

Len Ironside Centre Support Service

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Type of inspection:
Unannounced

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Service provided by:
Aberdeen City Council

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About the service

The Len Ironside Centre is a day service and care at home housing support service for people with learning disabilities situated in a residential area of Aberdeen city. It is close to local transport links, shops, and other community services. The service is registered to provide care for up to 80 people. At the time of the inspection the service was supporting 43 people in the day service and one person with care at home.

The accommodation is arranged over one floor with a variety of activity rooms and office spaces. There are a number of bathrooms, some with specialist changing facilities. There is a central communal café area, which leads on to a large accessible, safe outdoor space with gardens, nature walk, and play equipment.

About the inspection

This was an unannounced inspection which took place on 3 and 4 February 2026. The inspection was carried out by two inspectors 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 nine people using the service and nine of their family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff had developed meaningful relationships with people.
- Staff worked well together.
- People were meaningfully involved in aspects of service delivery and development.
- People overwhelmingly reported positive experiences.
- The provider should continue to make improvements with personal planning.

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 leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	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 evaluated performance in this key question as being of a very good standard. The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement, with opportunities being taken to strive for excellence within a culture of continuous improvement.

People's needs had been holistically assessed and staff worked hard to ensure that people's personal outcomes were met.

We heard lots of laughter and friendly exchanges of "banter" between people experiencing care and the staff team. This resulted in an upbeat atmosphere where people were free to be themselves and express their personalities.

People benefitted from a wide range of opportunities and activities to meet their assessed needs and staff appeared driven to ensure that people had positive experiences throughout the day.

People enjoyed coming to the centre. They told us, "I like to see my friends" and "I like the staff". They told us about the wide variety of groups, activities, and opportunities the service provided and we saw people engage in baking and enjoying pamper and art and craft sessions. We enjoyed a performance from an inclusive Makaton choir which enhanced communication and connection for people.

A range of communication methods were used to support people to express their needs. We saw people communicating through sign language, using technology, and staff supported people with 'eye gazing' techniques and points of reference. This contributed positively to people being able to engage with others more effectively to express their views and have their needs met.

People were being supported by a staff team that knew them well. Staff were attentive to people's needs and vigilant about changes in people's presentation, reacting quickly to health concerns. We heard from families how staff supported them to access services for their loved ones, lightening the load a little from their caring responsibilities.

People could be confident that their health needs would be met. Staff worked well with other professionals within the scope of their involvement. For example, providing support and feedback to speech and language therapists in relation to communication aids. Guidance from other professionals, such as eating and drinking, were available and well signposted within care plans and corelating risk assessments were available. This meant that people were supported to eat and drink safely.

Communication between staff supported consistency of care and ensured that staff were aware of changes in people's needs. Regular briefings took place and staff updated each other about logistics of events and activities throughout the day. Staff coordinated breaks to optimise observation levels across the building. This ensured that people's health and care needs continued to be met effectively.

New staff benefitted from very good induction processes and received sufficient training and support to equip them to feel confident to provide care and support to the people experiencing care.

There was a good system in place for supporting people with their medication in the centre. All prescribed medication was dispensed specifically for administration in the centre and records consisted of an

information sheet and a signature sheet. Records and stock were audited monthly and this included checking on any protocols or guidance from other professionals. This helped to ensure that information was reviewed regularly and accurate, ensuring safe administration of medication.

'As required' medication was described within protocols that described how staff would recognise when it was required. This ensured a consistent approach, ensuring the medication was administered in line with the prescriber's intention.

The staff also provided care at home for some people. Medication administration during times of support were on an "as required basis" and relatively infrequent. The manager should ensure that medication management under these circumstances is consistent with best practice and the provider's own policy and procedures (see area for improvement 1).

Areas for improvement

1. To ensure that people from all areas of the service consistently receive medication safely, the provider should ensure that management and administration of medication procedures for people who receive care at home follow their own policies and procedures and best practice guidance.

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 meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

4 - Good

There were a number of important strengths identified in leadership performance which, taken together, outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. We have, therefore, evaluated this key question as being good.

