

# Angusfield Care Home

## Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 March 2024

**Service provided by:**  
Whitefield Nursing Home Limited

**Service provider number:**  
SP2018013102

**Service no:**  
CS2016346124

## About the service

Angusfield Care Home is registered to provide care and support to a maximum of 40 older people. The provider of the service is Whitefield Nursing Home Limited.

The care home is situated in the west end of Aberdeen and is close to local amenities and public transport. The care home is divided into two separate areas. There is a purpose-built extension with accommodation for 24 people who have dementia. The main building provides accommodation for 16 older people.

## About the inspection

This was an unannounced inspection which took place on 5 March 2024 from 10:30 to 17:30 and 6 March 2024 from 10:00 to 17:00. The inspection continued virtually on 7 and 8 March 2024. The inspection was carried out by three 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 16 people using the service and 11 of their family;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

## Key messages

The atmosphere in the care home was calm and relaxed.

Staff knew people well.

The leadership of the service was visible to people and their families.

Some people felt there was not always enough to do.

The leadership of the service should ensure incidents are recorded timeously.

Observations of staff practice need to be carried out and recorded to ensure staff are competent in their role and identify any training needs.

## 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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very 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.

Staff knew people well and the positive relationships and connections enriched people's experiences and outcomes. People reported that they felt well cared for. Staff had good knowledge of people's needs and preferences. This meant people were able to direct their care and support.

Most people reported that they had enough to do. We observed different aspects of this in the different areas of the home. For example, in one area we observed people participated in activities such as exercise and most people had access to items such as newspapers. One person told us "there is always something on." However, in another area some families felt there could be more to do and there were periods of time when staff were less visible, particularly in the afternoon. We also observed this during the inspection. This was fed back to the management of the service, and we were confident this would be addressed.

The service had access to a minibus and regularly facilitated trips out which people enjoyed. Families appreciated being able to observe activities on the service's social media page which helped people stay connected. Whilst this was positive, the service should ensure all families receive an update as not everyone would be able to access social media.

Families and friends were able to visit whenever they wanted to and also reported that communication was good. Some people were able to attend community groups and events which was positive. There was also involvement with local schools within the service. This helped people stay connected to their community.

We observed that people's health and wellbeing needs were routinely assessed and reviewed. The service was proactive in making referrals to other agencies. We received positive feedback from a local GP. We observed some gaps in the recording of people's oral care. This meant we were unsure if oral care had been provided on those days. People told us they were able to shower when they wanted to.

Most people stated that they enjoyed the food. Special occasions were celebrated. People spoke about Burns Night and enjoying a takeaway such as fish and chips. One person told us "I eat it out the paper with my hands as that is what you are supposed to do." Most people were given choices about which drink they would like with their meal, however in one area of the home we observed people were not offered a choice.

People's medication was managed appropriately, and the service had relevant policies and procedures in place. The service should ensure that the dates of opening are recorded on people's topical cream medication. We observed a good understanding of people's nutritional needs and regular meetings took place about this. This helped ensure people received the right diet and support for their needs and promoted good outcomes.

We were not confident with some staff's moving and handling practice following an observation during the inspection (see area for improvement 1). This was reported to the leadership of the service and was addressed immediately. We also fed back that we observed some missed opportunities for staff to engage with people. For example, talking to someone whilst assisting at mealtimes. The manager of the service should ensure regular observations of staff practice are undertaken. This would help ensure staff have the necessary skills and knowledge to care for and support people.

The home was clean and tidy. A requirement was made at our last inspection regarding infection prevention and control practice. We assessed that this had been partially met (see what the service has done to meet any requirements we made at or since the last inspection).

We have made an area for improvement in relation to the outstanding issue of the kitchen flooring under Key Question 4.

### Areas for improvement

1. To ensure that staff have the necessary knowledge, skills and competence to support people safely, the provider should ensure that regular observations of staff practice are carried out.

This should include but is not limited to moving and handling practice.

This is to ensure that care and support is consistent with 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?

4 - Good

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

The management of the service was visible to people, staff and relatives. Throughout the inspection the manager of the service was approachable, open and transparent. People told us they knew who the manager was and felt confident that any issues raised would be addressed.

The management team worked well together which supported the staff team. People living in the service spoke positively about the manager. The leadership of the service presented as motivated, and person centred which promoted a positive culture in the service.

All staff had regular one to one supervision which supported their needs and development. There was also group supervision which addressed themes or areas of practice. People felt empowered and enabled in their role and staff enjoyed being 'champion' of key areas within the service.

The leadership of the service had a good overview and a clear understanding of people's needs. This was supported by a range of quality assurance tools and processes. A training matrix helped provide oversight of staff training and we were able to observe this was also discussed in people's supervision. Staff enjoyed the opportunity to participate in face-to-face training. This helped ensure staff were trained and had the right skills and knowledge to support people.

The management team advised a daily walk around the service was carried out. We observed that the walkarounds were not consistently recorded. Consistent records of the walkarounds would help ensure any issues were tracked and completed. It would also identify any patterns in issues identified. We fed this back to the service.

Accidents and incidents were recorded, and analysis had taken place. The management had good oversight of falls in the service. This helped minimise risk and supported people. We observed that there was a reflective learning culture in the service.

There were appropriate policies and procedures in place to guide staff practice and there was learning when things went wrong. Although appropriate referrals were made, and investigations undertaken, the management of the service should ensure that any risks to all people are considered and assessed when there is an adult protection concern.

