

The Richmond Fellowship Scotland - Angus Services Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
SP2004006282

Service no:
CS2004062784

About the service

The Richmond Fellowship Scotland - Angus Services provides housing support for adults and care at home for adults. The service supports people with learning disabilities, mental health issues and physical disabilities. This is carried out in their own homes and in the community.

About the inspection

This was an unannounced inspection which took place on site on 23 and 24 February 2026. The inspection continued virtually on 25 February 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we viewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with five people using the service - we had received 28 surveys back from people that use the service;
- spoke with six families;
- spoke with seven staff and management - we received 12 surveys from staff;
- we received five surveys from external professionals;
- reviewed documents; and
- observed practice.

Key messages

People valued the care and support they received.

Staff knew people well.

People were supported to attend activities they enjoy.

Staff felt supported in their role.

People were involved in planning their care and support.

Improvements were needed to people's care plans.

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?	5 - Very Good
How good is our staff team?	4 - Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service supported people with personal care, medication, cooking, tenancy support and companionship. During the inspection we observed compassionate and respectful interactions between people. The relationships supported very good outcomes for people. People were supported to access activities and events that they enjoyed and were supported to remain connected to their local community. One person told us that they were looking forward to going to a music concert with staff. People were supported to participate in community activities, holidays, and social events, with clear enjoyment and benefits observed.

Staff had a very good understanding of people's needs and would notice and respond to changes in people's health or wellbeing needs. For example, contacting GP or providing advocacy. One person told us, "I am not stressed about my bills or paperwork any more as the staff help me and reassure me". Families shared that communication was very good and they felt confident about the care and support their relative received. One person shared, "it was hard to trust at first, but staff understood this and can support him in the way that he needs, that is all that matters". Another relative shared "we are so lucky to have the support and feel confident because it is consistent staff".

The service was responsive when people required more than the agreed level of support and would liaise with relevant professionals to review and increase people's support hours. This meant that people's needs were being considered and evaluated. One person told us, "I like going to the cinema with staff and I choose what we watch". We received positive feedback from external professionals, and it was evident that the service worked in partnership with other agencies.

Support was organised, and visits were usually on time. Recently, some social support had been reduced due to staffing levels. The manager should ensure that people consistently receive the agreed hours of support to meet all their needs.

People's daily notes were mostly reflective of the support that had taken place; the notes considered people's health, wellbeing and outcomes.

Medication was managed safely, with appropriate assessments to guide staff. There were regular audits of medication, and the provider had clear policies and procedures in place.

Accidents, incidents and protection concerns were recorded and reported to the relevant agencies to ensure people were safe. There was learning from any adverse events and good manager oversight of all incidents to ensure the right actions had been taken at the right time to support people.

People's care plans provided good step by step information on how to support people. The care plans lacked detailed information about legal decision making for people who do not have capacity. We will follow this up at our next inspection. Some people's care plans needed to be updated. The manager had identified this and was working on a plan to address it.

How good is our staff team?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

People were not rushed, and staff took time to provide support at a pace that suited people. Staff were respectful of people's homes and knew people and their families well.

Staffing arrangements were mostly based on assessed levels of need. There were occasions when people's social support was cancelled or reduced due to staffing levels. This meant that some aspects of people's needs were not met. The manager had recently filled vacancies and was confident that all support hours would be covered.

Staff advocated for people when they felt that they needed more support hours and this would be discussed with the appropriate agencies. This meant staff were evaluating people's needs and recognising when they needed more support.

Safer recruitment processes were followed, and we observed that appropriate documentation was in place for this. The manager was considering how people could become more involved in recruitment.

New staff benefited from a structured induction, including a probationary period and opportunities to shadow experienced colleagues. This helped ensure they understood people's support needs and were prepared for their role. Families told us they valued this as it provided consistency and confidence in the service. Staff told us they felt supported in their role and had access to one-to-one supervision which supported wellbeing and practice development.

Staff competence was monitored through observations or practice to identify strengths and any areas for development. One staff member shared, "I love my job, it is a privilege".

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

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

People had care plans that provided clear guidance on the support they required. One page profiles, specific care plans, and risk assessments generally contained good detail and were person centred, reflecting what mattered to people. This supported staff to deliver consistent and personalised care. People were involved in planning their care and support and the plans reflected this.

There were inconsistencies between care plans stored electronically and folders in people's homes. Some documents required to be updated. This meant staff may not always have the most accurate information regarding people's needs. The manager had identified some of these issues and had an action plan and tracker in place.

People's care reviews were held within regulatory timescales. There was evidence of participation in reviews and people, and their families told us they were involved in reviews. However, some of the review minutes did not fully reflect this. Some review minutes had no actions recorded. We discussed this with the manager who was responsive and we were confident it would be addressed.

Risk assessments were in place and updated when people's needs changed, showing good communication and oversight.

Some people were supported by a welfare guardian. This information was not always recorded in people's care plans. It should be clear what powers are in place and how these are to be delegated. This would help to ensure that any restrictions for people are necessary, and staff are clear about people's rights, choices and decision making (see area for improvement 1).

Areas for improvement

1. To ensure people are supported in accordance with their care plan, the provider should ensure that people's care plans provide accurate information about their needs. This should include up to date information regarding their capacity, decision making and contain relevant legal documentation to support this.

This is to ensure that 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).

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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