

Bon Accord Care - Kingswells Care Home Care Home Service

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Type of inspection:
Unannounced

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20 March 2024

Service provided by:
Bon Accord Care

Service provider number:
SP2013012020

Service no:
CS2017359559

About the service

Bon Accord Care, Kingswells Care Home is situated in the small town of Kingswells, to the west of Aberdeen City. It focuses on supporting people with dementia. The home provides support for up to 60 older people over two floors in a modern building. Each bedroom has an en-suite toilet/wash hand basin. There are communal shower and bathrooms. Each floor has large, communal sitting and dining areas, with small areas for people to use if they prefer to not be in the communal areas. The home is surrounded by trees and grassy areas, giving lovely views from the windows. There is a large garden which provides an accessible and safe outdoor space for people to enjoy. The home sits near to the GP surgery, the pharmacist and the shopping and community centre, with bus stops close by.

About the inspection

This was a follow up inspection which took place on 19 and 20 March 2024. 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:

- Observed several people using the service and spoke with two of their family
- Spoke with three staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- Families we spoke to were very happy with the home
- The atmosphere in the home was calm and the environment looked neat and tidy
- People seemed to be relaxed and enjoying their day as they chose
- Staff were all welcoming and happy to talk with us.

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our setting? | 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

In the previous inspection on 2 November 2023, we made requirements for improvements to be made in the area of supporting people's wellbeing. Also the complaints team made requirements in relation to complaints received on 5 October 2023 (Case number: 2023129416). The action taken on these is described fully in the outstanding requirements section of this report. The requirements were met and the service is performing adequately in this area.

How good is our setting?

3 - Adequate

In the previous inspection on 2 November 2023, we made requirements for improvements to be made in the area of 'How good is our setting?' The action taken on these is described fully in the outstanding requirements section of this report. The requirements were met and the service is performing adequately in this area.

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

Requirements

Requirement 1

By 29 January 2024 (extended from) 6 October 2023, the provider must ensure service users experience safe and competent support with medication. To do this the provider must, at a minimum:

- a) Ensure all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue the medication.
- b) Ensure all staff are appropriately trained and competent in the safe administration of medication.
- c) Ensure that care plans are regularly reviewed and accurately reflect changes in services users' medication.
- d) You must develop, implement, and regularly review pain assessments to ensure signs that service users are experiencing pain are identified and this is addressed timeously.
- e) Ensure the medication of service users receiving care is reviewed by relevant health professionals in accordance with service users' changing needs.
- f) Ensure an effective system is implemented to identify, monitor and address any issues or concerns in relation to stock control and management of medication.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 state that:

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This requirement was made on 6 October 2023.

Action taken on previous requirement

Service users could be confident of safe and competent support with their medication. The home had reduced the number of agency nurses to a small core. This helped to reduce medication errors and has built a feeling of accountability which has supported accuracy.

The stock control system was simplified and there was one specific day for medication to be picked up. Only the medication in use was kept in a person's drawer, and the stock waiting to be used was kept in a separate cupboard ready for when required.

The medication and administration records in the care plans, and in the dispensary, were clear and accurate indicating people could be sure of receiving what was required. There were GP reviews, and pain assessments in the care plans which helped to ensure people were receiving the best medicine for their needs. The effects of "as required" medication was not noted and we advised the manager that this was a helpful piece of information for assessing the accuracy and need of medication. The manager agreed and said they would discuss with the staff.

Met - within timescales

Requirement 2

By 29 January 2024 (extended from 6 October 2023), the provider must ensure that quality assurance and improvement processes support people to experience consistent safe care, leading to good personal outcomes.

In order to do this the provider must at a minimum:

- a) Ensure the day-to-day management of the service includes assessing the quality of people's care and staff practice.
- b) Ensure all audits within the home are meaningful, timeous and accurate.
- c) Ensure identified improvements are noted on an improvement plan and are either achieved or have a progression of goals in place with realistic timescale attached.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 6 October 2023.

Action taken on previous requirement

People could be sure that their safe care was supported by quality assurance and that improvements were made timeously. The leadership team were positive and knowledgeable about what was happening in the home and why.

A variety of audits were being used throughout the home, for example a 'whole home' audit covering many aspects, and smaller audits focusing on specific areas such as care plans or medication. As well as formal audit tools the home used other methods to track care, such as a falls safety cross to give a pictorial representation of when and where falls occurred.