During the inspection we observed that a medication error had not been recorded as an incident and also that staff had not made management aware of a further issue. We discussed this with the manager who was responsive. It was reiterated to staff that incidents need to be reported and also training has been developed for staff to reflect and learn from this. We were confident that the management of the service would continue to address this.

As stated in key question 1, the service did not routinely undertake recorded observations of staff practice. This is an area to develop as observations of practice would help ensure staff were competent in their role and also identify any learning needs. It would also support a culture of continuous improvement.

We observed that there was a service improvement plan and a service development plan which was positive, however it did not note when actions had been completed. To strengthen this, we advised that the service should record the dates when actions are completed and link the improvements to people's outcomes.

## 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.

People benefited from a consistent staff team who worked well together. We observed kind and caring interactions. However, as stated in key question 1, we also observed some missed opportunities for staff to engage with people when providing care and support.

Staff had regular supervision which was evaluative. Staff told us "I have supervision regularly and I can see what I am doing well." The themed training events were positive and were working.

The manager had oversight of people's training and staff that we spoke with had a good understanding of adult support and protection. Staff also valued face to face training which had been arranged. This meant people could be confident that the staff team were trained and supported to carry out their job effectively.

We observed that recruitment was managed appropriately, and relevant documentation was in place. The manager should try to ensure that independent references for people are also sought. This is to ensure that recruitment is objective and that safer staffing guidance is followed.

We observed that compliance with moving and handling training was good, however we observed it was not always followed. We also observed that the cleaning trolley was not locked, which meant people could have access to cleaning materials which could be harmful. These issues were fed back to the manager who responded immediately.

Informal observations of practice were carried out, but the only ones recorded were in relation to hand washing. Recorded observations of practice and spot checks would help ensure that staff have the right knowledge, skills and competence to care for and support people. This would help increase oversight, quality assurance and identify any training needs. We discussed this with the management of the service who were responsive and we were confident this would be developed.

## 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 home was clean and tidy during the inspection. All areas of the home were calm and relaxed. There was music playing in the background which people enjoyed.

The service development plan highlighted areas of improvement within the environment. We observed this was reviewed every six months. We fed back to the manager that it would be helpful to update the plan to reflect the actions which had been completed.

People's bedrooms were nicely presented and personalised. People's rooms had en-suite bathrooms and were homely.

People had access to a range of seating and dining areas. There was also a quiet room people used regularly, and families could use for special occasions. All areas were nicely decorated, maintained and well lit. The Benhope unit has made good use of dementia friendly signage to support people with their surroundings. There were also areas for people to sit and rest.

Families told us that although it was a larger unit it felt homely. One family shared that it could be disappointing when an activity had to stop to get the room ready for mealtimes.

We observed there was a system for maintenance in the home and that this involved oversight and support from senior operational staff. Maintenance records were completed appropriately. This helped ensure people were safe in an environment which was well maintained.

Cleaning schedules were in place and completed for day and night staff. Domestic staff had knowledge about the products they used. This helped ensure people were protected from infection.

The main kitchen was cleaned to a good standard. We observed that the floor in the kitchen had several areas which had been repaired and patched. This was worn and starting to lift at the edges and would impact on the ability to clean the floor. One area was a potential trip hazard. We noted this had previously been identified in an environmental health assessment in 2019. The provider confirmed this would be addressed (see area for improvement 1).

## Areas for improvement

1. To support a clean and safe working environment the provider should ensure that repairs are dealt with timeously.

This should include but is not limited to the kitchen flooring.

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

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

## How well is our care and support planned?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People's care plans were consistent and comprehensive. There was detail about people's needs, and preferences. The service used a range of assessment tools which helped maintain people's health and wellbeing. Staff were proactive in seeking advice and support from other professionals when it was required. People were viewed as experts of their own care and were involved in their care planning.

Care plans were reviewed every six months and people, and their relatives, were involved in review meetings. The actions of review meetings were recorded. There was a planner for people's reviews.

The electronic care plan system generated action plans when there was a change in people's needs. This was helpful and management were alerted to incidents or changes on the system. Risk assessments and risk management plans were in place for people and these were also reviewed on a regular basis.

Legal documentation was in place in people's personal plans. This helped inform staff of who should be consulted in relation to people's care. The service had moved some essential paperwork to the front of files which had been learning from an incident. This had a positive impact, and people's views were known and reviewed at staff meetings also.

The service had begun to develop anticipatory care plans for people. This should continue to be developed. There was a plan for this to continue to be developed and we were confident this would be. This would ensure that there was a detailed plan in place which noted people's wishes for end of life care.



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

### Requirements

#### Requirement 1

By 30/11/2022 the provider must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In order to achieve this the provider must:

- a) Ensure that the premises, furnishings and equipment are clean, tidy, and well-maintained.
- b) Complete deep clean of kitchen and pantry areas.
- c) Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place and effective to ensure that the environment is clean.
- d) Ensure that safe infection control practices are adhered to by all staff at all times.

This is to comply with Regulations 4 (1) (a) and (d) Welfare of Users and procedures for the prevention and control of infection) 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, which state that: 'My environment is secure and safe.' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

**This requirement was made on 22 November 2022.**

#### Action taken on previous requirement

During the inspection, the environment was clean, tidy and well maintained. The kitchen area was clean. The floor had been repaired but needed to be replaced as it had become worn. Cleaning schedules were in place and up to date. The home was well maintained. Staff were following infection control guidance in their practice.

**Met - outwith timescales**

### 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - 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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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