Cheshire House (Care Home)
Care Home Service

Ness Walk
Inverness
IV3 5NE

Telephone: 01463 713 377

Type of inspection:
Unannounced

Completed on:
26 June 2026

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 four 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 22 and 26 June 2026. Five inspectors from the Care Inspectorate carried out the inspection. The focus of this inspection was to follow up on the four requirements we made following an upheld complaint dated 24 January 2026. This was a full inspection and we considered all key questions.

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 all the customers present during the inspection and one of their relatives;
- spoke with staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

There had been some progress made in regard to the four requirements we made at the last inspection. However we remained concerned that without improvement as a matter of priority, the welfare or safety of customers may be compromised, or their critical needs not met. It is important that the service now demonstrates clear, focused and sustained progress within the agreed extended timescales.

Improvements were still required in regard to safe medication procedures, leadership and management, environment, and care planning and reviews.

There was an improved and more positive staff culture.

Although at the early stages, customers, family members and staff had more confidence in the new leadership team.

Customers had good relationships with staff and felt better listened to since the new manager had started.

Staff continued to be kind and caring when supporting customers.

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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We made a requirement relating to the safe administration of medication following an upheld complaint on the 24 January 2026. Steady progress had been made and we were assured systems were in place to support the safe management of medication. Staff were appropriately using Medication Administration Record (MAR) sheets, and there were clear protocols in place to ensure staff received the right training and were competent to administer medication safely.

Whilst improvements had been made, further work was required to ensure medication care plans and risk assessments were fully reviewed and updated. These documents will provide staff with additional guidance and information to support the safe administration of medication. We have agreed to extend this requirement to 21 September 2026.

Customers looked well, happy and relaxed within Cheshire House. Systems were in place to monitor and promote customer's health and wellbeing. Customers benefited from staff who knew them well and could recognise when their health or wellbeing changed. More experienced staff were particularly skilled at identifying subtle changes and ensuring customers received the right support at the right time. Staff worked effectively with GP services and other health professionals, helping customers access healthcare and treatment when needed. Guardians and family members were confidence that their loved ones' health needs were being met. Some comments from people were:

"My clients are very happy living at Cheshire House and have developed strong / trusting relationships with staff. I have no concerns about their health needs."

"The care is generally good and, on the whole, I think they do care."

Attending activities helps customers with their physical health, social connections and emotional wellbeing. Some customers had been unable to attend activities because of a lack of available drivers. Although staff had identified potential solutions, these had not yet been implemented. As a result, customers were experiencing reduced opportunities to participate in activities that were important to them (see area for improvement 1). Some comments from people were:

"He used to go out more but he tends not to bother any more; I think it is about not having enough staff."

"I enjoy socialising with the other residents during the evenings but feel there are not many group activities, sometimes I cannot get out to my activities as there are no drivers, this is frustrating."

"I really enjoyed when staff took me on holiday."

We made an area for improvement at the last inspection dated 25 June 2025 regarding the review of the provider's "Safeguarding Adults Procedures Scotland 2017." These have now been reviewed, and plans are in place to support staff to develop their safeguarding knowledge and confidence.

So that people are protected from harm, staff should have easy access to clear local adult protection guidance, particularly out of hours. We would expect staff to know and have on hand; key contacts, referral processes, required forms and notification responsibilities (see area for improvement 2).

Areas for improvement

1. To promote well-being, the provider should ensure that people are able to access activities and opportunities that are important to them. Where staffing or transport challenges impact on this, timely action should be taken to identify alternative arrangements so that people are not disadvantaged.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19); and
'I use a service and organisation that are well led and managed.' (HSCS 4.23).

2. So as people are protected, staff should have easy access to up-to-date information and contact details of relevant local authority adult protection procedures.

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).

How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We made four requirements to support a safe and well led service following an upheld complaint on 24 January 2026. Whilst there had been some progress, three of the requirements have not been fully met. We remain concerned that the environment is not sufficiently clean to reduce the risk of spread of infection or maintained to a good standard.

Effective leadership is essential to ensuring people receive safe, high-quality and consistent care. During the inspection, it was evident the manager was managing competing demands. The pace of change relating to improvements had been slow, as the manager's main focus had been responding to day to day issues. This meant she did not have sufficient time or the capacity to oversee the implementation of newly developed systems and processes. Although the provider has committed to increasing leadership capacity, we need to see clear evidence that these changes are resulting in improved outcomes for people, including greater consistency, oversight, and sustained quality improvements (see requirement 1).

People told us they feel more listened to and involved in decisions about their care and support. They said their views were sought and that they felt confident raising concerns and that these would be actioned. Some comments from people were:

"I feel safe here and if I had any worries, would speak with manager or key worker and they would sort out."

