

Bon Accord Care - Balnagask House Care Home Service

North Balnagask Road
Aberdeen
AB11 8LQ

Telephone: 01224 871 158

Type of inspection:
Unannounced

Completed on:
20 August 2024

Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2013315404

About the service

Bon Accord Care - Balnagask House is a care home for older people and is registered to provide care to a maximum of 30 people.

The home is situated within the residential area of Torry, to the south of Aberdeen City. The home is close to local amenities and served by a regular bus service to the city centre.

Balnagask House has accommodation on three floors. All of the bedrooms are single with en suite facilities. Each floor has its own shared bathing and showering facilities and lounge and dining rooms. On the ground floor there is a large, shared area which is used for larger group activities. An enclosed courtyard garden can be accessed from the activities area.

About the inspection

This was an unannounced inspection which took place on 9 and 13 of 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 people using the service and four of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Prior to the inspection we asked the service to issue questionnaires to people living in the care home, to their families, supporting professionals and to the staff. The results of these questionnaires were included in our inspection findings.

Key messages

- People received the care and support they needed to help them look their best.
- The quality of the meals was good and the dining experience was relaxed and sociable.
- The risks of falling had reduced due to improved lighting and better staff understanding.
- People enjoyed a varied activity programme.
- Staff needed better understanding about the legal framework around capacity and people's rights.
- Managers had good oversight of the quality of the care provided.
- What people want and need should help inform the service improvement plan.
- People were very positive about the staff.
- The home was clean and odour free. People lived in a home that was comfortable and well maintained.
- Information captured during care reviews needed to be used to update people's care plans.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - 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?

4 - Good

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

People appeared well cared for. Staff had provided the right care and support to help people look their best. Some people visited the hairdresser, and this was a very positive experience with people praising each other's 'hair doos'.

People were very relaxed in their surroundings. A few people said it was home and we observed people move freely from area to area. Many people wanted to speak with the inspectors and express what life was like living in the home. This ensured that our assessment of the quality of the service was greatly informed by what people told us.

People who required walking aids had these in reach at all times. This helped them to mobilise safely. The number of falls and risks to people of falling had reduced and we felt the improvements to lighting and better staff awareness of the risks, were contributing factors to this improved outcome.

People were positive about the variety and quality of the meals. The dining experience was relaxed and sociable. People could take their time to eat at their own pace. Some people chose to remain at the table after their meal, to enjoy a cup of tea and a chat with friends. The improvements to the dining experience had resulted in people eating better and this meant there was less risk of weight loss.

There was a varied programme of activities on offer. In the dining/lounge rooms of each floor, it was recorded on a board what the planned activities of the day were. We felt this was an easy format to help keep people informed and to help them have time to make their own choice of taking part or not.

Staff knew people very well. This meant that staff quickly identified when there were changes to people's presentation or health. This resulted in the appropriate health or medical professional providing the necessary support or treatment to prevent deterioration.

The necessary observation charts were in place to help staff monitor people's care and support needs. These were used appropriate to the needs of individuals and completed appropriately. However, the form used to record support provided overnight showed that there was a blanket approach to the care provided. This meant that everyone was checked two hourly overnight. People should have been involved in deciding if they want checked and the frequency of those checks.

Staff needed to have better knowledge and understanding of legislation in place which indicated that people had reduced capacity. Staff did not fully appreciate that people's views should be sought, and their choices respected, including when they have reduced capacity to fully make their own decisions.

Staff completed records of any episode of stress or distress. This helped inform supporting professionals decision making when reviews of people's care and support was assessed. However, important information on how best to support people to reduce the risk of stress and distress was not always easy to access. Information was documented, however, it was so fragmented amongst different care documents that it was challenging to get a clear picture of people's care and support needs in relation to minimising distress in

order to help them live well with dementia. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection', area for improvement 6.)

Medication management was good. People's medications were stored securely in their own rooms. This meant that they got their medications when they needed them and did not have to wait for a 'medication round'. When people required their medications to be administered in an altered form, the correct legal documentation was in place. Staff completed counts of all medications at set times during each day. This was not reflective of any medication concern. We felt that this was unnecessary and time consuming and that it may have been more beneficial to spend this time with people.

How good is our leadership?

4 - Good

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

There was a full permanent management team in place. This meant that there was a supervisor supporting staff and overseeing the standards of the quality of the care provision. However, we felt that this presence on the floor, and oversight was inconsistent. Staff said in surveys that they needed more support on the floor and better communication. Managers need to ensure that there is review of leadership and oversight on the floor to help maintain standards and to make staff feel supported.

The service had a detailed service improvement plan (SIP) in place. There was ongoing assessment of the progress in making each required improvement. There needs to be better evidence of input from the people who live in the service. It is important for improvements and changes to be informed by what people need and want.

