

Bon Accord Care - Kingswells Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 July 2024

Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2017359559

About the service

Bon Accord Care - Kingswells Care Home is situated in the small town of Kingswells, to the west of Aberdeen City. It focuses on supporting people with dementia. The home provides support for up to 60 older people over two floors in a modern building.

Each bedroom has an en-suite toilet/wash hand basin. There are communal shower and bathrooms. Each floor has large, communal sitting and dining areas, with small areas for people to use if they prefer to not be in the communal areas. The home is surrounded by trees and grassy areas, giving lovely views from the windows. There is a large garden which provides an accessible and safe outdoor space for people to enjoy. The home sits near to the GP surgery, the pharmacist and the shopping and community centre, with bus stops close by.

About the inspection

This was an unannounced inspection which took place on 17 July 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 six people using the service and 11 of their family and friends
- spoke with 27 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People were being supported by staff who were interacting with them in a kind and caring way.

Quality assurance and improvements systems were in place, to support improving outcomes for people.

The home was clean and tidy, which reduced any risk of infections.

The service needed to improve upon having copies of required legal documents, to ensure consistent practice and to help keep people safe.

The service needed to improve upon ensuring people's end-of-life care experiences were personalised and in line with their past and present wishes.

The service needed to develop more consistent practice around care planning and documentation, to improve people's overall care experiences.

As part of the inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation; however, further work is required to develop this approach to support improvement.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses and key areas needed to improve.

Staff were interacting with people in a respectful manner. A carer was observed supporting someone to have a cup of tea. They did not rush and spoke kindly to the person throughout. The person finished their drink whilst benefitting from the warm interaction. Family members spoke highly of how staff supported people. Someone said, "the staff are all lovely, they are gentle and kind". This meant people were being cared for in a compassionate and dignified way.

Staff were helping people to get the most out of their days. Staff were observed playing games with groups of people and singing with them. People were also being supported on a one-to-one basis, where gentle interactions and meaningful activity was being provided. Most family members spoke positively about how their loved ones spend their days. Someone said, "They are almost always doing things with her when I come in". This showed people were being stimulated and their days had purpose. However, some people's loved ones felt there could be more activities. The provider informed they had recently recruited some new staff; this included an additional activities co-ordinator. This will hopefully enable more people to take part in things which are meaningful to them. This would further improve the likelihood of people getting the most from their days.

People's hygiene needs were being met. People were clean, tidy and well presented. Most people and their loved ones were positive about how they were supported with their personal care. A family member told us, "Mum is always well turned out when I come in" whilst someone else said, "she wasn't looking after herself at home, but when I see her now her hair always looks pretty, and she has clean clothes on. She always looks nice when I come in". This showed that most people were receiving support that was right for them.

People and their families were generally positive about the quality of meals. Someone's loved one said, "I often have lunch with Mum and the food is always good". People were observed in dining areas enjoying their meals, whilst staff interacted with them. Those who required support to eat and drink were provided with this. Most people's mealtime experiences were therefore positive. Snacks and fluids were being offered and were available throughout the home. Staff were monitoring and recording people's dietary and fluid intake where appropriate. Referrals were being made to the dietician, as necessary. Furthermore, people's personal plans indicated which foods they liked and disliked. This meant people's nutritional choices were based around personal preferences.

Staff were supporting people to take their medication safely and at the right times. Staff were knowledgeable around medication and were aware of administration and recording protocols. Due to this, most people were taking their medication as prescribed. However, there was inconsistency around legal documentation being held for the administration of some people's medication. For example, one person's file did not contain the required document to confirm their medication could be administered without their knowledge or consent. This could cause confusion for new staff, who may not be aware of how people should take their medication. The service should ensure they have all supportive legal documents in place relating to people's prescribed medication. **(See Requirement 1)**

People's personal plans contained documentation informing if someone else was making decisions for them. For example, if a power of attorney or guardian had been nominated to make welfare choices on their behalf. This showed protective measures were in place for those unable to make their own decisions. However, there was some inconsistency where powers had been delegated to the provider. For example, one person's plan did not have paperwork informing, the care home were making choices around their care. This could cause potential confusion around the legal status for decision making. The service should ensure all plans hold the necessary legal paperwork in accordance with the 'Adults with Incapacity' (Scotland) Act 2000. **(See Requirement 1)**

Staff were observed supporting people who could become distressed. For example, a staff member spent time with a person who was showing signs of potential stress. They spoke to them, distracted them and ensured they remained with them until they appeared calmer. This person's mood changed from appearing anxious, to being at ease. Personal plans indicated some good supportive links with external professionals such as, Community Psychiatric Nurses and GPs. However, some plans lacked detail around the best ways to support. This could potentially lead to staff being unsure how to help people and may negatively impact upon people's experiences. The service should ensure all plans detail the best ways to support people who could experience stress or distress. This would ensure people who may become distressed are receiving the best possible support. (See Requirement 1 in section 'How well is our care and support planned?')