"Communication has been a bit poor and I wasn't sure if messages were being passed on by staff; but it seems to have improved recently."

"It is a lot smoother since the new manager has started. She is talking to everyone and taking the opportunity to sit down and hear what people are saying."

Requirements

1. By 21 September 2026, people must experience high quality care in line with the areas for improvement identified in the provider's "operations action plan" dated 24 June 2026. It would be good practice to include the findings from this inspection in the plan.

This is to comply with Regulation 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 Standards which states that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We made a requirement in relation to safer staffing following an upheld complaint dated 24 January 2026. The requirement has been met.

Staff were visible, responsive and attentive to customer's needs. We observed warm, positive and trusting relationships between staff and the customers they supported. Staff had a good understanding of individual preferences, choices and support needs. Customers were comfortable approaching staff for assistance and guidance. Some comments from people were:

"Both my clients are happy living at Cheshire House."

"The staffing is better than last time and we now get a chance to sit down with them."

"The atmosphere is much better and cheerful, people are chatting away and there is music."

Support hours could be reduced or increased following discussions with the local social work team. This meant staff had time to provide care and support with compassion and have meaningful conversations and interactions with customers.

There were systems in place to ensure customers were supported by staff with the right skills, training and experience. This meant people's physical and emotional needs were met and that they received care and support in the way that suited them best. One person told us she had a protocol in place so staff with the right training supported her.

The service had experienced a significant reliance on agency staff; however, leaders had begun to reduce agency usage and recruit permanent staff. While this was a positive development, many staff were new to their roles and required ongoing support, supervision and development to ensure consistently high-quality, person-centred care. Increasing leadership capacity would help provide more consistent oversight and support to the growing staff team (see requirement under key question 2).

How good is our setting? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We made a requirement to ensure the environment was clean, well maintained and compliant with Infection Prevention and Control (IPC) guidance following an upheld complaint dated 24 January 2026. A follow-up visit on 21 and 29 May 2026 identified some improvements; however, these were not sufficient to demonstrate that safe practices had been consistently embedded. An extension was therefore granted until 12 June 2026.

During this inspection, we identified a number of significant concerns about the environment. Some customers were not living in a clean, safe or well-maintained home. Poor cleaning and maintenance increased the risk of infection and did not always support customer's health, wellbeing or dignity. We recognised that some maintenance issues required action from external partners.

We found dirty flats, rusty or damaged equipment, dirty extractor fans and shower drains and areas in need of repair and redecoration. Some flooring, doors and worktops were damaged. These findings showed that infection prevention and control practices were not being applied consistently within customer's homes. A number of people told us there was a lack of communication to make sure issues raised were followed up. Some comments from people were:

"My shower chair is not always cleaned and is rusty."

"My relative's flat needs redecorating and there have been discussions about getting this done for several months but it has not yet happened."

"My relative has furniture that is broken and it's not as clean as it should be: it is his home after all."

"When my relative needed equipment mended, nobody did anything."

The condition of some areas also impacted on people's dignity and quality of life. We discussed the importance of ensuring concerns are identified, reported and acted upon promptly, and that staff understand their responsibility to uphold people's rights, dignity and wellbeing.

The provider has responded positively to the concerns raised. A full environmental audit has been completed, plans were in place to improve individual flats and communal areas, additional domestic support was being recruited, and support from the Care Inspectorate IPC improvement officer had been sought to strengthen oversight and quality assurance.

While this progress is encouraging, further improvement is needed. We will extend the requirement for a further six weeks. During this time, we expect customers to experience a clean, safe and well-maintained environment, supported by effective systems that ensure cleaning, maintenance and repair issues are identified quickly, addressed promptly and sustained over time.

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We made a requirement to improve personal plans and reviews following an upheld complaint dated 24 January 2026.

Good progress had been made, however, more time was needed to fully embed the changes. We have agreed to extend the requirement for a further three months. The provider is confident they can meet this requirement as leadership capacity increases (see requirement 1 under key question 2).

Personal plans were being updated with customers and their representatives to make sure support reflected their wishes, goals and changing needs. Each customer had a key worker who was responsible for keeping personal plans, goals and risk assessments up to date. One customer proudly told us about a goal they had recently achieved. This had given them a sense of pride and confidence.

Quality assurance processes had been introduced to review personal plans, outcomes and progress. While these were positive developments, they needed more time to become fully embedded and demonstrate how they were improving outcomes for people.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 6 April 2026, the provider must ensure that medication is managed safely and in line with best practice and legal requirements. We have agreed an extension until 21 September 2026.'