We received overwhelmingly positive feedback from all stakeholders when we asked them about the performance of leaders in the service. We heard how they were approachable and proactive, making necessary changes to support better outcomes for people. This contributed positively to people's confidence in the way in which the service was being managed.

Leaders had good oversight of all areas of service function. They also demonstrated a very good knowledge of what was happening for people experiencing care and their families.

The provider used comprehensive quality assurance and audit processes which covered all relevant areas of service functions. Best practice guidance regarding external and cross-service auditing helped to support and drive improvement. Information from quality assurance processes linked directly with the quality framework for the service type and identified core assurances which are key areas of service function that are essential to a service being safe (see areas for improvement 1 and 2 in 'How good is our setting?').

People experiencing care and their representatives were included in the process. Opportunities were provided to give feedback about their experiences and where they would like to see improvements made. This led to a more dynamic improvement plan where people felt that their opinions and ideas were valued.

During the inspection we found that leaders were not aware of or could not easily access some of the information relevant to core assurances. In particular, in relation to safer staffing and safety certification for

the environment. We also found that quality assurance processes had failed to identify some of the issues found at inspection.

Recent changes in documentation, for example quality assurance processes and personal planning, demonstrated that leaders had shared and learned from incidents and investigations from other services. However, this learning had not been shared with the wider staff team which led to a lack of understanding as to why changes were necessary. We discussed with the provider during the inspection about supporting staff to understand the reasons why changes were needed.

How good is our staff team?

5 - Very Good

The service demonstrated major strengths in staffing arrangements, there were very few areas for improvement. Opportunities were taken to strive for excellence within a culture of continuous improvement. Therefore, we have evaluated performance of this key question as being very good.

Staffing arrangements were determined by an ongoing assessment of people's needs. An overall planner was maintained that informed decisions to ensure the right staff were on duty at the right times which contributed positively to people experiencing safe support that met their assessed needs.

People benefitted from a staff team that were improvement-focussed and that worked well together. There were established processes and regular opportunities to share information about their work and how best to meet and improve people's outcomes.

Weekly team meetings involved the full team. Staff told us that they could add to the agenda in advance which helped to make sure their views were considered even if they did not feel comfortable or confident to speak in large groups. Some staff told us that they did not always feel consulted about changes and decisions made at a senior level, resulting in a lack of understanding of why changes were necessary.

Staff were supported through a variety of processes. Performance for professional supervision was above the standard required. Staff engaged in monthly supervisions which consisted of one-to-one and group supervisions, with wellbeing checks built in. Formal supervision was pre-planned giving staff an opportunity to consider what they needed to discuss. It was positive to see that reflective discussions were included as standard, prompting staff to reflect and discuss a variety of topics which led to both personal and service improvement.

Staff received a range of training which included the provider's mandatory training but also training that aligned to the specific needs of the people being supported by the service. For example Makaton, positive behavioural support, and PEG (percutaneous endoscopic gastronomy) tube feeding. This meant that people could be confident that staff had the right skills to support them with complex needs.

We received overwhelmingly positive feedback about staff from people experiencing care and their representatives. They told us that staff engaged with them respectfully and that they demonstrated high levels of care and compassion as they went about their job.

How good is our setting?

4 - Good

We evaluated the quality of the environment as good. There were a number of important strengths which outweighed areas for improvement.

The service was set in a bright and spacious building with a range of rooms and areas for people to enjoy quiet time, as well as the company of groups. People told us they enjoyed coming to the centre and to see and spend time with friends.

The walls were decorated with lots of photographs and pictures that reminded people of the activities they had been part of and enjoyed.

There was a large accessible outdoor space with specialist equipment to support sensory needs and where people had fun. There was space to walk, be alone, a garden, and enjoy the benefits of nature. We saw lots of evidence from events and activities that had taken place outside throughout the year.

The internal environment is showing signs of general wear and tear and would benefit from redecoration as this has not been done since the service opened.

Due to the needs of the people experiencing care, the service required access to lots of care equipment, for example hoists and physiotherapy equipment. Staff were vigilant about health and safety, keeping areas where the equipment was stored in good order. It is important that staff regularly review what is needed to avoid clutter.

