

# Aberlea House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 January 2026

**Service provided by:**  
Seabank House Committee

**Service provider number:**  
SP2003000020

**Service no:**  
CS2003000250

## About the service

Aberlea House is a spacious three storey mid terrace Victorian building in a residential area of Aberdeen City Centre. Aberlea House is a care home registered to provide long-term care and support for up to five people who have a range of enduring mental health problems.

There is a communal sitting room, dining room and kitchen on the ground level. There is one bedroom on the ground floor, as well as a bathroom and laundry facilities. There is easy level access to the garden for people using the service. Additional single bedrooms are located on the upper floors with shower and bathing facilities on each level.

The provider is Seabank House Committee, a voluntary organisation. The service aims to respect each individual as unique and provide opportunities for individuals to become as independent as possible.

The service's most recent development plan states; 'We base our care on the supported living principles - providing a safe and secure homely environment where residents are encouraged and assisted to live as independent a life as possible, so reaching their full potential'.

## About the inspection

This was an unannounced follow up inspection which took place on 14 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 three people using the service;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- People using the service told us they were happy with their support and living at Aberlea.
- Staff treated people with respect.
- Quality assurance processes and support plan documentation had improved.
- The service had benefitted from recent refurbishment.

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

### Requirements

#### Requirement 1

By 13 June 2025, the provider must ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210, regulation 4(1)(a). Health, welfare and safety of service users.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate'. (HSCS 4.18).

This requirement was made on 7 April 2025.

#### Action taken on previous requirement

The service had reported the required notifications, as is required of all services, to the Care Inspectorate since our last inspection.

The service had improved accident and incident reporting by introducing a separate folder for all accidents and incidents, including individual reports held in people's own support folders. An additional check had been added to forms to remind staff to consider if the incident was reportable to the Care Inspectorate which supported staff with reporting.

We found that some accident and incident reports in people's own support folders, had not been added to the main folder, which risked some incidents not being tracked fully. The Senior agreed with our findings and will check these during case file audits.

**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 ensure managers have a clear understanding of areas of improvement and development of the service, and that people's care and support benefits from effective quality assurance processes, the manager should ensure all audits are carried out thoroughly and consistently, in order to identify any areas for improvement, and that a development plan for the service is put in place to monitor and track progress.

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

**'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19).**

**This area for improvement was made on 7 May 2025.**

#### Action taken since then

A range of audits and quality assurance processes had been put in place to monitor the performance of the service. These included case file audits, reviews of residency agreements, cleaning and room audits, and staff supervision / appraisal planners.

The manager of the service had provided a service improvement plan; however, this was a shared plan with another service also registered to the same provider. This meant that it was not clear what areas of the plan related specifically to Aberlea. We discussed how the plan could be improved, and we will monitor this at our next inspection.

People using the service had opportunities to feedback about the service via six monthly questionnaires, and regular meetings with staff. People we spoke to during our inspection, expressed that they were happy living at Aberlea, and that the staff were very good.

All staff had received supervision and an appraisal since our last inspection, and staff reported that they were clearer about their roles, and were more organised and focused when on shift.

**This area for improvement is met.**

#### Previous area for improvement 2

In order to ensure that the service is maintained to a high standard and that surfaces are clean and cleanable; the manager should ensure that high touch areas, including but not limited to:

- a) Bannisters to the upper levels of the building.
- b) Doors.
- c) Floors and wall coverings are regularly maintained to ensure cleaning is effective and to reduce the risk of cross contamination to people using the service.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24).

This area for improvement was made on 7 May 2025.

### Action taken since then

A refurbishment programme was in operation at time of inspection. This included re-painting of the lounge area and new flooring of this area. In addition bannisters and stairwells had been sanded down and revarnished to a good standard, which meant that these high traffic areas were easier to keep clean, and reduced risks of cross contamination.

Doors and walls had also been re-painted, and de-cluttering of some areas had also taken place. This ensured that surfaces were easier to keep clean, which reduced risk of infection. Cleaning was on-going during the day of inspection and cleaning records, and monthly audits had been completed.

This area for improvement is met.

### Previous area for improvement 3

In order to ensure that people who lack capacity are fully represented, managers should ensure that the capacity of people is clarified in support plans, legal documentation confirming the powers of their representatives are in place in care plans, and where necessary, Sec 47 treatment orders are in place.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2.12).

This area for improvement was made on 7 May 2025.

### Action taken since then

Relevant legal documentation including Guardianship orders and consent to medical treatment orders were in place, or had been requested of the relevant professionals at the time of this inspection.

We reminded the manager to ensure that consent to medical treatment orders were requested promptly when required, and followed up to ensure that these were put in place promptly.

This area for improvement is met.

### Previous area for improvement 4

In order to ensure that risk assessments are clear, easily accessed by staff in emergencies and reviewed at appropriate intervals, managers should ensure that risk assessments are clarified and the frequency of review dates should be in line with level of risk to ensure that any changes are recorded promptly, in order to keep people safe.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14).

This area for improvement was made on 7 May 2025.

#### Action taken since then

The service was in the process of updating and improving specific risk assessments at the time of this inspection. This work was well underway with over half of the residents having new completed risk assessments in place.

The new format provided clear and detailed information for staff to follow, which was easier to access in emergencies. Staff had worked hard since our previous inspection to ensure risk assessments were clear, easy to follow and set out what actions were required to safeguard people.

This area for improvement is met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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