

Bennachie View Care Home Service

Bennachie View
Balhalgardy Rise
Inverurie
AB51 5DF

Telephone: 01467 537 100

Type of inspection:
Unannounced

Completed on:
13 August 2024

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2015334704

About the service

Bennachie View is a purpose-built care home set in secure landscaped gardens and is situated in a quiet residential area on the outskirts of Inverurie. The accommodation is over two storeys and split into four separate units which are referred to as households.

Shared lounges and dining areas in the home are decorated and furnished to a very good standard. Bennachie View provides a care service to a maximum to 48 older people, two places may be used for respite care and up to eight places may be used for adults who are not yet 65 years old.

About the inspection

This was a full inspection which took place on 5, 6 and 7 August 2024. The inspection was carried out by one inspector 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 five people using the service and five of their family representatives;
- spoke with ten staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- People enjoyed a relaxed and calm atmosphere at Bennachie.
- People should have more opportunities to access their local communities.
- Some audits needed to be updated.
- Staff were supported and enjoyed working at the service.
- Leadership had improved and there was good oversight of the service.

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?	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?

5 - Very Good

We evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

People were supported with kind and patient interactions from staff, and it was clear that familiar and friendly relationships had developed between staff and residents. People told us 'Oh, I like it fine here, I like the freedom I have here' and 'The staff are nice'. We saw that staff interacted with residents respectfully and enjoyed good humoured banter when supporting with care and support.

There was a range of activities enjoyed by people during our inspection and planners were in place for activities going forward. The service had reached out to the local community and other care homes in the area to include them in regular conversation cafes where people could come together for company whilst enjoying refreshments. During our inspection another care home was visiting and transferring the Olympic torch in honour of the Olympic games. Most people were happy with the level of activities provided; however, some people told us, 'I would like to get out on the bus more, we all have our bus passes, but we hardly ever get out'. We discussed this with the manager of the service who agreed that there should be more opportunities to access the local community. **(See area for improvement 1)**.

Personal plans were in place with clear information on how to support people and focused on people maintaining their independence. The service was in the process of developing these plans to be more person centred and were clear and easy for staff to navigate. This meant that staff could easily access essential information when needed. There were processes in place to monitor people's health, and people had attended routine health screening. Staff were responsive to changes in people's health needs, and we could see that people were referred appropriately to other professionals when their needs changed. We found that where people required close monitoring of their food and fluids; the documentation was not as clear as it should be. For example, people's personal fluid target levels had not been set, or food portion sizes documented, and were recorded in one document. This made these charts difficult to follow, or for staff to recognise if people were not achieving required levels of nutritional and fluid intake. We discussed how this documentation could be improved to support staff and other peripatetic staff if referred on for further support. **(See area of improvement 2)**.

The documentation and administration of medications had improved since our last inspection and were regularly audited by senior staff. We found that in some cases, the effects of as required (PRN) medications had not been recorded, and some bottles were not dated when opened. We reminded staff to ensure this was completed to ensure that medication was effective and that the balance of medications was monitored and in date.

The clinical areas in all the units were too warm for the safe storage of most medications. Daily temperature checks had been carried out, which reflected that this had been the case for a prolonged period, and the manager of the service had raised this as a concern. We discussed our concerns with the provider, as the efficacy of medications can be reduced or degrade more quickly if stored incorrectly. The service responded quickly to these concerns, and air conditioning units were ordered before the end of our inspection, and installed in the clinical areas.

Areas for improvement

1. The service should ensure that people have regular opportunities to access and be engaged within their local community, according to their stated preferences.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

2. The service should ensure that where people require close monitoring of their food and fluid intake, that this monitoring accurately reflects individual target levels of fluids required in a 24-hour period, and portion sizes of meals consumed to ensure that this information is accurate and meaningful.

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

'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).

How good is our leadership?

5 - Very Good

We evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

The manager of the service had recently returned to the service, but had made some significant improvements since our last inspection.

