Leggart Terrace Service
Care Home Service

49-51 Leggart Terrace
Aberdeen
AB12 5UA

Telephone: 01224 896 747

Type of inspection:
Unannounced

Completed on:
30 June 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 29 June 2026 to follow up requirements made at the last inspection. 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 of the service we:

- we spoke with 8 people using the service;
- spoke with four staff and management; and
- reviewed documents and observed practice.

Key messages

Staff felt positive about the developments in the service.

There had been changes in the leadership of the service.

Improvements had been made to some quality assurance processes.

People valued their care and support and were involved in the planned refurbishment of the service.

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 good is our leadership?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

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 further changes to the leadership of the service and a new registered manager started post recently. Staff reported that they felt supported by the leadership of the service. We reviewed the outstanding requirement in relation to this key question. We assessed that this had been partially met, please see 'What the service has done to meet any requirements made at or since the last inspection'. We have made an area for improvement for the outstanding areas (see area for improvement 1).

Areas for improvement

1. To ensure that quality assurance systems and processes are effective, the provider should ensure that when issues are identified, they are addressed and there is a record of the action taken.

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).

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 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).

This requirement was made on 17 December 2025. The requirement was extended until 26 June 2026.

This requirement was made on 17 December 2025.

Action taken on previous requirement

We observed that quality assurance processes within the service had improved since the previous inspection. Systems and processes established by the provider were implemented more consistently, providing improved oversight and monitoring of service quality.

New leadership arrangements had recently been introduced, and the manager had been in post for a relatively short period. Despite this, there was a service improvement plan in place to drive, monitor and track progress against identified areas for development.

We identified some issues that had been recognised through quality assurance processes but had not yet been fully addressed. We were assured that these matters were understood by management and would be addressed. Given the recent leadership changes, it was acknowledged that time would be required for some systems, practices and expectations to become fully embedded within the service.

We assessed that the requirement has been partially met and have made an area for improvement for the outstanding areas.

Met - outwith 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 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).

This area for improvement was made on 3 April 2026.

Action taken since then

The service had risk assessments in place to support the safe management of people's medicines, including arrangements for the storage of most people's medication. However, we identified inconsistencies within one person's care plan regarding how their medication should be managed. This could result in staff receiving conflicting information and increase the risk of the person's support not being delivered consistently.

One person did not have a medication assessment in place. Although the person was not currently prescribed any medication, the absence of an assessment meant there was no clear guidance for staff should medication be required in the future.

This area for improvement has not been met and we will follow it up at our next inspection.

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.

This area for improvement was made on 22 January 2024.

Action taken since then

We assessed that this area for improvement has been met. The team leader has begun training in quality assurance processes, these are being carried out, and support is in place to ensure there is time to implement these processes.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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