

Leggart Terrace Service

Care Home Service

49-51 Leggart Terrace
Aberdeen
AB12 5UA

Telephone: 01224 896 747

Type of inspection:
Unannounced

Completed on:
17 December 2025

Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
SP2004006282

Service no:
CS2003000237

About the service

Leggart Terrace is a care home for adults and is situated in a residential area of Aberdeen. The service provides residential care for up to eight people. The service location is close to public transport links.

The service is provided in two large, detached houses which have a ground floor and upper floor. People have their own room and access to shared communal areas. The provider of the service is The Richmond Fellowship Scotland.

About the inspection

This was an unannounced inspection which took place on 10 and 11 December 2025 in the service and continued virtually on 16 December 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

Reviewed questionnaires submitted by the service and stakeholders

Spoke with 5 people using the service.

Spoke with 5 staff and management

Observed practice and daily life

Reviewed documents

Key messages

People were involved in planning their support.

People were supported to access and be involved in their local community.

The staff team worked well together to support people's health and wellbeing needs.

The leadership should improve quality assurance processes.

The service should ensure that the environment is maintained to an appropriate standard.

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?	3 - Adequate
How good is our setting?	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. While the strengths had a positive impact, key areas need to improve.

We saw positive connections and relationships between people and staff, as well as responsive practice. These supportive relationships were important to people who told us, 'Staff are nice, I am happy' and 'staff treat me with respect and supported me when I was unwell'. Staff knew people well and this helped support good outcomes for people.

People's support plans were person centred and contained detailed information to direct staff to understand people's needs and how people wanted to be supported. For example, we observed a plan which detailed clear strategies on how staff should support someone when unwell. This meant staff had the right information to support people.

Where people were no longer able to make decisions, their personal plans contained information about their capacity to consent and the legal framework in which decision making was managed. We observed that the service did not have oversight of some people's legal paperwork. For example, the service did not have copies of some people's legal documentation in relation to capacity and decision making. This meant that there was no clear planning around the decisions staff were able to make for people. This could negatively impact their outcomes. The service was responsive to feedback regarding this and had begun to address it before the inspection concluded.

The service was proactive in responding to people's changing health needs and seeking advice when required. One professional told us 'Staff are very good at making me aware when there are any changes and have been supporting significant changes for a person recently in conjunction with the team'. This meant the right level of supports were in place to support people at the right time. It also demonstrated positive working relationships with external professionals to support outcomes for people.

There were inadequate stocks of Personal Protective Equipment (PPE). PPE storage stations were not clean. We also observed areas of the environment of the houses were not clean. (Please see quality indicator 'How good is our setting?' for further information). We could not be confident that staff were following Infection, prevention and control guidance. This could impact negatively on people's health and wellbeing and meant people may not be protected from infection.

We were concerned about staff practice and the risks associated with storage of medication. It was not stored securely and was accessible to people. In addition to this, the room in which it was stored in was also unlocked. This meant people could have had access to the medication. The service addressed this immediately and the medication was made safe. We were concerned that the service's own quality assurance processes had not identified this risk (see requirement one). The unlocked room also had open key safes where people could access keys. The leadership of the service should ensure that staff are following the service's own procedures regarding this.

People were involved in planning their support and were supported to regularly access the community which they enjoyed. One person told us they went to a hotel for a night away. They shared that they had a lovely time and were supported by staff to do this. People were active and involved in the community and this was important to them.

Requirements

1. By 13 February 2026, the provider must ensure that people's medication is stored safely and securely.

In order to achieve this, the provider must at a minimum:

- a) ensure that there are appropriate risk assessments in place regarding people's medication
- b) ensure the safe storage of medication;
- c) ensure that medication audits are fully completed

This is to comply with Regulation 4(1)(a) & (d) (welfare of service 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 states that:

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The service had quality assurance processes in place to monitor aspects of service delivery, however information gathered was either incomplete or not being used to inform practice or help deliver improvements in the service. We found areas where the leadership team did not have effective oversight. For example, in relation to the environment and medication. Due to this we could not be confident that quality assurance processes were effective, as even when issues had been identified there were no actions or monitoring of improvements. Audit processes needed to be reviewed to ensure that they are effective and support the leadership team to identify areas for improvement, identify risk or practice issues and support positive outcomes for people (see requirement two).