All the staff and relatives who we spoke to, overwhelmingly told us that the return of the manager had made a positive difference to the service. We heard and observed that the manager was available to staff, residents and relatives who told us that they were supported and were kept up to date with people and the service. Staff and relatives told us, 'I love working here, I feel we can get support whenever we need it,' and 'the manager and staff are very welcoming and let us know if anything is wrong or there are changes in my relative's condition'.

Engagement events had been held with relatives to 'meet the manager' during the day and evenings to discuss any concerns and be reacquainted on her return to the service. Resident and relative surveys were carried out to provide opportunities for people to feedback about the service and make suggestions for improvements. Most of these had already been put in place by the time of our inspection, and included suggestions for activities, including more music events, and items to be introduced to menus. A spring newsletter has also gone out to residents' families to keep people informed about the service. Relative/resident meetings had been trialled in the past, however, these had not been well attended. The manager was considering these and alternative ways to ensure people had opportunities to keep in touch, and make suggestions to improve the service.

Staff meetings have not been held regularly; however, it was acknowledged that the manager had only recently returned to the service. Some meetings had been held and plans were in place to increase these. Assistant manager and senior staff supervision had been carried out to ensure that the management team

were aligned in supporting improvements in the service and the support to junior staff. The manager and senior staff all attended shift handover meetings, to ensure that everyone was up to date with any issues or changes in residents' support needs. This meant that when relatives or other professionals contacted the service, the management team were able to provide relevant and up to date information, which increased their confidence in the management team. People told us, 'communication has improved, and I feel that we are fully up to date with everything now. When we go in, or phone up to ask about our relative, they can always give us a full update, and there is no question of calling back or anything like that, whoever is in charge can tell us exactly what has been happening'.

Audits were in place and routine safety checks were being carried out to ensure the service was safe. The manager also carried out daily recorded audits of the home which included observations of staff and random checks on other areas such as resident money boxes to ensure these were correct. Some audits such as, kitchen equipment and wheelchair audits were out of date. Most of these were in connection with the facilities, which we have dealt with in section four of this report. **(Please see area for improvement 1 in section, 'How good is our setting')**.

The manager had a good overview of the service and was aware of areas for improvement and had put in place a development plan to bring about these improvements.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

Care and support were carried out at a relaxed pace, and staff were observed to have time to sit and chat to residents during quieter moments, which created a homely and calm atmosphere in the service.

The staff team worked well together and were supported by the manager and seniors. Staff told us, 'It's a happy place to work, everyone is very nice' and 'It's nice here, lovely place to work, there is always a nice atmosphere here and there is always good support from my colleagues'.

The manager and senior staff were responsible for carrying out supervision of staff, during which time checks on staff training were also carried out. This was to ensure that training requirements were up to date; to ensure that staff maintained their skills to keep people safe and satisfy the conditions of the Scottish Social Services Council (SSSC). Some staff had not received supervision as frequently as the service policies stated was required, however, all staff we spoke to agreed that they had good access and support from seniors and the manager. Seniors were working towards bringing supervision of staff up to date at the time of our inspection and dates for this were planned with staff. We will monitor this area at our next inspection.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references, right to work checks, protection of vulnerable group checks and registration of professional bodies checks being undertaken or put in place.

The Health and Care (Staffing) (Scotland) Act 2019 was effective as of 1 April 2024. The manager demonstrated a good understanding of how to support staff and implement the act within the service. The service was about to go through a period of transition with new residents about to join the service from

another care service. The manager was monitoring this carefully, and some staff were joining the existing staff team at Bennachie to support these changes. We will continue to monitor this area at our next inspection to ensure that staffing numbers and dependency levels are closely monitored to ensure that people experience safe staffing and continue to enjoy meaningful days.

How good is our setting?

4 - Good

We evaluated this quality indicator as good. Performance demonstrated a number of important strengths which, taken together, clearly outweigh areas of improvement.

The service was modern and offered a variety of communal spaces for people to enjoy. Each unit offered sitting rooms, quiet rooms and spaces at the end of each main corridor where seating had been provided for smaller groups. This meant that there was space, and choice for people to be in groups or alone if they wished. Bedroom areas were spacious, and able to accommodate equipment and personal belongings from home to ensure these areas were personalised and homely.

