

# Leggart Terrace Service Care Home Service

49-51 Leggart Terrace  
Aberdeen  
AB12 5UA

Telephone: 01224 896 747

**Type of inspection:**  
Unannounced

**Completed on:**  
3 April 2026

**Service provided by:**  
The Richmond Fellowship Scotland  
Limited

**Service provider number:**  
SP2004006282

**Service no:**  
CS2003000237

## About the service

Leggart Terrace is a care home for adults and is situated in a residential area of Aberdeen. The service provides residential care for up to eight people. The service location is close to public transport links.

The service is provided in two large, detached houses which have a ground floor and upper floor. People have their own room and access to shared communal areas. The provider of the service is The Richmond Fellowship Scotland.

## About the inspection

This was an unannounced inspection which took place on 1 and 3 April 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- spoke with six people using the service;
- spoke with seven staff and management;
- observed practice and daily life; and
- reviewed documents

**Key messages**

People were involved in planning their support.

Improvements had been made to people's care plans.

Improvements had been made to environment.

Staff knew people well.

The management and storage of people's medication had improved.

Quality assurance processes need to be carried out consistently.

**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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - 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?

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 involved in planning their care and support. Staff supported people with medication, mental health, finance and daily living skills. People were supported and enabled to do things that they enjoyed. One person told us, "I enjoy my season ticket and going to the football, sometimes with another person and sometimes with staff". We observed warm interactions and relationships between people. Staff knew people well and it was evident that staff had established positive, trusting relationships with people.

People told us they were happy with their care and support and felt confident to raise any issues with staff or management. Any issues raised by people were dealt with responsively by management and the provider. The service had a risk management plan in place to support the situation which staff were aware of. This meant issues were being managed safely. People told us they had enjoyed choosing colours for their rooms to be decorated and were involved in planning some refurbishments.

Staff identified changes to people's health and wellbeing and supported people to access external supports and treatment. There was good communication with external agencies. This meant people got the right support and the right time.

There was a positive atmosphere, and people accessed communal areas and enjoying spending time together. It was evident that people felt at home and valued the staff and support.

It was positive that documentation about people's capacity to make decisions was available in the service. This meant that staff had the correct information regarding people's ability to make choices and decisions.

Improvements had been made to the management and storage of people's medication. We made a requirement regarding this at our last inspection. We have reported our findings under 'What the service has done to meet any requirements we made at or since our last inspection'. This has been partially met; we have made an area for improvement for the outstanding issues (see area for improvement 1).

Accidents and incidents were recognised and reported. Outcomes were recorded to ensure people's wellbeing and safety. This supported learning and helped manage risk to prevent something happening again.

Improvements had been made to the environment. It was much cleaner and kept to a more acceptable standard. There were appropriate stocks of Personal Protective Equipment (PPE). This meant people were protected from the risk of infection.

### Areas for improvement

1. To ensure people receive the right level of support with medication the provider should ensure that:
  - a) there are risk assessments in place for the management of all people's medication; and
  - b) there are medication assessments noting the level of support people require with their medication.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

### How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

There had been some temporary changes in the leadership of the service since the last inspection. At the time of the inspection the service was being supported by the registered manager and team leaders from other nearby services. Whilst this had meant change for staff and people, it had been managed well. People and staff told us that management were visible, supportive and approachable.

Team leaders attended staff handovers and supported oversight of the service. It helped reduce complacency and identified issues for people or guide staff on any actions that needed to be taken. This supported people's wellbeing, rights and opportunities and contributed to staff's learning and understanding.

We observed that there was an improvement in recognising restrictive practice and people's rights. Appropriate documentation was now in place regarding people's legal capacity to make decisions.

The leadership team had introduced 'staff champions' for different areas of the service. This had a positive impact on quality assurance, oversight, staff development and accountability.

The management team had oversight of staff training, supervision, complaints and accident and incidents. There were weekly stock checks of Personal Protective Equipment (PPE).

Weekly medication audits and checks were being carried out and completed fully which was an improvement. There had been one medication incident when someone's stock ran out but this was managed quickly and a step-by-step process was in place to prevent this happening again.

Some quality assurance processes were not being completed consistently or were not fully completed. We made a requirement regarding this at our last inspection. This has not been met. We have reported our findings under 'What the service has done to meet any requirements we made at or since our last inspection'. We were reassured that essential maintenance checks were being carried out.

People were aware of how to raise concerns and complaints. The service had worked alongside someone regarding a recent complaint. There had been a responsive approach. The service was working alongside the person to resolve and improve things.

People were able to provide feedback about their experiences through care reviews and were consulted regarding service improvements. Leaders had oversight of people's review meetings.

The service had a service improvement plan to direct improvements and people had been involved in this and were actively suggesting improvements. This was positive and evidenced people's participation in the development of the service. Some of the service improvement plan required to be updated.

Staff training was completed to a good level and staff had recently completed training in restrictive practice. The service had an outstanding area for improvement regarding quality assurance training. This has not been met. We have reported our findings under 'What the service has done to meet any areas for improvement we made at or since our last inspection'.

## 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.

Staffing levels and arrangements were planned in line with people's needs and allocated support hours. There was flexibility if there was a change in people's needs or an event. The service was fully staffed and had recently recruited more bank staff to cover any absences or annual leave. This helped ensure people had consistent support from staff they knew well.

