inspectorate receiving the relevant notification.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20);

'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.' (HSCS 3.22); and

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

This area for improvement was made on 18 June 2024.

Action taken since then

There had been some progress and the area of improvement will be adjusted to reflect this. See key question 1 for further information.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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