There were daily huddles and staff handovers which helped to ensure that any area which needed attention was dealt with quickly and effectively. The leadership team monitored the required actions to make sure that they were completed within short timescales.

Larger improvements were noted on the improvement plan. This was an ongoing document and showed when improvements had been completed and when they were still to be worked on. This ensured that items did not get forgotten and the service was improved.

One way that information regarding the home and its standards was gathered from families was via 'meet the manager' drop in sessions. These were in the afternoon, every couple of months and meant families could chat together, and with the manager, about generic topics. These have recently proven to be successful and the manager told us they will continue.

Met - within timescales

Requirement 3

By 29 January 2024 (extended from 6 October 2023), the provider must ensure a high standard of care by ensuring all staff have the knowledge and skills to provide competent compassionate support for all people.

To do this the provider must, at a minimum:

- a) Ensure staff receive training relevant to their role and their development needs.
- b) Ensure regular development opportunities are undertaken, including but not limited to 1:1 meetings, role modelling and peer support.
- c) Support staff, individually and as a team, to develop a culture of professional responsibility and accountability for meeting the Health and Social Care Standards.

This is in order to comply with Regulation 4(1)(a), and 15 (b) 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 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).

This requirement was made on 6 October 2023.

Action taken on previous requirement

Staff had knowledge and skills to provide competent and compassionate support for all residents. This was being maintained by everyone being up to date with their training and, additionally, colleagues from the learning and development department undertaking observations of practice, and role modelling. This was particularly advantageous as it enabled people who did not work in the home to observe the practice with an independent eye.

Staff were also supported to reflect on their work by having regular supervision sessions with the leadership team, who also demonstrated role modelling and offered feedback when they were in communal areas.

A culture of openness and confidence to discuss areas of poor practice was being engendered throughout the whole staff team which should help to maintain improvement in standards.

Met - within timescales

Requirement 4

By 29 January 2024 (extended from 6 October 2023), the provider must ensure that there is quality care planning in place, to ensure an individual and high standard of care for everyone.

To do this the provider must, at a minimum:

- a) Audit and update care plans to ensure they are accurate throughout and reflective of the support required.
- b) Ensure all staff can easily access vital information to ensure good outcomes for people.
- c) Analyse findings from incidents or reviews to understand the failures and rectify them to ensure there is no recurrence.

This is to comply with Regulations 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 state that:

'My environment is safe and secure' (HSCS 5.19).

This requirement was made on 6 October 2023.

Action taken on previous requirement

Good care planning was supporting staff to provide the correct support for people. All staff had access to people's individual paper care plans which were accurate and reflected information noted in other care documents. All people, and their plans, had regular reviews which helped to ensure the best support was in place.

Where people experienced stress or distress, this was described in relation to the areas which they found most difficult, for example with eating, or with overnight care. It was good to see this holistic approach to the person first and then their support needs. Some care plans had really good descriptions of what the distress might look like and were clear about how to respond, while a small number were not so clear. This was also the case for a person using a laxative and the plan was not clear on exactly when this would be required. The manager assured us that these differences would be discussed with staff to ensure all plans are of an equally high standard.

Risk assessments were completed for people and contained good information. Sometimes the risk rating, High/Medium/Low was not circled. While this did not detract from the information if the whole section was read, it meant that an "at a glance" indicator was not available for staff. This was an area that the manager agreed could be focused on when the care plans are next being reviewed.

We saw that 'failures' of care had been analysed and improved, with the admission procedure being a clear example. Another good example was the peer review of medication which showed how the leadership team are involving everyone in understanding where things are not at a high enough standard, and how they can be improved.

Met - within timescales

Requirement 5

Requirement 1, put in place by the complaints team.

By 12 February 2024, the provider must demonstrate that the service has systems in place to ensure that the needs of residents are regularly assessed, monitored, and adequately met. In order to do this, the provider must:

- a) Ensure that robust pre-admission assessments are carried out, with due consideration to the needs of all residents, the environment, staff knowledge and skills.
- b) Ensure that planned support is fully implemented when residents have specific health needs including dementia, stress, or distress.
- c) Demonstrate that staff will seek advice from relevant healthcare professionals promptly when residents require treatment, or their health condition is not improving.
- d) Ensure that staff have the necessary skills and experience to assess when residents require further assessment, investigations, or treatment.
- e) Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists.
- f) Ensure that managers monitor and audit residents' health and wellbeing needs robustly.

