

Aberdonia Care Limited Support Service

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Type of inspection:
Unannounced

Completed on:
19 January 2026

Service provided by:
Aberdonia Care Limited

Service provider number:
SP2023000447

Service no:
CS2023000385

About the service

Aberdonia Care Limited supports people who are living in their own homes and in the community. The service provides care and support for people with physical disabilities, mental health problems and those who are frail and elderly. Support ranges from a few hours per week to 24-hours per day.

At the time of inspection, the service was supporting 48 people living across Aberdeen and Aberdeenshire.

About the inspection

This was an unannounced inspection which took place on 12, 14 and 15 January 2026.

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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and eight of their family
- spoke with six staff and management
- had contact with 15 staff through the Care Inspectorate survey
- had e-mail contact with seven professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People said carers were kind and caring when they had time, which helped some people feel respected.
- People's wellbeing needs were not always met. This increased risks to their overall health.
- End of life care was inconsistently coordinated, which meant people's needs were not always appropriately supported at a critical stage.
- Quality assurance systems and processes were not effective in identifying risks or improving outcomes for people.
- Late, short and missed visits affected people's routines, dignity and confidence in the service.
- Staff did not always receive an adequate induction. This meant staff were not always fully prepared, which contributed to less consistent care experiences.
- Inconsistent care planning quality meant staff did not always have the guidance needed to deliver care as intended.

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

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

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made a requirement.

Carers were kind and respectful when time allowed. In those situations, staff prompted medication calmly, prepared meals in ways that suited people's preferences and supported mobility considerably. This helped some people feel comfortable in their homes. However, people's experiences varied. Some people described rushed visits that reduced opportunities for meaningful interaction. For example, people told us personal care was sometimes hurried, with one person saying, "When they have the time, they're lovely and really look after me properly, but sometimes they are in such a rush I struggle to relax." This meant people did not always experience support that upheld their dignity.

People's care routines were unpredictable due to rushed and late visits. For example, several people described meals being provided too close together. One person told us, "Lunch and tea ended up almost back to back." Furthermore, medication was sometimes given at inconsistent times. This affected symptom control and increased risk for those who relied on consistent care times to maintain health. Due to this, people did not always experience the stability or health benefits that reliable support provides (see Requirement 1).

People's care was not always responsive. Key documents often lacked clear instructions, meaning staff did not always have the information they needed to respond appropriately. Furthermore, health and social care professionals raised concerns about the management of more complex needs, including delays in recognising deterioration and uncertainty around palliative and end of life care. As a result, people were not always supported in ways that protected their safety and wellbeing (see Requirement 1).

Poor communication affected people's care. The provider's communication with health and social care professionals was not always timely. Professionals told us that emails and updates often went unanswered, which meant important information was not shared. This led to delays in coordinating care. This increased the risk that people might not receive the support they need to meet their needs (see Requirement 1).

Requirements

1. By 02 March 2026, to ensure people's care and support needs are met safely and effectively, the provider must ensure people's health and wellbeing needs are appropriately met.

To achieve this, the provider must, at a minimum:

- a) ensure people receive timely and correct support with essential wellbeing needs, including nutrition, hydration, medication and personal care
- b) ensure staff have clear, accurate and up-to-date information about each person's health needs
- c) ensure changes in people's health are recognised, recorded and responded to promptly, including through timely liaison with relevant professionals
- d) ensure end of life care is planned and delivered in a way that protects people's dignity, comfort and safety.

This is to comply with Regulation 4(1)(a) and 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

- “My care and support meets my needs and is right for me.” (HSCS 1. 19)
- “My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.” (HSCS 1. 23).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made a requirement.

The number of people using the service had recently increased. This made it more challenging for the provider to maintain oversight. Management had recognised this and had recruited additional office support, whilst also introducing a new electronic system. However, these improvements were not yet embedded. As a result, systems and processes were not always supporting the best outcomes for people.

Oversight of people's care visits was unreliable. There was no effective system to verify when visits took place, how long they lasted, or whether they were late, short or missed. Management often learned about concerns only after people or families raised them. This meant people were at increased risk of missed and delayed care (see Requirement 1).

The service's improvement plan did not support better outcomes for people. The plan repeated earlier actions, lacked measurable outcomes and evaluation, and failed to address key risks, including rapid growth and the digital transition. This meant people were less likely to experience improvements in their support (see Requirement 1).