Staff spoke positively about arrangements, particularly in relation to some changes to the staff rota. This had improved staff wellbeing and did not impact on service delivery. Rotas were planned and people knew which staff would be working.

Staff had been recruited in accordance with national safer recruitment guidance.

Staff's competence and practice was monitored using observations of practice and the dates for these were recorded.

The service had a supervision tracker in place and staff had access to one-to-one supervision. Team meetings were held and staff were able to participate in these.

Staff reported feeling positive about the service and the team appeared to work well together.

Staff treated people with dignity, were respectful and had good knowledge of people's needs. People living in the service spoke very positively about staff.

## How good is our setting?

4 - Good

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

The service is provided in two houses. Some of the rooms have ensuite facilities and some people have access to a shared bathroom. We observed that there had been an improvement to the cleanliness and maintenance of the environment. We made an area for improvement regarding this at our last inspection. This has been met and we have reported our findings under 'What the service has done to meet any areas for improvement made at or since our last inspection'.

Cleaning schedules were completed and tasks shared amongst staff. Infection prevention and control practice had improved. Personal Protective Equipment (PPE) stations had been installed and there were appropriate stocks of PPE equipment. This helped protect people from the risk of infection.

Chemicals and cleaning products were stored appropriately and items which should be locked away were stored securely. Staff carried out health and safety audits consistently and there was improved oversight of the environment. This meant people's environment was safely maintained, managed and monitored.

People's bedrooms were personalised and people had been involved in choosing colours and furniture. There had been significant refurbishment to two ensuite bathrooms. People shared that they were happy with the improvements. There is an environmental improvement plan in place for further refurbishment of the service.

Essential maintenance checks were carried out regularly and the appropriate paperwork was in place for this.

### 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.

There had been improvements to people's personal plans. The plans were now fully completed and provided clear information about people's needs. We observed the plans had detailed step-by-step information about people's likes, dislikes, triggers and useful strategies.

The plans were person centred and we observed that people had participated and been involved in updating their plan. There were risk assessments in place and people's support was reviewed within the required regulatory timescales.

We suggested that all people should have a medication assessment in place in case they are ever prescribed medication. This would ensure staff have the right information to support people.

People's daily notes described the activity, support and wellbeing of people. Some of the notes considered people's outcomes and some were more task focused.

Personal plans contained relevant paperwork regarding people's capacity and ability to make decisions for themselves.

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

### Requirements

#### Requirement 1

By 13 February 2026, the provider must ensure that people's medication is stored safely and securely.

In order to achieve this, the provider must at a minimum:

- a) ensure that there are appropriate risk assessments in place regarding people's medication;
- b) ensure the safe storage of medication; and
- c) ensure that medication audits are fully completed

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

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

'I experience high quality care and support based on relevant evidence, guidance, and best practice.' (HSCS 4.11).

**This requirement was made on 17 December 2025.**

#### Action taken on previous requirement

Most people had medication assessments in place. One person who does not have any prescribed medication in place did not. We suggested that an assessment is undertaken to support staff in case the person is ever prescribed medication. We have made an area for improvement regarding this.

Medication was stored safely and securely. The service should consider the risk assessment and management plan for people who manage their own medication to ensure it continues to be stored safely and is not accessible to other people.

Medication audits were fully completed. The service has made arrangements to have a controlled drugs cupboard and book to be prepared in case anyone is ever prescribed a controlled drug.

**Met - within timescales**

## Requirement 2

By 13 February 2026, the provider must ensure that there are robust and consistent quality assurance systems in place to monitor all aspects of the service provided.

To do this the provider must ensure, at a minimum:

- a) effective quality assurance systems are in place and fully completed to ensure standards are maintained;
- b) clear action plans with timescales are devised where deficits and/or areas for improvement have been identified; and
- c) action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

This is in order to comply with regulations 3 and 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

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

We have extended this requirement until 26 June 2026.

**This requirement was made on 17 December 2025.**

### Action taken on previous requirement

Since the last inspection only one Health & Safety Walkaround audit had been undertaken and it had not been fully completed. The provider's procedure is that the audits take place monthly.

Staff were completing their health and safety checks and cleaning schedules had been updated and were maintained.

Actions plans were in place. There was a service improvement plan in place and people had been involved in this and in suggesting improvements. Whilst there is progress, the requirement has not been met and will be extended. There are to be some changes in management of the service and the extension will allow the service more time to make the improvements.

**Not met**

## 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 people experience an environment that is clean, safe and minimises the risk of infection the provider should ensure that there is:

- a) appropriate stock of Personal Protective Equipment (PPE);
- b) the environment, furnishings and equipment are safe, clean and tidy; and
- c) cleaning schedules are followed and monitored.

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

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

**This area for improvement was made on 17 December 2025.**

#### Action taken since then

There have been significant improvements to the cleanliness of the environment. Cleaning schedules were followed and completed.

There were appropriate stocks of PPE equipment.

There was refurbishment to some areas and a plan is in place for further refurbishment.

This area for improvement has been met.

#### Previous area for improvement 2

To improve outcomes for people and support a culture of continuous improvement, the provider should ensure staff in leadership roles are trained in quality assurance, supported in their role and allocated time to implement the service's quality assurance processes.

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

'I use a service which is well led and managed.' (HSCS 4.23).

**This area for improvement was made on 22 January 2024.**

#### Action taken since then

Training has been organised but has not yet taken place. This area for improvement has not been 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).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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