

# Bonnyton House Care Home Service

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AB41 9DH

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 May 2024

**Service provided by:**  
Mr & Mrs K Winton a Partnership

**Service provider number:**  
SP2003000036

**Service no:**  
CS2003000348

## About the service

Bonnyton House is a care home for older adults. It is a detached two-storey house in a residential area of Ellon, within easy reach of the town. The service provides a care service to a maximum of 14 people.

The service provides accommodation over two floors in single bedrooms, 10 bedrooms have en suite toilet facilities, all bedrooms have access to their own wash hand basin. There are shared bathing facilities on both floors. There is a spacious, comfortable communal lounge, large conservatory and dining room.

Landscaped gardens surround the home and are easy to access from a number of doors in the service.

The aims and objectives of the service state that they intend to "create a stimulating environment whereby independence, dignity, and self respect of residents is promoted and maintained".

## About the inspection

This was an unannounced inspection which took place on 28 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 10 people using the service and three of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People were very happy with the quality of their lives in Bonnyton House.
- Staff were very kind and attentive to people.
- People praised the quality of the meals provided.
- Staff were committed to getting it right for everyone.
- Management was visible and accessible to people.
- The home had a lovely, homely feel that helped people feel comfortable and at home.
- The shared rooms were very spacious and comfortable and provided a choice of where people could spend their time.
- The care plans had been changed and were in the process of being more detailed and outcome focused.

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

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

## How well do we support people's wellbeing?

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 hygiene needs were being met to a very high standard. People appeared clean, tidy and well presented. People spoke positively about being assisted to maintain their appearance. Someone told us, "It's just no bother when they help me to wash and dress, so I think nothing of it." This meant people were receiving support that was right for them. Furthermore, people said there was no delay when they needed help. Someone said, "If I need the toilet, I just give them a call and they come straight away." This meant people were not having to wait and added to overall satisfaction around care.

Staff were respectful when interacting with people. Someone said, "The carers are all wonderful and nice. I laugh with them a lot, but they are also gentle when they help me". Staff were observed talking and smiling with people as they supported them. They were also using people's first names and appeared very familiar with them. As a result, people were being cared for in a dignified and compassionate way.

The staff team had good knowledge and understanding around people's medication. People were supported to take their medication safely, and at the right times throughout the day. Staff were aware of administration and recording protocols. This meant people were taking their medication as prescribed and people's health needs were being met.

People were positive about the quality of meals. One person said, "The food is amazing; we are never hungry." People were observed interacting with each other whilst having lunch in a pleasant dining area. Those who required support to eat and drink were provided with this. People were very happy with their mealtimes experiences. Staff were monitoring and recording people's weights, dietary and fluid intake, where appropriate. People were regularly offered hot and cold drinks, and snacks were readily available throughout the home.

People were moving around the home as they wished. Those who could walk independently were able to do so. Staff were observed assisting other people to stand up and move with walking aids. They provided clear instruction as they helped them. People were supported safely, and in accordance with moving and handling guidance. As a result, the likelihood of people falling was reduced (**see 'What the service has done to meet any requirements, requirement 1'**). People spoke positively about staff helping them to move and walk. Someone said, "I just give them a wee shout if I want to go back upstairs, and they come and help me." People did not feel restricted in the home.

People were enjoying how they were spending their days. People spoke about taking part in bingo, games and church services. People were also observed in the garden enjoying the outdoors. Some people enjoyed the privacy of their bedrooms, where they were reading and sewing. People had purpose to their days, and this supported positive mental wellbeing.

Staff were aware of how to support people who may become stressed. Staff were able to tell us how they help people who may become distressed. Personal plans indicated best ways to support, and good links were seen with external professionals such as Community Psychiatric Nurses. People's experiences were improved through getting the support that is right for them.

**How good is our leadership?****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.

The management team was stable. People knew who the manager was and said that they were visible and approachable. People said they felt very comfortable raising any concern they had with the manager, and they were confident that their concern would be acted on.

The serviced had introduced audits to help them identify if there were any issues with compliance with guidance, or if there were areas of the service provision that needed improved upon. We felt that the scope of audits undertaken was appropriate for the service and would be effective at informing changes.

A comprehensive walkaround and assessment of the environment was completed on a regular basis. This was an opportunity to ensure that the homes maintenance checks were completed and also to enable an assessment of room repairs and decor. Because of this assessment, room repairs, and decor needs were quickly acted upon. This helped ensure that the environment that people lived in continued to remain at a very good standard.

