

# Banff Care Home Care Home Service

Colleonard Road  
Banff  
AB45 1DZ

Telephone: 01261 815 550

**Type of inspection:**  
Unannounced

**Completed on:**  
12 March 2024

**Service provided by:**  
Banff Care Ltd

**Service provider number:**  
SP2004006637

**Service no:**  
CS2003014166

## About the service

Banff Care Home is registered to provide a care service to a maximum of 56 people, and 10 of those places can be provided to adults with a learning disability. At the time of the inspection there were 53 people living in the home.

The care home is a large purpose-built property on two floors, with gardens to the side and rear. There are shared lounge and dining facilities on both floors.

The home is located on the edge of the coastal town of Banff.

## About the inspection

This was a follow up inspection which took place on 11 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:

- spoke with 13 people using the service and their family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

The service needed to improve how people are supported to spend their day in activities that are meaningful to them.

People's nutritional needs were supported well.

Preventative care for people's skin had improved but further improvement is needed to encourage more movement.

The service has reviewed how care staff are led. People's mealtime experiences were better organised and well led.

Leaders needed to have better oversight of people's day-to-day experiences to maintain care for people.

The environment had been improved by work that had begun to repair and upgrade areas of the building.

Staffs' interactions with people have improved significantly.

## 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
--	--------------

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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Three requirements were made for key question 1 at our previous inspection. Since then, the service had put action plans in place to manage the improvements needed. The service had made improvements in addressing some of the requirements for key question 1.

One requirement, in relation to people's nutritional needs was met. (See '**What the service has done to meet any requirements we made at or since the last inspection**').

One requirement was not met. We remained concerned about how the service supported people to access activities they would enjoy. Therefore, this requirement remains in place. (See '**What the service has done to meet any requirements we made at or since the last inspection**').

One requirement was met however, we were concerned around people not being encouraged to move, and the impact this may have on their skin. Therefore, we have made a new area for improvement. (See '**What the service has done to meet any requirements we made at or since the last inspection**' and Area for improvement 1)

One area for improvement was made at our previous inspection, in relation to staff understanding of the health and social care standards. This area for improvement was met. (See '**What the service has done to meet any area for improvement we made at or since the last inspection**')

### Areas for improvement

1. To reduce the risk of skin breakdown, the service should ensure that all people are offered opportunities to maximise movement. To do this the provider should, at a minimum:

- a) offer choice and encourage people to spend time out of bed and outside their room
- b) where people choose to spend time in their rooms more frequently, review this regularly and ensure people have sufficient opportunity to maximise movement
- c) enhance the service's activity offering so that it offers opportunities to maximise movement.

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

"I have enough physical space to meet my needs and wishes." (HSCS 5.22) and "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

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

### Requirements

#### Requirement 1

By 12 February 2024, you must ensure that people are given the opportunity and are supported to lead meaningful and fulfilling lives.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity 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 state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25)

**This requirement was made on 6 November 2023.**

#### Action taken on previous requirement

People's activity care plans had been reviewed. People's likes and interests were reflected well, and they told staff what activities would be meaningful for them. Daily recordings of activities showed some people engaged in the activities offered by the service. People told us that "the entertainment is good when it happens, but it isn't enough" and "I don't get told what's on, I don't have a programme." The service should seek people's input into what activities and entertainment they like and consider how staff communicate the activities on offer to people.

The service had sourced additional items such as books and jigsaws and they are looking to further enhance this offering over time. The service should consider where these will be best placed to ensure visibility and accessibility.

The activity programme for the service did not include weekends. Staff meeting minutes showed the activity team were consulted and will change how they work. The service aims to offer a seven-day programme, however this has yet to be embedded. The leadership team agreed that this will have significant benefits and will continue planning for this change.

There were inconsistencies in the activity provision between the upper and ground floor. The upstairs activity board was more visible; however, activities were not offered in the same way as the ground floor. The ground floor activity was poorly attended. This was a missed opportunity for the staff teams on each floor, to collaborate, to offer the activity to all people in the home.

The service should view meaningful activities as an essential part of daily life and review how all staff work to improve this.