To achieve this, the provider must:

a) Ensure all medication plans and risk assessments are up to date, including as required protocols: all are accurate and reflect people's current prescribed medications.

b) Investigate all medication errors and discrepancies recorded in daily notes or identified through audits, and ensure appropriate reporting, escalation, and learning from these incidents. Update staff training as appropriate.

c) Ensure daily medication audits are effective and lead to timely corrective actions. Errors (not limited to), such as unsigned MAR sheets, inaccurate or missing running counts, and unsigned TMARs, must be addressed promptly.

d) Implement robust governance and oversight to ensure safe medication administration practices are followed at all times, including by agency staff.

e) Ensure all required notifications are submitted to relevant bodies timeously when medication errors occur.

This is in order to comply with:

Regulation 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 care and support is consistent with Health and Social Care Standard 1.15: 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.

We have agreed an extension until 21 September 2026.

This requirement was made on 24 January 2026.

Action taken on previous requirement

There had been some progress with the requirement, see key question 1 for further information. We have agreed an extension until 21 September 2026.

Not met

Requirement 2

By 6 April 2026, the provider must ensure that staffing arrangements comply with the Health and Care (Staffing) (Scotland) Act 2019 and are sufficient to meet the assessed needs of people experiencing care.

To achieve this, the provider must:

a) Complete and maintain accurate dependency assessments for people using the service to determine the level of staffing required at all times.

b) Ensure staffing levels and skill mix are safe, appropriate, and meet people's identified needs, including the needs of individuals requiring 1:1 support.

c) Ensure staff have the necessary skills, training, competence, and experience to deliver safe care, including recognising, reporting, and escalating incidents and concerns.

d) Ensure that any incidents or adult protection concerns are reported timeously and appropriately to all relevant professional bodies.

e) Ensure the on call system is effective and staff have confidence to escalate any concerns without delay. Phone number for on call in staff room and protocol, do they have a back up if need particular details,

f) Implement effective oversight and governance, ensuring roles and responsibilities are clear and that all (including when agency staff are used) receive direction and support from appropriately qualified staff. Match up with staff more expected and on rota plan for the shift, folders in place information staff room.

g) Where staff are at times required to provide management oversight, they have the required experience, training, and qualifications to undertake this role.

This is in order to comply with:

Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This requirement was made on 24 January 2026.

Action taken on previous requirement

The requirement has been met. Please see key question 3 for further information.

Met - within timescales

Requirement 3

By 28 February 2026, the provider must ensure that the environment is clean, well maintained, and fully compliant with Infection Prevention and Control (IPC) guidance to promote people's health, safety, and dignity. This requirement was extended to 12 June 2026. Following this inspection we have agreed a further extension until 14 August 2026.

To achieve this, the provider must:

a) Ensure all areas of the care home and individual flats are cleaned to an acceptable standard, with clear cleaning schedules in place and consistently followed.

b) Ensure the environment is maintained to an appropriate decorative standard, including repair or replacement of damaged or worn furnishings, fixtures, and surfaces.

c) Ensure all communal and people's personal spaces meet IPC guidelines, including people's equipment.

d) Ensure staff have up to date training in IPC, understand their roles in maintaining a safe environment, and can evidence compliance in practice.

e) Introduce robust quality assurance checks to ensure cleaning, maintenance, and IPC standards are met and any deficits are addressed without delay.

This is in order to comply with:

Regulation 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 care and support is consistent with Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

We have agreed an extension until 14 August 2026.

This requirement was made on 24 January 2026.

Action taken on previous requirement

There had been limited progress made with this requirement. We remain concerned that there are still not sufficient systems in place to maintain a safe and well looked after environment. See key question 4 for further information. We have agreed an extension until 14 August 2026.

Not met

Requirement 4

By 6 April 2026, the provider must ensure that all personal plans and associated documentation accurately reflect people's current needs and provide clear guidance for staff. We have agreed an extension until 21 September 2026.'

To achieve this, the provider must ensure:

a) Personal plans are sufficiently detailed, up to date, and easily accessible so that staff can deliver safe, effective, and person centred care.

b) Any changes in people's medical conditions are recorded promptly, and personal plans are updated to reflect this and any interventions from relevant professionals.

c) Risk assessments are reviewed regularly, including updates whenever a person's needs or risks change.

d) Audits and regular reviews of all documentation are undertaken, with outcomes recorded and all support plans and assessments updated accordingly.

This is in order to comply with:

Regulation 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 care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

We have agreed an extension until 21 September 2026.

This requirement was made on 24 January 2026.

Action taken on previous requirement

There had been some progress with the requirement, see key question 5 for further information. We have agreed an extension until 21 September 2026.

Not met

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 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).

This area for improvement was made on 25 June 2025.

Action taken since then

This area for improvement has been met. To ensure staff feel confidence and are following the reviewed safeguarding procedure, we are making a new area for improvement. Please see key question 1 for further information.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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