People were being supported in the home through end-of-life (EOL) care. People's future EOL support wishes were documented in personal plans. Some plans included specific details such as, music they may like to listen to. However, other plans lacked personal and emotional details. This could mean people's experiences are not how they would want them to be. The provider should ensure all people's wishes around palliative and EOL care are gathered and documented. This will support personalised EOL care experiences. (See Requirement 2 and Requirement 1 in section 'How well is our care and support planned?') Furthermore, people being supported with palliative care had been prescribed medication to help manage their pain. However, the service was not formally evaluating some people's pain. Using an assessment tool could help to reduce pain and improve overall experiences. **(See Requirement 2)**

Staff were supporting people to move around the home. Staff were observed assisting people to mobilise and transfer with walking aids. Staff provided reassurance and did not rush people. People were helped safely and in accordance with moving and handling guidance. This was reducing the likelihood of people falling. Falls were being tracked and recorded. However, there was some inconsistency around the quality of recordings. The provider should ensure all documentation is completed to the same standard. Staff were having regular meetings to analyse and discuss supporting people who were at risk of falling. These new meetings were supportive of risk reduction. As the inspection concluded, a complaint relating to falls care was upheld and two requirements were made. The provider must continue to develop and implement their recent and improved approaches around falls. This will support the sustainability of falls reductions in the home. (Please see the service's page on our website for details of this complaint, <https://www.careinspectorate.com/>)

Requirements

1. By 7 October 2024, to promote the safety and wellbeing of people, the provider must ensure all required legal documents are completed and that copies are available within the home.

To do this the provider must, at a minimum:

- a) Ensure all necessary legal documentation pertaining to consent to administer medication are completed, in place and there are copies in people's plans.
- b) Ensure all paperwork relating to the 'Adults with Incapacity' (Scotland) Act 2000, are completed, in place and within people's plans.

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 2011/210).

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12); and

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

2. By 7 October 2024, to ensure that people's care and support needs are met effectively, the provider must ensure they are supporting people to experience end-of-life (EOL) care, which is comfortable, personalised and as pain free as possible.

To do this the provider must, at a minimum:

- a) ensure consistency in planning around EOL and palliative care
- b) ensure people and their representatives are supported to be involved in EOL planning
- c) assess and appropriately manage the use of any pain relief medication and use pain assessment tools as required.

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 2011/210).

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses and key areas needed to improve.

An established management team were in place and were visible in the home. This was supporting good oversight of staff and people's needs. Management were mostly viewed positively. For example, a family member told us, "I can go and ask the managers anything, whenever I want to" whilst a staff member said, "Management have an open-door policy, and we can talk to them whenever we wish". This meant management were approachable and that most people and staff felt able to talk to them.

Management were using a range of quality assurance and auditing tools to develop the service. Management were observing staff and giving feedback on how they were supporting people. This provided good oversight of practice. Monitoring systems were in place for various things including, medication, daily notes, personal plans and the home environment. Due to the provider regularly auditing and monitoring, it was evident they were seeking to develop how they were performing moving forwards. Due to this, people's care and support was improving. We will follow-up on any further improvements these systems have made at future inspections.

Staff and management were having daily meetings where they discussed people's support. Any issues or concerns around people's care were discussed, as were any risks or changes in needs. Meetings were documented and any actions were followed up on as required. This meant staff had the most up to date information and that management had good oversight of people's needs. Management advised they have recently developed these meetings, to support better outcomes for people. As a result, there were improvements in the recent care and support people were receiving. We recognise these meetings are supporting positive outcomes for people. We will follow up on their sustainability to improve people's outcomes at future inspections.

A service improvement plan was in place to develop the service. This included, seeking input from people and their families. This meant people's thoughts were included in shaping the service. However, the plan had not recently been updated. Regularly updating the improvement plan will support a culture of continuous development, which should benefit people's care and support. **(See Area for improvement 1)**

Areas for improvement

1. To support wellbeing and improve outcomes for people, the service should ensure they are regularly updating and developing their service improvement plan.

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); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses and key areas needed to improve.

Staff were visible throughout the home. Due to this, most people were receiving the support they needed. Staff felt they were sufficiently caring for people, even though they were busy. Most visitors spoke highly of the team, whilst showing awareness around their busy roles. Someone told us, "Staff always make an effort, despite how busy and rushed they sometimes are". This showed most people's needs were being met, even though staff may be pushed for time. However, a small number of family and friends felt staff needed more time to care for their loved ones. A relative told us, "Sometimes when I visit, she hasn't been tended to as they don't have the time". This showed some people were unhappy, as they felt there were lengthy waits for care needs to be met. The provider advised new staff had recently been recruited. This should mean staff have more time to support people and could further improve people's outcomes.