**This requirement had not been met and we have agreed an extension until 10 June 2024.**

**Not met**

## Requirement 2

By 12 February 2024, you must ensure that people's preferences, safety and wellbeing needs are considered when their nutritional needs are met. In particular, you must ensure that:

- a) there are sufficient dining facilities to enable people a choice of where to have their meals
- b) staff support people to choose where they want to have their meals
- c) people are appropriately supported and sat up for meals and snacks
- d) extra calories should be available for people who have lost weight or who are at risk of losing weight
- e) people who have been prescribed altered textured diets should have these provided
- f) staff should have the knowledge and understanding of their role and responsibilities in ensuring that people eat well and eat diets that are appropriate to their needs.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and Regulation 5(2)(b)(ii) 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 care and support meets my needs and is right for me' (HSCS 1.19)

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33); and

'If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate' (HSCS 1.36).

**This requirement was made on 6 November 2023.**

### Action taken on previous requirement

Improvements had been made to how the service supported people's nutritional needs.

People were encouraged to use the dining room. Whilst many people still chose to dine in their bedroom, this had improved significantly since our last inspection. More dining space had been made available on the ground floor, by using a smaller communal room for people who preferred a quieter area to dine. The service should continue to review the availability of dining space within the home, to ensure that this meets people's needs.

We observed good interactions between staff and people, making mealtimes a more social experience. On the upper floor, due to ongoing safety issues, only one dining room could be used. This resulted in a less positive experience, with intrusive noises affecting people's experiences. The management team told us they were currently considering how to improve the dining experience.

Meal service was led by senior care staff. Staff were allocated appropriately to ensure all people were supported. Staff had improved the care for people who required support to eat in bed. People were positioned well, and staff knew the importance of this. This meant that people could enjoy their meal safely.

People were offered snacks throughout the day. We saw limited availability of snacks that people could help themselves to. The service should improve the availability and visibility of snacks, so that people can have these when they choose.

People told us the food was good. One resident told us "I always like the soup" and another told us "The beef was really nice today." However, people struggled to see the menu, which may affect people's ability to make a choice. The service should consider the use of visual tools to enhance people's ability to make choice.

For people who had lost weight, food was fortified with additional calories at the point of service. Staff were knowledgeable about people's dietary requirements, and they had information of people's dietary care needs at the point of service. People received food that was safe and met their needs.

Food was prepared to meet the needs of people who had swallowing difficulties. Altered textured food was prepared and reflected people's dietary needs. For one person, we discussed a possible discrepancy in their care plan with the management team. It was agreed that they would refer to SALT (speech and language therapy) to have the person's guidance reviewed.

## Met - within timescales

### Requirement 3

3. By 12 February 2024, you must ensure that people receive the necessary care and support that helps keep their skin healthy and prevents the development of wounds.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and Regulation 5(2)(b)(ii) 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 care and support meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 6 November 2023.**

## Action taken on previous requirement

The service had good oversight of people's clinical needs, which included skin and wound care. Weekly audits took place and reflected changes in people's needs. Changes were acted on and reflected in people's care.

Daily recordings for people's skin care were being done and had improved since our last inspection. Recordings were being completed more regularly. We saw some inconsistencies in the format of the documentation used, which could result in people not being supported as often as they should. We discussed this with the senior care staff and leadership of the home who agreed to review this. The leadership team were aware that there remained gaps in recording in relation to people's skin care. Meeting minutes detailed a plan for improvement for this, with senior staff taking a lead role in ensuring relevant daily recordings are made. **(See 'What the service has done to meet any requirements we made at or since the last inspection, Requirement 4).**

Moving and handling assessments were in people's rooms. These were reviewed regularly and gave staff the information needed to support people to move and maintain healthy skin. Airflow mattresses, used to relieve pressure and maintain good skin integrity, were in place where needed. Some of these were not at the correct setting for people's weights. The management team agreed to add this to a daily welfare check list for people, which will reduce the risk of this happening in future.

