

Bon Accord Care - Housing Support - 3 Housing Support Service

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Type of inspection:
Unannounced

Completed on:
2 May 2024

Service provided by:
Bon Accord Care

Service provider number:
SP2013012020

Service no:
CS2014329162

About the service

Bon Accord Care 3 provides housing support and care at home in four very sheltered housing complexes in Aberdeen city. These are all based in residential areas of Aberdeen and close to local amenities. Each complex provides a cooked lunch in the dining room each day, and a light meal in the evening. There are communal areas which can be used by people living there for socialising and group activities. Care and support can be delivered by a provider of the person's choice.

About the inspection

This was an unannounced inspection which took place between 22 April and 1 May 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 23 people using the service and three of their family
- Spoke with nine staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- Some residents enjoyed the social aspect of living in the complexes and some said it was lacking.
- Staff were happy with their team and the support from the leadership team.
- Tenants and staff felt there wasn't enough time for socialising together.
- There were numerous areas of the environment that needed upgrading or repairing.

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
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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

People's health and wellbeing was supported at an adequate level. There were areas of strength which had a positive impact for people and also key areas which need to improve.

Nutrition is important for people and cooked meals were available every lunchtime with a lighter meal offered in the evening. All dietary requirements were catered for, with gluten free and vegetarian being marked on the menu. People told us they enjoyed the social aspect of going to the dining room and eating. People who were not able to go to the dining room had their meals taken to their flat, so all people had their meals without having to prepare and cook for themselves. Most people said the meals were "good" and "tasty." The meals were less well liked in one of the complexes and we discussed this with the manager who assured us they would look into this.

Medication was all kept in people's own flats, and was locked in a cupboard (for people's safety) if necessary. Generally the administration and record keeping was accurate but there were a small number of errors and the manager said they would keep focusing on staff development in this area, to reduce errors.

The complexes had a variety of activities that people could join, such as visiting entertainers, the local school coming in, and baking groups. There were communal areas with kitchenettes, and some had DVDs, books, pool tables and dominoes. These could be places for people to socialise and pursue interests. Some tenants were happy with this and some felt their complex was less busy and interesting than it had been before Covid-19. The staff were primarily involved in supporting people with personal care in their flats, so were limited in how much time they could devote to social activities. However, they were trying to support with activities and interests as much as possible.

The responsibility for a clean and safe environment in the complexes was split, with some areas being the responsibility of the service, and some being the responsibility of the housing association. Generally the complexes looked clean, and smelled fresh. There were significant areas that were in need of repair, for example to flooring, walls, ceilings, lighting and window restrictors. The manager was aware of these and had been liaising with the appropriate people to improve the environment. We felt this was helpful, and they agreed to be very regular and determined with progressing these issues (**see area for improvement 1**).

There were regular meetings and discussions with individual people and the multi disciplinary team, to ascertain what people would like, and how they could be kept safe. One family that we spoke to said the communication between them and the service was good. Tenants meetings were held, and we were told about ideas arising from these that had been put into action, for example garden improvements. This communication with many people would benefit the tenants by the implementation of plans that were what they wanted or needed in their lives.

Areas for improvement

1. By 19 August 2024, the provider should ensure the environment enables people to be, and to feel, safe in all areas of the building.

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

'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

How good is our leadership?**4 - Good**

Quality assurance and improvement were led at a good level. There were many systems in place which helped to track the support that was being given to people, and to assess the standards of that support.

There were specific tools for each role in the leadership team, for example, the service supervisors monthly spreadsheet which was a comprehensive document for all the areas that they would oversee.

Some of the documents were relatively new, for example staff observation records in one of the complexes, and these should support good practice in future months. There were occasions when the system was not picking up inaccuracies as it should have done, for example a care plan that had missing documents and this had not been noticed during audit. This was drawn to the attention of the manager who assured us this will be discussed as a matter for improvement.

The staff were supported with 1:1 meetings and they told us that the management were supportive and always available for them. The records for supporting performance were clear, and tracked where improvements in work performance were being made, and where further support was required. This assured the leadership team of the standard of care that was being delivered.