The size and type of service meant that managers and staff got feedback from people at every opportunity. For example, about the quality of the meals, informal chats about the garden. We felt that this approach was very effective in assessing people's satisfaction. However, a more formal survey had also been completed. It was very positive that the two areas that people identified that needed improved, had been followed up. This demonstrated that what people wanted was used to inform change.

The service improvement plan was in place and documented planned areas for change. This showed a commitment to improving the service provision. Managers and staff were good at recognising what was important to people and what people wanted. There was an improvement focused culture in the service, and a determination to enhancing people's experiences and quality of life.

**How good is our staff team?****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 were very positive about the staff team. They said that staff were very caring, kind and generous with their time. We observed many warm and friendly interactions. All staff had the time, and took every opportunity to speak with people and the positive impact of these interactions were very clear. We felt that people experience warm, compassionate and nurturing care and support.

The staff team was stable and this meant that staff knew people very well. Staff said that they could identify quickly when 'something was not right with someone'. This meant that health or medical support could be sought quickly to prevent deterioration in health or wellbeing. The staff knowledge of people ensured they got the care and support that was right for them.

The number of staff on duty was sufficient to meet the care and support needs of people. People did not have to wait for assistance and this meant that they received the care and support they needed at the right time.

Staff were visible at all times and they appeared to work well together. Staff spoke about being made to feel welcome and included from their first day. This contributed to the very high levels of job satisfaction that staff had.

Staff said they had enough time to do their job. They did not feel rushed or under pressure. Some staff said this ensured they could focus on the quality of the care and support they delivered. Staff were committed to providing the 'best of care for people'.

Managers had addressed the training needs of staff in a methodical manner. There was a mix of face to face and online training. When a training need was identified, all staff completed this before they moved onto the next training modules/events. This stopped staff from being overwhelmed by a long list of expected training to complete.

Many staff spoke about the support they received and said it was a happy and good place to work in. This was a major contributing factor to staff morale and will help with staff retention.

## How good is our setting?

## 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.

The home was very clean and in a very good state of repair. We felt that the standards of decor and furnishings were of a very good standard.

People's bedrooms were very comfortable. Each room had been personalised to a very good standard. This was very important to people, who took pleasure in showing us round their 'hooose'. Bedrooms were very comfortable, warm and familiar spaces for people. One person referred to their bedroom as a 'home from home'.

The decor and furnishings in the lounge and conservatory were very comfortable and of a good standard. People had a choice of where to spend their time. Due to the size of these rooms, people had the space to enjoy time on their own reading, chatting with friends or watching the television.

The dining room was spacious and well equipped. We felt there was a homely and domestic feel to the dining room that would be familiar to people. This contributed to the dining experience being relaxed and sociable.

People moved freely around the home, choosing where to spend time. It was positive to see that when people requested to go back to their bedrooms upstairs, staff were very prompt to assist. The location of bedrooms did not impact on people's choices.

The shared bathing facilities were clean and of a high standard. At times these facilities can appear cold and clinical, however, we felt that the service has ensured that these rooms were welcoming and comfortable.

There was very good oversight of the cleanliness of the home. Staff showed good awareness of the necessity for maintaining the standards of hygiene with the appropriate cleaning chemicals being used. This helped ensure that people lived in a home that was clean and that risks of cross contamination were minimal.

People spoke positively about accessing the gardens. Some people spoke about the pleasure of sitting inside looking out over the gardens. The staffs' responsiveness to the needs of people is demonstrated by the decision to move the greenhouse to make accessing it easier. The service wanted to enhance people's experiences and opportunities when they spend time outdoors.

## How well is our care and support planned?

4 - Good

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

Everyone using the service had a personal plan which documented their care and support. The service was in the process of updating their plans, and improvements could be seen since the last inspection. Plans included details around how to support in various things including health, mobility, medication, and social needs. Plans were organised better, and now evidenced people's preferences around support. People were therefore being cared for in the way they desired.

Plans documented people's future wishes around their care. This meant the provider was aware of how people wanted to be looked after should their ability or needs change. For example, one person's plan clearly indicated their wish to remain in the home for end-of-life care. People benefitted from receiving the right care at the right time.