Some improvement had been made to encouraging people to move more. However, we found that some people still spent most of the day in their room. Further improvement is required to encourage people to move. This would benefit both their skin care needs and their general wellbeing. **(See area for improvement 1)**

**While some aspects of this requirement have been met, there are areas that still require improvement. We have made a new area for improvement (see How well do we support people's wellbeing? area for improvement 1)**

## Met - within timescales

### Requirement 4

By 12 February 2024, improvements must be made to the leadership and direction of staff to ensure that any deficits in care and poor outcomes are identified, and corrective measures can then be taken.



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 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 requirement was made on 6 November 2023.**

#### Action taken on previous requirement

The leadership team carried out weekly audits and clinical oversight meetings. They focused on weight, wounds, falls, infections, bed rail assessments, welfare checks and medication. We could see that these resulted in referrals being made to allied professionals. This was an effective system for ensuring regular oversight of people's overall health and wellbeing.

Staff who told us that "the allocation is written in the staff room" and "the nurses supervise the shift". They spoke positively about the service and the leadership team. Handovers and staff huddles took place, however minutes of these were inconsistent. We were told that daily huddles do not occur daily, however a communication log was in place. The service should monitor the effectiveness of current systems for staff communication and ensure that this benefits people's care and support.

The service was in the process of training senior care staff to be effective leaders on shift. We saw that this was beginning to have a positive impact on people's outcomes, for example during the meal service. However, we saw some people experienced poor outcomes due to a lack of direction. For example, when there was a change in frequency for a care intervention, this did not happen. We also saw that welfare checks, which were being carried out, did not always lead to positive outcomes for people. The service should continue to work towards embedding their new leadership structure to ensure effective direction of staff, that results in better outcomes for all people.

**This requirement has not been met and we have agreed an extension until 10 June 2024.**

**Not met**

#### Requirement 5

By 31 December 2023, you must ensure that a detailed audit has been completed and that any concerns with the integrity of the home's environment is clearly identified. A planned programme of works needed to make the repairs should be in place.

This is to comply with Regulations 4 (1)(a) and (d) and 10 (2)(d) 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 experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

**This requirement was made on 6 November 2023.**

## Action taken on previous requirement

The provider had carried out a detailed audit, by a qualified person, which clearly detailed the works required to building's exterior. Site visits had been carried out and dates for repairs were due imminently. The provider agreed to update us when dates are confirmed for work to begin.

Temporary repairs had been made as a short-term solution. The management team were aware of rooms that could no longer be occupied and were prioritising these for repair. Where there were concerns about the safety of specific areas of the home, they had arranged for qualified people to complete safety checks.

The service improvement plan (SIP) detailed what improvements were required internally. Interior repairs and redecoration had begun, and the management team told us they will work with their maintenance team to ensure internal improvements are completed. The management team should continue to review the SIP to ensure that current and future environmental issues are completed.

The provider should continue with their planned repairs and redecoration and monitor progress to ensure that people have a safe environment.

## 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

Improvements should be made to staff's understanding of the Health and Social Care Standards and how these are used to inform how they care and support people and help good outcomes.

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); and

'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 area for improvement was made on 6 November 2023.**

#### Action taken since then

We observed positive interactions between staff and people in the home. Staff were encouraging people to come out of their rooms and were shown to offer more choice. People told us the "staff were good" and "no complaints". People appeared comfortable with the staff. We were confident that interactions between staff and people had improved significantly.

Efforts had been made to improve outcomes for people who were less able to enjoy communal areas of the home. One person's room had been improved and they were supported to have a pet in their room. We spoke with their family who told us they were "really happy" and informed us that communication with the service had been good. We found this had a significant impact on the person's experiences.

The service had made special efforts when a person had passed away. People were able to see flowers and a memorial for the person, should they wish. The service hosted a tea for staff and people. Staff demonstrated dignity and respect in the celebration and memory of someone's life, whilst showing compassion to people who knew the person well.

Meeting minutes showed discussion of our previous inspection findings and the impact the requirements and areas for improvement can have on people's outcomes. We were confident that the staff team were working towards improving people's outcomes.

**This area for improvement has 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?	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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.