

# Ruthrieston House Care Home Service

199 Broomhill Road  
Aberdeen  
AB10 7LN

Telephone: 01224 358 585

**Type of inspection:**  
Unannounced

**Completed on:**  
23 August 2024

**Service provided by:**  
Aberdeen Association of Social  
Service, a company limited by  
guarantee, trading as VSA

**Service provider number:**  
SP2003000011

**Service no:**  
CS2003000164

## About the service

Ruthrieston House is registered to provide care to a maximum of 40 older people. The home is operated by Aberdeen Association of Social Service, a company limited by guarantee, trading as VSA (Voluntary Service Aberdeen).

The home is situated in a quiet cul-de-sac within a residential area to the south of the city. The home is close to local amenities and served by a regular bus service to the city centre. Accommodation is provided on three floors. All bedrooms are single with en-suite facilities.

## About the inspection

This follow-up inspection focused on the requirements and areas for improvement made during the previous inspection and evaluated how the service had addressed these to improve outcomes for people. During this follow-up inspection, whilst we saw some evidence of improvement, we remained concerned about weak performance in some key areas of care and support.

This was an unannounced follow-up inspection which took place between 19 and 21 August 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 15 people using the service
- spoke with eight of their family and representatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

**Key messages**

- Improvement was not evident in all of the required areas made during the previous inspection. As a result, people's needs were not always being met.
- We remain concerned people were not receiving timeous care and support to meet their needs. As a result, some people were distressed.
- Some people did not have access to a buzzer which meant that they were unable to call for help when they needed it and this caused some people distress.
- Although there was an improvement to fluids being available to people, we remained concerned about the lack of oversight of people's fluid intake and of people being prompted with fluids.
- Although staffing levels have increased, there was limited oversight, guidance and leadership to staff on the floor by team leaders.
- Some people's care and support were governed by the routines of the home instead of being person centred. As a result, some people were distressed.
- It was an improvement that people were not sitting for extended periods in transit wheelchairs and this supported people's skin and prevented the risk of skin breakdown.
- Leaders appeared more confident in recognising Adult Support and Protection incidents and the process to follow, which meant that people were better protected than at the previous inspection.
- Whilst there was an addition of quality assurance processes, we observed some of these were not as effective as they should be to improve the quality of the care and support for people.

**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?	2 - Weak
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?

2 - Weak

We made an evaluation of weak, for this key question at our previous inspection. This will remain the same. We made a requirement but it was only partially met. A new requirement has been made to cover the outstanding areas. **(See Requirement 1)**

We observed improvement with reporting of Adult Support and Protection (ASP) incidents. Leaders appeared more confident in recognising ASP incidents and the process to follow. As a result, people were better protected.

We had concerns that some people's needs were not always monitored and evaluated. This caused some people distress and increased further risk of harm.

Not everyone had access to a buzzer to call for help, if required. This placed people at risk of harm. Some people told us they had to wait a long time and this caused them distress. **(See Requirement 1)**

### Requirements

1. By 18 October 2024, the provider must promote the health, welfare and safety of people and protect them from harm.

To do this the provider must demonstrate at a minimum:

a) That each service user's health and wellbeing needs are consistently monitored and evaluated to inform the level of care that they require.

b) Ensure that people have access to a buzzer to call for help and any buzzer is responded to timeously to meet people's needs.

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) and section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident people respond promptly including when I ask for help' (HSCS 3.17).

## How good is our setting?

3 - Adequate

We made an evaluation of adequate, for this key question at our previous inspection. This will remain the same. We made a previous requirement but it was only partially met. A new area for improvement has been made to cover the outstanding areas. **(See Area for improvement 1)**

We made a previous area for improvement in relation to access to communal areas and we found this to have been met. (See 'What has the service done to meet any areas for improvement we made at or since the last inspection')

There has been an improvement in the overall cleanliness of the home and it has been decluttered. However, we did identify some areas which were not clean, for example, a bedroom floor and a compromised mattress and bedding. **(See Area for improvement 1)**

### Areas for improvement

1. To support people's dignity and wellbeing, the provider should ensure people have access to a clean and well maintained environment at all times. This should include but is not limited to, the general environment, mattress, bedding and equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My environment is secure and safe' (HSCS 5.19).

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

### Requirements

#### Requirement 1

By 21 July 2024, the provider must promote the health, welfare and safety of people and protect them from harm.

To do this the provider must demonstrate at a minimum:

- a) Any Adult Support and Protection incidents are recognised and reported timeously to the Care Inspectorate and the Health and Social Care Partnership, with appropriate actions taken to mitigate identified risks.
- b) Demonstrate that each service user's health and wellbeing needs are consistently monitored and evaluated to inform the level of care that they require.
- c) Demonstrate that any risks to service users' health, safety or wellbeing are identified, managed and clearly recorded as part of the care planning process; and ensure that people's wishes and preferences are clearly documented and followed.
- d) All staff complete appropriate Adult Support and Protection training and a record of training completion is kept.
- e) Ensure that people have access to a buzzer to call for help. In a situation where access to an alarm call system is not possible, you must demonstrate that alternative arrangements are in place to seek assistance.
- f) Ensure that people's skin integrity is promoted/ plans followed and people are not sitting in transit wheel chairs for extended periods of time.