Cleaning schedules were in place for all areas of the service, which had been maintained to a high standard. Domestic staff understood their roles in ensuring the environment was clean and free from any intrusive odours.

Large garden areas were spacious and secure, and also accommodated chickens, which some residents enjoyed caring for and collecting eggs each day.

Some people told us that the garden area had not had as much focus recently, and previously enjoyed opportunities for residents to be involved in growing and planting in the garden had not happened for a while. We found that the audits for the garden area had not been carried out for some time, and changes in employment for some staff had meant that this area had not been a key focus area over the last year. **(See area for improvement 1).**

All areas of the service were clean and maintained on a regular schedule of maintenance and cleaning schedules, which included annual safety checks on gas, electric, water and fire testing. However, some maintenance audits recorded as requiring to be carried out quarterly or monthly were out of date. The manager carried out a daily walk around which included checks for maintenance issues and which did provide some reassurances for these areas, however, audits should be brought up to date as per the service's own policies.

(See area for improvement 1).

Some areas such as the clinical rooms and the laundry were very warm. Clinical areas exceeded safe storage temperatures for most medications, which could mean that the efficacy of these medications could deteriorate over time. The laundry area was also warm and staff sometimes struggled in this area when working over longer periods of time. We asked the service to consider individual risk assessments for staff working in this area and to carry out regular temperature checks to monitor this area over time so that appropriate action could be taken to manage this area. We were informed during feedback to the service, that this was being investigated and air conditioning units were being sourced and trialled in all areas of concern.

Areas for improvement

1. In order to ensure that the internal and external environment, including equipment is safe and in good working order, managers should ensure that essential and routine checks and testing are carried out in line with the service's own policies and procedures.

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).

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

Support plans clearly set out people's care and support needs and focused on maintaining independence and encouraging people to continue to do as much for themselves as possible. Relatives told us that communication was very good, and staff got in touch promptly when there were any changes, or areas of concern.

Routine health screening had been carried out in the support plans that we sampled, and people had access to other peripatetic health professionals such as GPs, District Nurses and other allied health professionals when needed.

A range of assessments had been completed to help inform plans, such as Braden risk assessments (pressure area risk assessments), falls assessments, and Malnutrition Universal Scoring Tool (MUST). These assessments helped to identify where further guidance was required from other health professionals and we saw that this guidance was recorded in the care plans. Some checks, such as the recording of monthly weights were out of date, and we reminded seniors of the importance of ensuring these were up to date, especially where there were concerns regarding weight loss. Where there were concerns regarding weight loss or fluid intake, staff had commenced people on food and fluid charts to monitor their intake. We advised that these charts could be improved to be more specific and accurate for people.

(See area for improvement 2 in section one of this report, 'How well to we support people's wellbeing').

Some people's six-monthly reviews were late, however, this had been a recent focus area for the service and were almost completed and up to date; of those that were late, dates were booked and planned at the time of our inspection. These are important, as reviews provide residents and their family or legal representatives time to evaluate their care and support and make changes if needed. We spoke to a care manager who was in the service carrying out reviews at the time of our inspection, who told us that she had no concerns about the service, and that reviews were progressing. We will continue to monitor this at our next inspection.

Legal information was available in support plans, with details of Powers of Attorney (POA), and Guardianship were evident in the support plans that we sampled. This is important as they set out who must be consulted and involved when a person has lost the capacity to make decisions. Section 47 (treatment permissions for people who lack capacity) and Do not attempt cardiopulmonary resuscitation (DNACPR) were in place in the plans that we sampled.

Anticipatory care plans were in place for some people. These are important, as they provide information about how and where people want to be supported at the end of their lives. The manager was aware that some were outstanding, however, was guided by people's representatives of when these discussions were most appropriate. We will continue to monitor this at our next inspection.