Learning from complaints and concerns was limited. Previous concerns around insufficient end of life planning and inconsistent visit times continued without evidence of service-wide action. A complaints log was not in place, and one complaint was not recorded anywhere. Adult support and protection concerns, accidents and incidents were not always recorded or reviewed in a way that supported learning. The service was not identifying patterns or driving improvement, reducing the likelihood of improved support (see Requirement 1).

Audits did not support improvements. Some audits, including care plans, daily notes, medication recording sheets, and staff competency checks, were not completed regularly, and the quality of audit records varied. Actions from audits were not always tracked, and there was no clear process to check whether improvements had been made. This meant the service did not have reliable oversight of practice or assurance of standards (see Requirement 1).

Requirements

1. By 02 March 2026, to ensure people's care and support needs are met safely and effectively, the provider must implement and use robust quality assurance systems to monitor, evaluate and improve people's support.

To achieve this, the provider must, at a minimum:

- a) implement reliable systems to monitor delivery of care, including oversight of late, short and missed visits
- b) ensure audits of all relevant areas of care and service delivery, including personal plans, reviews, daily notes, medication records, and staff practice
- c) ensure complaints, adult support and protection concerns, and accidents and incidents are recorded, analysed and used to inform service-wide learning and improvement
- d) ensure the improvement plan is current, measurable and addresses identified risks, including rapid growth and changes in recording and monitoring systems
- e) implement a robust safer recruitment process which ensures all required preemployment checks have been completed.

This is to comply with Regulation 4(1)(a) and 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care is consistent with the HSCS:

- "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4. 19)
- "I use a service and organisation that are well led and managed." (HSCS 4. 23)

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses affected the welfare and safety of people, we made two requirements.

Staff often treated people warmly. When they had time, staff offered calm support and gentle encouragement. People told us that some carers "always take time to make you feel comfortable," and a family member said one carer "treats Mum like she's their own." These examples showed that when staff knew people and their routines, they delivered meaningful support. However, this was not the experience for everyone, and the quality of people's care varied.

People's support was not always reliable. People and families told us they often had to phone the office to check if carers were coming. Some visits lasted only a few minutes, which was not long enough to meet people's needs. Arrival times varied widely, sometimes by several hours, and people did not know who was coming because they did not receive rotas. Families told us this created distress, particularly for people living with dementia who relied on routine. People could not always depend on care being delivered when they needed it (see Requirement 1).

Staff induction did not always prepare staff. New staff received brief shadowing and relied on previous experience rather than service-specific preparation. People and families described having to show new staff how to provide support, including mobility assistance, communication cues and adjustments for sensory or orientation needs. This showed that staff were not consistently ready to deliver safe and competent support (see Requirement 2).

Staff training and competency assurances were unclear. Some workers were deployed without verified training or competency checks, and we could not be assured that mandatory training had been completed before staff worked alone. Professionals raised concerns about how staff supported people receiving end of life care, describing several weeks before safe practice was established. This demonstrated that training and competency assessment did not always equip staff to meet people's needs (see Requirement 2).

Supervision and team meetings were not driving improved practice. Some supervisions took place, but these were brief and lacked evidence of reflection or follow up. Team meetings were infrequent and did not show learning or agreed actions. This limited opportunities for staff to develop skills. People did not always benefit from staff whose practice was regularly reviewed to improve practice (see Requirement 2).

Requirements

1. By 16 February 2026, to ensure people's care and support needs are met safely and effectively, the provider must ensure people receive the right support at the right time and for the agreed duration.

To achieve this, the provider must, at a minimum:

- a) ensure visits take place at agreed and appropriate times, and that any late, short or missed visits are identified and responded to without delay
- b) ensure people and families know who is attending and when, including through timely rotas and clear communication about any changes
- c) ensure staff have the information they need about each visit, including any changes to planned times or required tasks
- d) ensure operational arrangements allow prompt action to resolve missed, late or short visits and prevent repeat occurrences.

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 care is consistent with the HSCS:

- "People have time to support and care for me and to speak with me." (HSCS 3. 16).
- "I am confident that people respond promptly, including when I ask for help." (HSCS 3. 17).