Personal plans were being reviewed and updated. People and their families were involved in review meetings to discuss their support. Information was then used to update plans and ensure they were current. This meant staff were aware of people's immediate health needs and how these should be met. Due to this, people were experiencing good quality care.

Plans documented how to reduce any risks. For example, there was detail around how to support someone with their walking aid to reduce the risk of falling. Appropriate measures were in place to enhance people's safety (see '**What the service has done to meet any requirements, requirement 1**'). The provider plans to continue improving plans to enhance the overall quality. This would support further risk reduction and in keeping people safe. We will review the impact of ongoing improvements to care plans at future inspections.

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

### Requirements

#### Requirement 1

By 4 March 2024, the provider must further develop robust systems to effectively demonstrate how all residents' individual care and support needs are being met. In order to achieve this:

- (a) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided with particular attention being given to falls management.
- (b) Be able to demonstrate that all staff have a clear understanding of the appropriate management of falls and falls prevention.
- (c) Ensure that staff have a clear understanding about their role and responsibilities when a resident has fallen and can demonstrate this through their practice.
- (d) Be able to show evidence of on-going monitoring of healthcare concerns and show how this is being regularly evaluated.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 8 February 2024.**

#### Action taken on previous requirement

Staff were recording when people had fallen in their personal plans and within an incident book. The service were then reviewing these to see what extra support they could identify to reduce the risk of falls further. Furthermore, risk management plans were now in place within personal plans (**see 'How well is our care and support planned?'**). This meant that anyone providing care was aware of the best ways to support. This enhanced the safety of people living in the home.

Staff were able to tell us the best ways to support people who may be at risk of falling. They were observed providing proficient and safe moving and handling (**see 'How well do we support people's wellbeing'**). People's walking aids were clearly marked and identifiable, so staff and people knew which equipment belonged to who. People were also wearing good and sturdy footwear. This further reduced the likelihood of falls for people.



People's health concerns were being reviewed and monitored regularly. Any changes or updates to health were being added to personal plans. Staff were aware of any changes to support and were providing the most up to date care. The service were seeking health guidance from appropriate professionals including GP and nurses. This meant people were being provided with the correct care to support their health needs.

### Met - outwith timescales

#### Requirement 2

By 4 March 2024, the provider must ensure that people who use the service are supported by knowledgeable and skilled staff. In order to achieve this the manager must:

- a) ensure that all staff have completed mandatory training and/or refresher training;
- b) complete a training needs analysis for each member of staff taking account of their knowledge and competence;
- c) use the information from training needs analysis to develop a training plan for the service which recognises individual learning styles and sets priorities for training based on gaps in staff knowledge and level of competence;
- d) ensure staff receive training relevant to the role including dementia care, palliative and end of life care and stress and distress training.
- e) review and update the training plan annually
- f) ensure training records are available and kept up to date.

This is to comply with Regulation 15 (Staffing) 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 8 February 2024.**

## Action taken on previous requirement

Managers had made the necessary improvements to meet the training requirement. The approach to staff training was done in a measured and methodical way. All staff had to complete the same training module before they all moved onto the next. This stopped staff being overwhelmed with a large volume of training provided all at once.

Moving and handling training was outsourced and we appreciate that this had cost implications when few staff had to complete. As a result, this training may be delayed until there were sufficient numbers of staff available to make it cost effective. We signposted solutions to this problem and are confident that managers will follow up on these.

Staff were positive about the training undertaken and said that it was used to inform their skills and practices. Newer staff said that their induction period was beneficial. They shadowed other staff until they were confident and had the necessary skills and knowledge to work on their own. This contributed to people experiencing consistency in the care and support they received.

## 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

The provider should ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service. To do this the provider must ensure:

- a) Routine and regular management audits are being completed across all areas of the service being provided.
- b) Internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported.
- c) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- d) Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.
- e) Out-of-date information should be archived to ensure easier access to relevant information.

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 8 February 2024.**

**Action taken since then**

Managers had made the necessary progress to meeting this area for improvement. Audits had been implemented and we felt these were appropriate to the size and nature of the service. The improvement plan was informed by identified deficits and demonstrated a focus on ongoing development and improvement.

A comprehensive walkaround and assessment of the environment was completed on a regular basis. This was an opportunity to ensure that the homes maintenance checks were completed and also to enable an assessment of room repairs and decor. Because of this assessment, room repairs, and decor needs were quickly acted upon. This helped ensure that the environment that people lived in continued to remain at a very good standard.

**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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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