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) and section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident people respond promptly including when I ask for help' (HSCS 3.17).

**This requirement was made on 18 July 2024.**

#### Action taken on previous requirement

Some staff had completed Adult Support and Protection (ASP) training and there was an ongoing plan in place for all staff to complete this. Leaders appeared more confident in recognising ASP incidents and the process to follow. This meant if an ASP incident occurred, staff would know what to do.

There was an improvement in reporting of Adult Support and Protection concerns timeously to the Health and Social Care Partnership. Risks were clearly recorded and this helped keep people safe.

Some people's needs were not always monitored and evaluated. This placed people at further risk of harm. For example, we observed one person who was a high falls risk, was left unattended in their bedroom without any way to call for help and was distressed, agitated and in pain.

Some people did not have access to a buzzer to call for help. We observed one person's call alarm was tied to the bottom of their bed rail which they could not reach. As a result, we prompted the manager to make an ASP referral.

People were not sitting for extended periods in transit wheelchairs. This was confirmed by relatives and visiting professionals. This reduced the risk of skin breakdown and promoted people's skin integrity.

**Some parts of the requirement have been met and a new requirement has been made for the outstanding areas. See Requirement 1 in 'How well do we support people's wellbeing?'**

### Met - within timescales

#### Requirement 2

By 21 July 2024, the provider must ensure that all service users are adequately hydrated at all times.

In particular the provider must:

- a) Ensure a choice of fresh fluids should be available to everyone at all times and people who can't help themselves to a drink should be supported to do so timeously.
- b) Ensure fluid records are accurate and up to date. These should be analysed by a senior member of staff and any next actions taken promote people's wellbeing.

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 can drink fresh water at all times' (HSCS 1.39).

**This requirement was made on 18 July 2024.**

#### Action taken on previous requirement

People in communal areas had access to fresh fluids during the inspection. However, where people had access to fluids, we did not observe people being prompted to drink by staff. This included someone who had a Urinary Tract Infection (UTI). Being adequately hydrated is important for overall health and wellbeing.

We observed some people in their bedrooms had not been offered a drink all morning. This caused people distress. One person told us that they did not feel comfortable asking for a cup of tea out of set times.

Fluid records were inconsistent and had no analysis. There were also gaps in the records we reviewed. For example, there were no fluid targets or fluid totals and no oversight from the leadership team. This meant there was no analysis of people's fluid intake to inform if any further intervention should be required.

**This requirement has not been met and we have agreed an extension until 18 October 2024.**

**Not met**

## Requirement 3

By 19 August 2024, the provider must ensure the service is led well and ensure quality assurance processes are carried out effectively, in a manner which achieves improvements and improves outcomes for people.

To do this the provider must demonstrate at a minimum:

- a) Ensure effective quality assurance systems are in place to include meaningful analysis. This includes but not limited to, medication administration, accidents and incidents, maintenance/environmental auditing, cleanliness, care planning and key areas of risk such as, weight and skin integrity.
- b) Ensure clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- c) Act on feedback from people who use the service, relatives and staff.
- d) Ensure action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.
- e) Ensure the leadership team are visible and available to lead staff at all times and act timeously to people's changing needs and risk.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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 18 July 2024.**

### Action taken on previous requirement

We observed there was limited oversight, guidance and leadership to staff on the floor by team leaders. Whilst the staffing levels had been increased and staff were allocated areas in the home, not all people's needs were met timeously. For example, we observed one person being supported with their meal by another resident's relative as they were using their hands instead of cutlery.

Whilst there were quality assurance systems in place, we observed these were not always effective. For example, the medication audit had no actions plans and there were repeated errors. However, the leadership team were responsive to our feedback and have started a full medication audit.



There has been an improvement in managerial oversight of falls and accidents and incidents; however, the Care Inspectorate was not always notified of these.

The management team have acted on people's feedback regarding the quality of the meals and this has been taken forward with an agreement for a cook Monday to Friday.

**This requirement has not been met and we have agreed an extension until 18 October 2024.**

**Not met**

#### Requirement 4

By 21 July 2024, the provider must ensure that there are sufficient staff in numbers and skill, to ensure people receive responsive care and are kept safe by a skilled and competent staff team.

To do this the provider must at a minimum:

- a) Ensure that at all times there are sufficient staff in numbers and skill, to meet the assessed needs of people.
- b) Ensure staff are visible and that people receive responsive care and support which includes, ensuring their wishes and preferences are upheld.
- c) Ensure that the care is person centred and is not determined by tasks and routines within the home.
- d) Ensure that senior members of staff observe staff practice regularly and ensure staff have the necessary skills and knowledge to support people safely and effectively.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My needs are met by the right number of people' (HSCS 3.15); and

'My needs, as agreed in my personal plan, are fully met and my wishes and choices respected' (HSCS 1.23).