2. By 02 March 2026, to ensure people's care and support needs are met safely and effectively, the provider must ensure staff are competent, confident and properly trained before working with people.

To achieve this, the provider must, at a minimum:

- a) implement a structured induction programme that includes shadowing, training, competency checks and confirmation that staff understand people's needs before working alone
- b) ensure staff training is verified, up-to-date and aligned to the needs of people they support, including moving and handling, communication needs, dementia and end of life care
- c) ensure supervision and team meetings are undertaken regularly and support learning, reflection and safe practice.

This is to comply with Sections 7(1)(a) (duty to ensure appropriate staffing) and 8(1)(a) (training of staff) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care is consistent with the HSCS:

- "I have confidence in people because they are trained, competent and skilled." (HSCS 3.14)
- "I am supported and cared for sensitively by people who anticipate issues and plan for any known vulnerability or frailty." (HSCS 3.18)
- "My care and support is consistent and stable because people work well together." (HSCS 3.19)

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made a requirement.

People sometimes felt involved in early conversations about their support. Some initial assessments captured what people hoped for. Plans for people who had been using the service for a longer period contained more personalised detail. These examples showed that the service could produce person-centred information that supported communication with families. However, this was not consistent, and many people did not experience assessment and planning that reliably reflected their needs.

Assessment and planning did not always support people's outcomes. Pre-assessment information sometimes lacked essential details about people's needs and risks, meaning staff sometimes lacked clear guidance. People were therefore placed at risk because care did not always start from an informed and safe baseline (see Requirement 1).

Personal plans and risk assessments varied in quality. Some plans were detailed, however, others were brief or generic. People and families told us they could not recall regular reviews taking place, and when we checked the service's records we found that some people's reviews had not been completed. Where reviews had taken place, some documents lacked actions or meaningful follow up. This meant the service could not demonstrate that plans were kept up to date or that people's changing needs were understood and monitored (see Requirement 1).

End of life planning required significant improvement. For people receiving palliative or end of life care, plans lacked anticipatory guidance, comfort measures and clear escalation arrangements. Health and social care professionals highlighted gaps in essential documentation and inconsistencies in practice. Families described avoidable distress because staff were unsure about what was required, leading to differing approaches at critical moments. This meant people at the end of life were not consistently supported with the clarity and dignity they should expect (see Requirement 1).

Requirements

1. By 16 February 2026, to ensure people's care and support needs are met safely and effectively, the provider must ensure assessment, personal planning and review processes are robust, accurate and used to guide consistent, person-centred care.

To achieve this, the provider must, at a minimum:

- a) ensure pre-assessment information is accurate, complete and includes people's needs, preferences, routines and risks
- b) ensure personal plans are detailed, person-centred and provide clear guidance for staff on how to meet people's needs safely
- c) ensure risk assessments are person specific, regularly reviewed and updated in response to changes
- d) ensure planned routines and visit times recorded in personal plans reflect what is required in practice
- e) ensure anticipatory and end of life planning is comprehensive and includes escalation and comfort measures
- f) ensure reviews take place at appropriate intervals and lead to clear actions reflected in updated plans.

This is to comply with Regulation 4(1)(a) and Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care is consistent with the HSCS:

- "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14)
- "My personal 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)
- "I am fully involved in developing and reviewing my personal plan." (HSCS 2. 17)

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 wellbeing and improve outcomes for people, the provider should arrange professional development opportunities for staff, to enable them to develop in their roles. This should include but is not limited to, ensuring staff receive regular one to one supervision time which is reflective and recorded; and arranging formal team meetings where learning can be shared.

This is to ensure 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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4. 27).

This area for improvement was made on 15 May 2024.

Action taken since then

We have incorporated the outstanding required improvements into a new requirement around staff induction, training, competency and ongoing support (see 'How good is our staff team' and 'Requirement 2').

This area for improvement has not been met.

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure all personal plans are completed to the same standard.

This should include but is not limited to, ensuring all plans contain the most up to date information and ensuring all plans clearly detail how to manage and reduce risks.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1. 23); and

'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 15 May 2024.

Action taken since then

We have incorporated the outstanding required improvements into a new requirement around support planning and documentation (see 'How well is our care and support planned' and 'Requirement 1').

This area for improvement has not been met.

Complaints

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

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
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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