To be completed by: 12 February 2024.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well

as my wishes and choices.'

This is in order 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 requirement was made on 5 January 2024.

Action taken on previous requirement

The needs of residents were regularly assessed, monitored, and adequately met.

This started with pre admission protocols. The home had voluntarily stopped offering 'place of safety' or respite beds until they had more permanent staff and were confident in their procedures and standards of care. We saw paperwork for, and spoke with family members of, residents who had recently experienced admission to the home. The paperwork was comprehensive, and the families were delighted with the process and their level of involvement.

People were receiving their support as described in the care plans, and staff showed they were able to assess when people needed extra attention. We saw evidence of referral to, and contact with a variety of supporting professionals, for example podiatry, GP, occupational therapist, dentist, care manager, and optometrist.

The skills and knowledge of staff were evidenced through examples such as the good interactions with people, the clear guidance about how to support people with their distress, the reduction in medication errors and the small incidence of falls in the home. We looked at records of a situation where a member of the care team had advocated on behalf of a resident. A family member had requested a course of action and the care worker explained why this was not within good practice guidelines, and then continued to work within best practice. This showed a confident care worker who helped to maintain a high standard of care.

Managers audited the care through the reviews which were taking place for all people. Additionally, the leadership team were often in the communal areas and supporting staff. There were daily meetings where all staff heard about what was required and where the leadership team checked that everything from the previous day had been achieved. This helped everyone to understand people's immediate daily needs and to ensure they were met.

Met - within timescales

Requirement 6

Requirement 2, put in place by the complaints team.

By 12 February 2024, the provider must ensure that residents are protected from harm. In doing this, the provider must:

- a) Investigate all incidents which are detrimental to the health, safety and welfare of residents in a timely manner.
- b) Ensure that incident reports are completed in a timely manner. Notification reports must be sent to the Care Inspectorate and relevant healthcare professionals promptly.

c) Ensure that staff have the knowledge and skills to recognise when residents are injured. All injuries must be thoroughly investigated in line with adult protection processes.

d) Ensure staff have the knowledge and skills to recognise when residents are at risk of harm and take appropriate action to reduce the risk of harm.

To be completed by: 12 February 2024.

This is to ensure care and support is consistent with Health and Social Care Standard 3.20: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'

This is in order 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 requirement was made on 5 January 2024.

Action taken on previous requirement

People were protected from harm because a comprehensive accident/incident system was being used which logged the incidents and then prompted the manager to investigate and learn from errors. Also, there were charts in care plans that monitored the conditions or behaviour which had led to incidents, and looked at how to avoid it in the future.

The Care Inspectorate were receiving all the notifications which were appropriate to keep them informed about practice in the home.

The staff were all up to date with adult protection training and their use of this knowledge was demonstrated by the fact that appropriate referrals were being made to the adult protection team for their consideration and support.

Met - within 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's outcomes are met as their needs change, the provider should continue to identify new areas for improvement and use the improvement plan to monitor these and track progress through to completion.

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

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

This area for improvement was made on 2 November 2023.

Action taken since then

There was an improvement plan used, which was an ongoing document, tracking what had been completed and what was still to be achieved. The improvements were across all areas, for example; the home was clean and tidy with decorations that were appropriate to the season; care plans were up to date and accessible for everyone; innovative ways to communicate with relatives were being trialled; discussion with commissioning bodies regarding the best ways to improve the service were ongoing. These all served to ensure that people's outcomes were being met as their needs changed.

Previous area for improvement 2

To ensure that people are appropriately supported in times of stress and distress the provider should continue to ensure their strategies for support are appropriate, regularly reviewed and embedded into practice.

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).

This area for improvement was made on 2 November 2023.

Action taken since then

The strategies for supporting people when they were distressed were clearly written in appropriate areas of the care plans. The atmosphere in the home was calm, and staff were confident and engaging well with people.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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| How well do we support people's wellbeing? | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect | 3 - Adequate |
| 1.2 People get the most out of life | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |

| | |
|---|--------------|
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |

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