**This requirement was made on 18 July 2024.**

#### Action taken on previous requirement

Whilst the staffing levels had been increased and staff were allocated areas in the home not all people's needs were met timeously. Staff visibility was limited and some people did not receive responsive care and support. For example, we observed three people on day two of the inspection that hadn't received any care and support or breakfast at nearly 11:00. This caused some people distress. One family member shared concerns their loved one had not received the care and support they needed.

Some relatives reported staffing had increased but sometimes staff were not always visible and it could take a long time to respond to people. One person told us they sat on the toilet for 45 minutes, "I feel like an inconvenience" and "forgotten like an old boot".

There was a lack of oversight of the staff deployment as at times there was just one or two team leaders on shift. The layout of the home makes it challenging for team leaders to have oversight and direct staff. At this time, staff require leadership and direction, which was evident from some of the practices we observed.

Some people's care and support were governed by the routines of the home instead of being person centred. For example, there was no recognition or adjustment for people who had a late breakfast. We observed three people finish breakfast at one table and then be moved to another table for lunch. We also noted that all three people had lost weight. This was discussed with the management team who are looking at alternatives to prevent this happening again.

Whilst some observations of practice were carried out, there were no actions carried forward and they were not always completed by senior members of staff. It was acknowledged that some staff do not have the necessary values, knowledge and skills, and are developing; however, there was a lack of leadership visible to observe and support these areas of development.

**This requirement has not been met and we have agreed an extension until 18 October 2024.**

**Not met**

## Requirement 5

By 21 July 2024, the provider must ensure people experience care in an environment that is safe, well organised, clean and free from any hazards.

In order to achieve this the provider must as a minimum:

- a) Ensure people do not have access to high-risk areas of the home that could put people at risk of harm such as, domestic storage cupboard.
- b) Ensure all cleaning chemicals and other substances which would be hazardous to people's health are stored safely and securely. This should be monitored regularly.
- c) Ensure the care home has a deep clean and declutter, including bedrooms, storage areas and communal areas.
- d) Ensure that the environment, furnishings and equipment are safe, clean and tidy.
- e) Ensure that regular quality assurance checks of the environment are undertaken.

This is in order to comply with Regulation 3, Regulation 4(1)(a), Regulation 4(1)(d) and Regulation 10 (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: 'My environment is secure and safe' (HSCS 5.19).

**This requirement was made on 18 July 2024.**

**Action taken on previous requirement**

We assessed that this requirement had been partially met and due to improvements made we have made an area for improvement for the outstanding areas.

There was an immediate response from management when we observed that a sluice with chemicals inside had not been locked on day one of the inspection. There were no further concerns regarding this during the inspection.

There has been an improvement in the overall cleanliness of the home and it has been decluttered. However, we did identify some areas which were not clean, for example, bedroom floor and a compromised mattress and bedding. The ongoing maintenance of the environment will now become an area of improvement.

**Some parts of the requirement have been met and an area for improvement has been made for the outstanding areas. See Area for improvement 1 in 'How good is our setting?' section.**

**Met - within timescales****Requirement 6**

By 19 August 2024, the provider must support people to have their wellbeing needs met as set out in their plan of care.

To do this the provider must at a minimum:

- a) Ensure care plans and records are accurate and up to date and this should include, any professional guidance or advice.
- b) Ensure care plans clearly demonstrate people's wishes and preferences and these are being followed and upheld.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011 (SSI/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); and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected' (HSCS 1.23).

**This requirement was made on 18 July 2024.**

**Action taken on previous requirement**

Care plans we sampled were accurate and up to date. They reflected people's needs, wishes and preferences. People told us their wishes were upheld. We observed some people's preferences being upheld.

It was difficult to assess if people's preferences were being upheld in relation to personal care. This is because staff were not clear in their recordings. It wasn't always clear when someone last had a bath or a shower for example. We observed staff to record "personal care provided". However, people appeared groomed, clean and well presented.

**This requirement has been met within timescales.**

**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 support people's dignity and wellbeing, the provider should ensure people are encouraged and supported to access all communal areas within the service. The provider should ensure these areas are inviting, safe and prepared for people to use.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience a service that is the right size for me' (HSCS 5.5).

**This area for improvement was made on 18 July 2024.**

#### Action taken since then

We observed communal areas had improved. There was new furniture added and they were inviting areas for people to spend their time. We did not observe people being encouraged to use these areas during the inspection but we observed one resident with a family member in one of the upgraded areas.

The outside patio area had been upgraded. This provided people with a safe, tranquil area to spend their time in and get fresh air. We observed people outside enjoying the sunshine and they told us they really appreciated it.

**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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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 iarrrtas.

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 ਵਿਚ 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.