People living in the service felt that the leadership were approachable, visible and responsive. Staff shared that they felt supported by the team leader. We observed that staff supervision was taking place regularly. This meant staff were provided with individual one to one support.

At the time of the inspection there had been some temporary senior leadership changes which impacted on the service. We were not notified of this. We discussed this with the service and senior management and signposted to our notification guidance for services.

People were aware of how to raise concerns and complaints. There had been one complaint raised since the last inspection with the service demonstrating a responsive approach. The service worked in conjunction with the person to resolve the complaint, showing respect which demonstrated the persons feedback was valued. The service was working alongside people to resolve and improve things.

People were able to provide feedback about their experiences through care reviews and were consulted regarding service improvements. The service had a service improvement plan to direct improvements and people had been involved. For example, people had input into the development of the outside space. This led to people feeling involved and empowered.

Staff training was completed to a good level and staff had access to training relevant to their role. At our last inspection we made an area of improvement regarding training in quality assurance for the leadership of the service. We assessed that this has not been met (see what the service has done to meet any area for improvement we made at or since our last inspection).

Requirements

1. By 13 February 2026, the provider must ensure that there are robust and consistent quality assurance systems in place to monitor all aspects of the service provided.

To do this the provider must ensure, at a minimum:

- a. Effective quality assurance systems are in place and fully completed to ensure standards are maintained.
- b. Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- c. Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

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 Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems'. (HSCS 4.19)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

There was concern regarding the general levels of cleanliness. We observed that both communal and private areas were not clean. One person told us the house should be clean, and they didn't like going in a cupboard for a plate as they were dirty. Cleaning schedules and tasks had been discussed at team meetings and cleaning tasks were also included on daily task sheets. These processes were ineffective. There was also a lack of available Personal Protective Equipment (PPE).

We discussed our concerns with the leadership of the service, and they were immediately addressed. The environment had not been maintained to an acceptable standard. Whilst the service was responsive, it is concerning that the staff and the service's own processes had not identified these issues. It is important that these processes and procedures are embedded in the service, this has been an area of concern at a previous inspection (**see area for improvement 1**).

Cleaning materials were found in different cupboards, some of the cupboards were lockable but were not locked at the time of inspection. This meant that people were able to access substances that may be hazardous to their health. We discussed this with the leadership of the service, and it was addressed. This should be monitored in ongoing quality assurance processes.

People had individual rooms which were homely and personalised, and people appeared comfortable. People were able to choose to use private and communal areas, people told us they were free to use the areas when they wanted. We observed people having the ability to lock their door when required. This allowed them to feel safe and have their privacy respected. The service should ensure that people's rooms are maintained and cleaned. We observed one person's ensuite bathroom was unclean. One person's shower was not working.

The banister on a staircase was not secure in one house, and the door of the outside summerhouse was unsafe. This was discussed with the leadership and immediately addressed.

Relevant health and safety checks were undertaken as required by the service. These checks included PAT testing, legionella checks, fire checks. This meant that people were kept safe.

The service had an environmental improvement plan to develop and improve the houses and people had been involved in this.

Areas for improvement

1. To ensure people experience an environment that is clean, safe and minimises the risk of infection the provider should ensure that there is:

Appropriate stock of Personal Protective Equipment (PPE).

The environment, furnishings and equipment are safe, clean and tidy.

Cleaning schedules are followed and monitored.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with a clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

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 improve outcomes for people and support a culture of continuous improvement, the provider should ensure staff in leadership roles are trained in quality assurance, supported in their role and allocated time to implement the service's quality assurance processes.

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

'I use a service which is well led and managed.' (HSCS 4.23).

This area for improvement was made on 29 January 2024.

Action taken since then

We assessed this area for improvement as not being met. No training in quality assurance had been completed by staff in leadership roles, ongoing support for leadership roles and allocated time to implement the service's quality assurance processes is still required. This Area for Improvement will be assessed at next inspection.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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