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

Requirements

Requirement 1

By 30 November 2023, the provider must ensure that all medication records, including as required (PRN), and topical medications are:

- a) Recorded accurately and promptly at the time of administration.
- b) All handwritten records of medications added to medication administration records must be checked by two members of staff and signed for, following current best practice guidance.
- c) Ensure that staff responsible for medication administration and audit activities are knowledgeable and trained to do so, following up-to-date best-practice guidance.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services), Regulations 2011 (SSI 2011/210) - Regulation 4 (1)

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 organisation codes' (HSCS 3:14).

This requirement was made on 20 September 2023.

Action taken on previous requirement

Improvements had been made in the accuracy of recording of medication and topical medication. New documentation had been introduced to ensure that time-sensitive medications were recorded to ensure intervals were correct. Regular audits had been introduced to ensure that medication had been administered and documented accurately, and observation of staff practice in relation to administration of medication had been a focus area for managers and senior staff.

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

The provider should develop a robust quality assurance system that shows how they;

- a) Act on feedback from people who use the service, relatives and staff.
- b) Use measures to ensure good quality outcomes were being achieved for people who used the service.
- c) Show how the above feedback and measures contribute to plans for continuous improvement.
- d) Keep records of staff practice and training requirements and updates.

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 20 September 2023.

Action taken since then

The manager had recently returned to the service and was still developing processes to facilitate ways for people, relatives and staff to feedback about the service. Surveys had recently been sent out to residents and relatives, which enabled them to say what they would like to see in the service and included activities, meals and what they enjoyed about the service. In addition, a newsletter had been sent out to relatives inviting them in on specific dates in May and June to meet the manager and discuss any concerns. Resident/relative meetings had been attempted in the past, but these had not been well attended. The manager operated an open-door policy to support people, relatives and staff to discuss any issues and concerns. Most of the suggestions from residents and relatives had been implemented, and this included more visits from animals to the service, meal suggestions and some activities.

Staff training was monitored during supervision and found to be mostly up to date. Observations of staff practice had concentrated on administration of medication, which was a priority for the service.

This area for improvement is met.

Previous area for improvement 2

The provider should ensure that when people are alone in bedroom areas for prolonged periods, that they are not isolated and have access to suitable entertainment reflecting their needs and wishes, and that records are maintained to evidence this.

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 area for improvement was made on 20 April 2022.

Action taken since then

This area of improvement was implemented at a time when more people were unwell, and requiring more time on bed rest was a concern. During this inspection we found that some people preferred to spend more time in their own rooms but were content watching TV or listening to the radio in their rooms. Staff were seen to be popping in to see people, to check on their wellbeing and to encourage people to come into communal areas for activities and drinks. Where people were required to spend time in bed, we observed that staff visited frequently and ensured that the radio or TV was on. This ensured people did not feel isolated or lonely.

This area for improvement is met.

Previous area for improvement 3

In order to ensure residents, experience adequate healthcare and healthcare treatment in relation to changes in their general health and welfare and skin integrity, the service should:

- a) Ensure staff working in the service have awareness of the need to monitor and observe changes to residents' general health and welfare and skin integrity.
- b) Ensure residents have prompt access to other healthcare professionals in response to changes in their general health, welfare and skin integrity.
- c) Ensure staff are provided with training in relation to skin integrity, wound awareness and detection of infection.
- d) Make improvements to record keeping ensuring effective information sharing between the staff team and between the staff team and other healthcare professionals.
- e) Ensure staff receive training in relation to effective communication and record keeping.
- f) Ensure under what circumstances residents' representatives which to be contacted are discussed and agreed on admission to the service.

This is to ensure that care and support is consistent with 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 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 20 September 2023.

Action taken since then

At the time of this inspection, we were informed that no residents had any wounds. The manager had introduced a risk register which monitored residents who were vulnerable to developing wounds or injuries, were at risk of issues such as choking, allergies, requiring assistance with mobilizing and who required specialized equipment such as bedrails and mobility aids.

Care plans were being improved, to ensure they were easier to navigate to essential information and clearer for staff. Care plans evidenced good contacts with other peripatetic professionals when required. The people we spoke to informed us that communication was good when people's condition changed or was of concern. Staff training was monitored through supervision, and this was found to be largely up to date.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	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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