Staff were trained to support people. Staff felt confident in their roles and had completed various courses including, protecting vulnerable adults and medication management. This meant people were assisted by staff who had been provided with the correct knowledge to help them. As the inspection concluded, a complaint relating to falls care was upheld and two requirements were made. One requirement stated staff should receive extra training to support recognising changes in people's conditions and when to contact other professionals. We trust the provider will support all staff to receive further training around this. This should improve how people are cared for and supported in the home. (Please see the service's page on our website for details of this complaint, <https://www.careinspectorate.com/>)

Staff were being supported to improve their practice. Staff spoke about regular one to one supervision time with their line managers. This provided time for them to develop in their roles. Team meetings were also taking place. This provided opportunities for shared learning. This showed open and transparent communication between staff and management. Due to this, staff were provided with the knowledge they needed to support people and meet their needs.

The staff team were communicating well with each other. Regular meetings were taking place to discuss care and support. This meant any changes to people's needs were shared amongst the team and that support was co-ordinated. People were benefitting from this, due to staff having the most up to date information. We will follow up on the sustainability of these meetings to improve people's outcomes at future inspections. Furthermore, detailed handover sheets were provided when there was a changeover of staff. As a result, people's experiences of care were improved. However, some people and their families told us agency staff were not always aware of people's specific wishes. A family member told us, "The only issues can arise when agency are in, and they don't know the people so well. They miss the little things that make things just right for people, that the normal staff are aware of". This meant people were not always receiving support based around their individual preferences. This was discussed with the provider, who will work with staff to ensure they are all aware of people's individualised care. We will follow up on this at future inspections.

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Kingswells was clean, tidy and smelled fresh throughout. People and their families were positive about the cleanliness of the home. A family member told us, "The home is always clean, and the domestic staff are always cleaning the surfaces and floors. The cleaners are very friendly and pay great attention to detail". This showed that people and their loved ones were happy with the home environment. Communal and private bedrooms were homely, welcoming and well decorated. Staff took pride in keeping the home presentable and appreciated that it was people's home. Cleaning schedules and processes were in place and any maintenance issues were dealt with promptly. As a result, the home was well maintained.

Cleaning products were being safely handled and stored. Domestic staff were knowledgeable around the chemicals they were using and were aware of how to dispose of potentially hazardous waste. Staff awareness around infection prevention and control procedures was good and routine cleaning audits were taking place. Due to this, the environment was safe and risks of infection were reduced.

There was an outside enclosed garden area for people to use. People could spend time in this space, weather permitting. Someone's family member told us, "They have events and go into the garden sometimes which is nice". This showed people were able to enjoy outdoor spaces which could enhance the quality of people's lives.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses and key areas needed to improve.

Everyone using the service had a personal plan which documented their care and support. Plans were paper copies, which were kept in people's rooms. This meant people and their families could look at their plans when they wanted to. Plans included details around how to support in various things including, health, mobility, medication and social needs. Plans identified things that people could still do independently and there was some evidence of people's likes and dislikes. This could improve people's care experiences, as plans were based around people's preferences.

People and their families were involved in planning and reviewing their care. A family member told us, "I've been to several reviews, and they always involve me". This meant most people were being listened to and that planning was person-centred. Information from reviews was being used to update plans to ensure they were current. This meant staff were aware of most people's immediate health needs and how these should be met. Due to this, most people were receiving the right care at the right time.

Daily notes were being completed to evidence the care people had received each day. Specific care plans were also in place for various things such as, EOL care, fluid intake, falls and wound care. (See Requirement 2 in 'How well do we support people's wellbeing?') Some notes and plans were detailed and clearly evidenced support. However, other notes and plans were not of the same quality. For example, one plan did not document that a family member had been contacted following a concern, whilst another lacked detail around the location of a wound. This could impact upon how care is provided and may mean people do not receive the support that is right for them. The service should ensure all documentation is completed to the same standard. **(See Requirement 1)**

Requirements

1. By 7 October 2024, to ensure that people's care and support needs are met effectively, the provider must ensure that the quality of any documentation and care planning are completed to the same high standard.

To do this the provider must, at a minimum:

- a) ensure consistently good quality of recordings in daily notes
- b) ensure consistently good quality of recordings in people's personal plans
- c) ensure consistently good quality of recordings in any specific plans or recordings related to stress and distress, EOL care and falls.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) 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 needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

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

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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