There was a focus on continuous development, for the staff and for the service. This was easy to see through the Service Improvement plan which tracked where targets were being met and what was to happen if they weren't, for example a meeting could be held to plan how to make the improvement.

If things did not go to plan and a complaint arose, or an accident or incident was recorded, these were dealt with quickly and it was easy to track the investigation and outcome. This meant there was quick understanding and plans made to ensure the same thing would not happen again.

How good is our staff team?**4 - Good**

The staffing arrangements and the way everyone worked together were good.

There was a tool in use to assess how many staff were needed in relation to the needs of people. This was formally completed and discussed each week. It monitored the 'busy times' and we saw that staff rotas had been adjusted accordingly for busy periods in the morning. It was helpful to have the manager noting their 'professional judgement' on this tool. We discussed the possibility of the manager being slightly influenced by their understanding of situations and awareness that staff were working hard and doing their best. This had potential for the judgements not accurately reflecting the deficits and needs.

At the time of inspection there were enough staff on duty to deliver people's care needs. People we spoke to said their basic care needs were met but they would have liked more social time with staff.

The leadership team were very busy, with service supervisors covering more than one complex. This was a little concerning as service supervisors sometimes worked as part of the support worker team delivering personal care. Care must be taken that the capacity to deliver both good care and good leadership was not diluted.

Staff were well trained, with a high percentage having completed all mandatory training. The service had sourced additional development opportunities in direct relation to the needs of the people they were supporting. Some examples of this were sessions from Penumbra, and learning disability nurses. These were supportive for staff, and added more to their confidence and understanding than doing only online training.

This in turn meant a higher standard of support for people, and a staff team who could cope with the strains of their job.

Recruitment was done jointly by the manager of the service and the Human Resources Department of the provider. The system was good, and the type of documents and checks indicated was comprehensive. Some of the records during inspection were not completely accurate, or up to date. We discussed this with the manager and they were sure that other people in the recruitment system would have ensured these anomalies were remedied before anyone began work. This system needs to be accurate and all records should show this before someone begins work (**see area for improvement 1**).

Areas for improvement

1. By 19 August 2024, the provider should ensure all recruitment checks and records are in place and recorded before anyone starts work.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

3 - Adequate

Assessment and planning reflected people's outcomes and wishes to an adequate level. The format of care plans and related records was neat and easy to follow. It was helpful that areas which were not pertinent were not completed. As well as attention to people's care needs, the plans had documents such as fire safety referrals and Herbert protocols in place. This promoted people's safety in their flats and also if they left the building unexpectedly and alone.

There was a good quality of completion for care records. Everything was written in an individual manner and updates were completed regularly. The support plans were documents which could guide staff in giving the most appropriate support.

The six monthly reviews were taking place and this was particularly important with tenants whose abilities were deteriorating, to ensure their support needs remained up to date.

At the time of inspection, there were two systems being used, one electronic system and one set of written records. This had led to some contradictory statements, so reliability needed to be improved to ensure the appropriate support. We discussed this with senior managers and were assured that they were looking to remove all barriers to full implementation of the electronic system.

A previous area for improvement was in place as follows, 'The service should ensure that people's plans accurately reflect their preferences for care and support. These plans should be taken into account when scheduling staffing arrangements and guide staff to ensure these needs and preferences are met.'

Given that the plans were in between paper and electronic systems, there remained a potential for the plans to not be accurate. This area for improvement will remain in place.

Areas for improvement

1. By 19 September 2024, the service should ensure that people's plans accurately reflect their preferences for care and support. These plans should be taken into account when scheduling staffing arrangements and guide staff to ensure these needs and preferences are met.

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

'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' (HSCS 1.15).

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

The service should ensure that people's plans accurately reflect their preferences for care and support. These plans should be taken into account when scheduling staffing arrangements and guide staff to ensure these needs and preferences are met.

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

'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' (HSCS 1.15).

This area for improvement was made on 2 November 2021.

Action taken since then

The plans were largely up to date and accurate, with small errors. The plans were spread across an electronic and a paper system, giving the potential for inaccuracies and contradictions.

This area for improvement has been carried over to be looked at during the next inspection.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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