

The Richmond Fellowship Scotland - Aberdeenshire Housing Support Service

The Richmond Fellowship Scotland
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Type of inspection:
Unannounced

Completed on:
12 December 2025

Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
SP2004006282

Service no:
CS2004077056

About the service

The Richmond Fellowship Scotland - Aberdeenshire service provides a housing support service to people living in their own tenancies. The service also supports people living in shared accommodation in Alford. The service has an office in Main Street, Alford.

Alford is a semi-rural setting with a number of small retail facilities. There is no rail service and a very limited bus service. The village is approximately 26 miles from Aberdeen.

About the inspection

This was an unannounced follow up inspection which took place on 8 December 2025 between 10:00 and 15:30 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focussed on the requirement and areas for improvement made during the previous inspection which took place on 28 and 29 August 2025. We evaluated how the service had addressed these to improve outcomes for people.

Key messages

- The provider was following best practice guidance for reducing restrictive practice.
- Personal plans and reviews of care were person-centred and followed a human rights based approach.
- Medication administration practice had improved.

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

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| How well do we support people's wellbeing? | 4 - Good |
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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?

4 - Good

We made a requirement under this key question at our last inspection. This was to ensure that people received care and support that followed guidance with regard to restrictive practice.

We have reported our findings under 'What the service has done to meet any requirements made at or since our last inspection'.

Sufficient improvements were made to meet this requirement, therefore we have changed the evaluation of this key question to good.

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

Requirements

Requirement 1

By 30 November 2025, the provider must ensure that any restrictions on a person's freedoms are proportionate, the least restrictive necessary, and complies with relevant legal frameworks.

This is to comply with Regulation 4(1)(c) (Welfare of users) 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: 'If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively' (HSCS 1.3).

This requirement was made on 3 September 2025.

Action taken on previous requirement

The provider had completed significant improvement work to identify, manage, and reduce restrictive practice. An action plan was created following an assessment of performance across the service functions and leaders reviewed this regularly to check progress.

The service was visited by the organisation's national restraint reduction advisor who facilitated training for leaders and shared best practice information across the service. Further workshops and training opportunities have been identified and planned for frontline workers in due course.

An in-depth audit had been completed on two personal plans where issues had been detected at the previous inspection. Where concerns were identified actions had been taken to remedy these. A restraint reduction checklist tool was being used to assess performance across other personal plans and

improvements made in care planning and review processes support a human rights based approach to care, giving consideration to any practices that may be viewed as restrictive.

Quality assurance tasks were being completed regularly by service leads, this would contribute positively to identifying any potentially restrictive practice within the service.

Met - within 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 support people's wellbeing, the provider should ensure that administration of medication is in accordance with best practice.

This should include, but is not limited to, regular review and assessment of the support that individuals need to manage medication effectively.

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).

This area for improvement was made on 3 September 2025.

Action taken since then

Medication assessments had been updated to reflect the support that people needed for administration of their medication. Recording of administered medications had improved and associated paperwork was being completed in line with best practice.

Weekly audits were being completed by service leads to ensure consistency in practice across the team. Medication was being discussed as part of people's regular care reviews to ensure that people continued to receive medication that was effective and in line with the prescriber's instructions.

This area for improvement has been met.

Previous area for improvement 2

To promote positive mental and physical health for people experiencing care, the provider should ensure that care and support is provided in a person-centred way and is consistent with people's personal goals and outcomes identified in their personal plans.

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 participate fully as a citizen in my local community in the way that I want' (HSCS 1.10); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 3 September 2025.

Action taken since then

Information in personal plans reflected a much more person-centred, human rights, and strengths based approach to care and support. The service had engaged with people, their representatives, and relevant professionals in developing their plan for care and support.

Plans contained detailed information on the support to be provided and how this should be delivered. There was information about things that people could do for themselves and areas where they may need a little more support. Plans also identified that there were times when people's abilities may fluctuate and how staff could best support them during these times.

People's goals and aspirations were identified and what would be necessary to support them to achieve these.

Regular reviews were taking place, which included planning for the future.

Risk assessment and management plans were reviewed and updated regularly, these reflected least restrictive means of managing risk.

This area for improvement has been met.

Previous area for improvement 3

To support people's overall wellbeing, the provider should ensure that staff access training appropriate to their role and to meet the needs of the people they support.

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' (HSCS 3.14).

This area for improvement was made on 3 September 2025.

Action taken since then

Staff had completed training in a number of key areas that could be applied to the care and support of all adults. For example, trauma-informed practice, infection prevention and control, medication awareness, and adult protection.

Service leads had completed training specific to the needs of some of the people the service supports. For example, anxiety awareness, drug and alcohol awareness, and personality disorders.

Service leads had attended workshops in regard to restrictive practice and, while plans are in place to extend availability of this to frontline staff, this has not yet commenced.

The service currently provides support to a small number of older adults living in their own homes. No specific training, other than dementia awareness, had been completed widely with regard to delivering care and support to this demographic.

This area for improvement has not been met.

Previous area for improvement 4

In order to ensure that people are aware of the details of the care and support to be provided, the provider should ensure that personal plans are accessible to people and 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: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 3 September 2025.

Action taken since then

People experiencing care had received paper copies of their personal plans. When changes were made to electronic versions of the plan, the provider ensured that paper copies were updated to reflect changes and to ensure consistency of information.

This area for improvement has been met.

Previous area for improvement 5

In order to promote people's involvement in all decisions about their care, the provider should ensure that care reviews maximises people's capacity to direct their own care and support and, where relevant, focus on improved mental and physical health outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and in control of my life as I want and can be' (HSCS 2.2); 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 3 September 2025.

Action taken since then

Comprehensive review documentation had been developed and was in use. The document was designed with a person-centred, human rights approach which encouraged engagement and considered all aspects of people's care and support.

Staff had engaged with people to gather their views and experiences on all aspects of care being delivered. Information described people's achievements, their hopes and dreams for the future, what was working well, and what needed to change. An action plan was developed from review feedback and progress was being tracked to ensure that people continued to receive care and support that was right for them.

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

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| How well do we support people's wellbeing? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 4 - Good |

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