

Aberdonia Care Limited Support Service

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Type of inspection:
Unannounced

Completed on:
5 March 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 18 February 2026 and 3 March 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 three people using the service and nine of their family
- spoke with three staff and management
- had contact with 16 staff through an e-mail survey
- had e-mail contact with three professionals
- reviewed documents.

Key messages

- People mainly experienced kinder interactions and improved day-to-day support, which increased their confidence in the care they received.
- Quality assurance and oversight had strengthened, helping people experience safer and more reliable care.
- Care visits were mainly more consistent, which meant people were less likely to face delays or missed support.
- Staff induction, training and supervision had improved, meaning people were more likely to be supported by staff who understood their needs.
- Some elements of health support and medication practice were inconsistent, which meant people were at risk of gaps in important aspects of their care.
- Planning for complex needs was inconsistent, increasing the risk that some people's needs were not recognised or responded to as they should be.

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 staff team?	3 - Adequate
How well is our care and support planned?	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 re-evaluated the service and found it was performing at an adequate level. This reflected improvements in many people's day-to-day experiences, including kinder interactions, better communication, improved support with personal care and more predictable visit times. This helped some people feel more supported and stable in their daily lives.

We followed up on the requirement for the provider to ensure people had appropriate support around their health and wellbeing needs. Although the service had made progress, some inconsistencies remained and the requirement was not met.

Guidance was not always clear for people who required specific help, for example support with eating and drinking, continence, anxiety or confusion. This limited staff's ability to notice changes and act at the right time. Records did not always show what support staff had provided for health needs. This increased the risk of people's needs not being met appropriately.

Medication support remained inconsistent. Gaps in written information meant staff did not always know whether and how medicines were given, the level of help each person needed, or instructions for medicines given occasionally. These gaps reduced confidence that some people received safe and reliable support with medicines.

How good is our leadership?

3 - Adequate

We re-evaluated the service and found it was performing at an adequate level. This reflected stronger monitoring and oversight, which meant concerns were more likely to be identified and addressed promptly, helping improve outcomes for people.

We followed up on the requirement for the provider to implement and use reliable quality assurance systems. We found that progress had been made and the requirement was met.

Quality assurance systems and processes were supporting improved outcomes for people. Managers had clearer oversight of visit delivery through the new electronic logging system, there were more regular checks of support plans, daily notes and staff practice. Staff supervision and observations happened more consistently, and safer recruitment files were better organised with the required checks completed. Complaints and protection records were up-to-date. Taken together, these improvements meant people were more likely to receive support as planned.

How good is our staff team?

3 - Adequate

We re-evaluated the service and found it was performing at an adequate level. This reflected more reliable visit delivery and improved staff training. This helped people experience steadier routines and increased their confidence in the service.

We followed up on the requirement for the provider to ensure people received the right support at the right time. We found that progress had been made and the requirement was met.

Visit times were more consistent. The new electronic system helped managers identify late, short or missed visits and respond in real time. Several people and families told us visits were more predictable. Staff found the system helpful, and we saw managers using it during the day to follow up issues. These improvements meant people were more likely to receive visits as planned.

People and families did not always receive rotas in advance. People were sometimes unsure about expected visit times or changes to the planned carer. The service should make sure people and families receive timely information about who will be visiting and when (see 'Area for improvement 1').

We followed up on the requirement for the provider to ensure staff were competent, confident and properly trained. We found that progress had been made and the requirement was met.

Staff induction was more structured. Induction now included shadowing, observed practice and competency checks before staff worked alone. Managers checked understanding before assigning independent visits. A supervision, appraisal and spot-check tracker supported more consistent oversight. Training records showed improvement in key areas such as moving and handling and adult support and protection. Staff feedback was mainly positive, and several people and families described carers as supportive and respectful. These developments meant people were more likely to be supported by staff who were prepared to deliver safe and respectful care.

Areas for improvement

1. To support people to plan their days and feel confident about who will be providing their care, the provider should ensure people and families receive clear, timely information about who will attend and when.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "I know who provides my care and support on a day-to-day basis and what they are expected to do." (HSCS 3.11) and "People have time to support and care for me and to speak with me." (HSCS 3.16)

How well is our care and support planned?

3 - Adequate

We re-evaluated the service and found it was performing at an adequate level. This reflected some stronger elements of assessment and planning, which helped staff support many people more consistently in their day-to-day care.

We followed up on the requirement for the provider to ensure planning was robust, accurate and used to guide person-centred care. Although the service had made progress, important inconsistencies remained and the requirement was not met.

Pre-assessment information was more structured, plans in several files were more personalised, and reviews were tracked more consistently. In some cases, we saw stronger links with health professionals. This meant staff were more likely to have up-to-date information to guide everyday support. These developments helped some people experience more consistent care and provided reassurance that the service was strengthening its approach. However, key elements remained inconsistent for some people. Condition-specific risk assessments were not reliably in place for people who needed them, for example, those with diabetes, swallowing or choking risks, catheter care needs or cognitive changes. Some plans did not include clear instructions about what to monitor, how to respond to changes, or when to escalate concerns. Anticipatory and end-of-life planning also required further development to reflect people's wishes and the actions staff should take. These gaps meant staff did not always have the guidance they needed. This increased the risk that people's needs would not be recognised or supported consistently.

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

Requirements

Requirement 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).

This requirement was made on 19 January 2026.

Action taken on previous requirement

The service had made some progress in improving people's day-to-day experiences. However, some elements of health support and medication practice were still inconsistent. This increased the risk that people's health needs would not be recognised or responded to promptly (see 'How well do we support people's wellbeing?').

This requirement had not been met. We have agreed to extend the timescale for completion until 16 April 2026.

Not met

Requirement 2

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)

This requirement was made on 19 January 2026.

Action taken on previous requirement

The service had strengthened how it monitored care. This included clearer oversight of visits and more consistent checks of care records and staff practice. This supported improvements in people's care (see 'How good is our leadership?').

Met - outwith timescales

Requirement 3

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).

This requirement was made on 19 January 2026.

Action taken on previous requirement

Visit delivery had become more reliable, and managers were able to respond more quickly when issues arose. This meant people experienced steadier routines and were less likely to face delays or missed care (see 'How good is our staff team?').

Met - outwith timescales

Requirement 4

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)

This requirement was made on 19 January 2026.

Action taken on previous requirement

Induction, training and supervision had improved, and staff were better prepared and supported in their roles. This meant people were more likely to receive safe and respectful care from workers who understood their needs (see 'How good is our staff team?').

Met - outwith timescales

Requirement 5

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)

This requirement was made on 19 January 2026.

Action taken on previous requirement

Assessment and planning had improved in some areas, but essential clinical guidance and risk assessments were still inconsistent. This meant staff did not always have the information they needed. This increased the risk that some people's needs would not be recognised or responded to consistently (see 'How well is our care and support planned?').

This requirement had not been met. We have agreed to extend the timescale for completion until 16 April 2026.

Not met

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 staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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