There were systems and processes in place for reporting repairs and staff were good at identifying and reporting concerns quickly. Repairs were wholly dependent on the availability of the maintenance team and external contractors. However, where repairs were signified as being urgent, these generally completed within a 48-hour period.

While there was a property management folder held in the building, some of the required information was out of date or absent from the file. Some information was held centrally but was not easily accessible and those managing the information were reluctant to share the information with inspectors (see area for improvement 1).

There was a nominated person identified to lead in infection control. Quality assurance checks were completed regularly and we saw cleaning schedules completed accurately. We saw cleaning of frequently touched surfaces being completed during the inspection which contributed positively to reducing the risk of cross-infection.

Some infection prevention and control practices needed to improve. Some staff did not demonstrate that they were working within the current guidance for community settings or the provider's own policy, specifically in relation to hand hygiene. This could increase the risk of infection to people experiencing care, visiting, or working in the setting (see area for improvement 2).

Some alcohol-based hand rub dispensers were empty during the first day of the inspection. It is important that these be kept topped up to ensure people experiencing care and staff can sanitise their hands and prevent the spread of infection. The service rectified this during the inspection.

We noted that there were hand driers in the bathrooms and, while we understand that these are likely to be being used to help support independence for people experiencing care, these also increase the risk of the spread of infection and there were no risk assessments. The service completed these before the inspection concluded.

Staff had access to sufficient supplies of materials to support good infection control and management practice. Personal protective equipment was available at point of care and staff had received training relevant to its use.

Areas for improvement

1. To promote environmental safety for people experiencing care, the provider should ensure that they track compliance of and have access to relevant environmental safety certification.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.23); and 'My environment is safe and secure' (HSCS 5.19).

2. To help protect people from infection, the provider should, at a minimum, ensure that:

a) staff have knowledge of and follow best practice policies and procedures for infection prevention and control in all aspects of care provision but specifically in relation to hand hygiene; and

b) that there are processes in place to monitor staff practice with appropriate action being taken to address any issues.

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, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

4 - Good

There were a number of important strengths in the quality of personal planning which had a significant positive impact on people's experiences and outcomes. Therefore, we have evaluated this key question as good.

The provider was in the early stages of transferring people's information onto a new format for managing people's care. The new format evidenced how people's care and support aligned with the 'Health and Social Care Standards', as well as providing detailed information about how people should be supported to achieve their personal outcomes.

At the time of inspection only one plan had been fully completed in the new format. We suggested that the service should ensure that time is set aside for staff to be able to complete this work to ensure a consistency in the quality information setting out how people's needs would be met.

Overall, the information in personal plans was person-centred. However, some plans provided more detail than others. The service supported someone in their own home and while relevant information was provided, greater detail was needed to describe the strategies staff used to effectively manage stress and distress and support with medication.

The service focused on people's strengths and plans described how to best support people achieve personal outcomes. We saw that the support that people received matched what was written in their plans. This meant that people received care and support that met their assessed needs.

People and their representatives had been involved in a meaningful way to ensure that their views were taken into account while planning and reviewing their care. The service also regularly engaged with other professionals who were involved in people's care, for example the community learning disability team, which ensured a more holistic approach to care delivery.

Care reviews were completed six-monthly. Overall minutes from reviews described progress towards meeting previously agreed goals. Some minutes lacked detail of agreed actions from topics discussed. This meant it would be difficult to track people's progress or any areas for improvement.

Where people were subject to legal orders to support with decision making, for example guardianship orders, some legal documentation was available. This helped ensure that the right people were consulted at the right times. There was some confusion with regard to capacity and decision making where people needed support with medication and the service did not have appropriate legal documentation in place. While the provider took measures to rectify this during the inspection, staff would benefit from further training to support understanding of working with the 'Adults with Incapacity (Scotland) Act 2000' (see area for improvement 1).

The service completed regular quality assurance checks of personal plans. Where improvements were identified, staff tracked and updated progress to help maintain good standards of record keeping.

Areas for improvement

1. To ensure that people's rights are upheld, staff should undertake training relevant to their role to work legally and effectively with the 'Adults with Incapacity (Scotland) Act 2000' and additionally ensure that relevant legal documentation is contained within people's personal plans.

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, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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