There was good oversight of the clinical needs of people. This helped managers to be aware of where the greatest risks to people's health and wellbeing were. This helped inform enhanced monitoring or any additional support or care people needed.

The providers own senior managers completed audits in the service. For example, the service audit and health and safety. This meant that the provider could be reassured that the service had safe and effective systems in place.

Managers completed a monthly medication audit, and this clearly identified any errors in medication management. Whilst it was positive that there were minimal errors identified, this did not inform a change to the daily counting of all medications. It is important that the frequency of audits are proportionate and reflective of need.

There was good overview of people's finances. An efficient system was in place to ensure more funds were requested when people's monies were running low. This prevented people from doing without due to having no money available.

How good is our staff team?

4 - Good

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

We felt that staff were visible and accessible to people. Buzzers were answered promptly which meant that people did not have to wait to have their care and support need attended to. Some staff felt there was not enough staff on duty. We felt that with improved oversight and direction by the supervisor, that the organising and prioritising of workload may be better managed.

Managers had recognised that the recruitment of a permanent staff group was a priority in order to ensure that there would be consistency in the standards of the care and support people experienced. Staff said that this had contributed positively to staff morale. We felt that staff were invested in doing the best they could for the people who lived in the home.

People spoke very positively about the staff. Although busy, the staff took the time to stop and chat and interact with people. We could see that positive relations had formed with people and there were some lovely interactions.

People who preferred to stay in their rooms said that staff respected this preference, and they never felt under pressure to attend activities or go through for meals.

Training completion statistics were impacted by the number of new staff starting, however, there were clear timeframes that informed these staff of when they had to have completed the mandatory training. Managers had very good oversight of this and ensured that staff's probationary period would not be signed off if not fully completed. Managers were committed to ensuring that all staff had the necessary knowledge and skills to inform their role.

How good is our setting?

4 - Good

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

The care home appeared clean and odour free. Equipment and fixtures and fittings were in a good state of repair.

The lounge/dining areas on each floor were very comfortable. People had enough space in these areas to feel comfortable. Changes to the dining areas had created a more domestic look and feel. This helped support a relaxed and social feel at mealtimes.

Corridors were uncluttered and with the improved lighting, made these areas easier for people to independently mobilise along. The walls were decorated with lovely pictures of local buildings and places of interest. These were of interest to people, who stopped to look and speak about the pictures.

Many bedrooms were personalised to a good standard. Many people had surrounded themselves with furniture and items from home. This helped people feel relaxed and at home because it created a familiar

setting. Staff need to be mindful of people who need help with enhancing their bedrooms. One bedroom in particular lacked warmth and cosiness because it was bereft of homely items.

People had access to en suite toilet facilities. There are plans to refurbish these rooms. Consideration needs to be given to how these works are planned and carried out to ensure that there is minimal disruption to people's lives. **(See area for improvement 1.)**

There were sufficient shared showering and bathing facilities local throughout the home. These were well equipped, however, the service should look at providing window dressing. Although there was privacy glass, there was a cold feel and people using these rooms may feel exposed.

Each floor had its own designated domestic assistant. We spoke with managers of finding a cleaning trolley unattended for a long period of time. This was unsafe due to possible harm to people caused by accessing cleaning materials. Managers took swift and appropriate actions to rectify this concern, however, it is important for managers to continue to monitor compliance with safe handling of cleaning materials.

Areas for improvement

1. Managers should ensure that there is a detailed programme of works in place to help plan the improvement works to en suite facilities. Consideration should be given and included in this plan as to how disruption to people's lives will be kept to a minimum.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20).

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.

Each person had a file which contained the care plans and risks assessments that would inform staff of their care and support needs. Some files could have been better organised to make it easier for staff to find the necessary information that would inform their practice.

Care plans and other documents contained some very detailed and person-centred information, however, this needed to be pulled together to make it easier for staff to access. It was challenging to get a clear picture of what was important to people.

It was positive that people were involved in the review process and the records of these care reviews were detailed and recorded the areas of care and support that were working and what needed changed. Improvements continue to be needed to ensure that these agreed changes are then used to update people's care plans. This will help inform staff on how people want and need their care and support needs met. **(See 'What the service has done to meet any areas for improvement we made at or since the last inspection' area for improvement 6.)**

Where a risk to people's health and wellbeing was identified, an appropriate risk assessment was put in place. These documents helped inform staff of the necessary actions and care and support that was required to reduce the risks to people's health and wellbeing.

Activity records were completed frequently. These were completed by the activities person and were separate from the other care and support documents. This meant that when care staff supported with meaningful engagement or activity this was not captured. The service should revisit how this aspect of people's care and support is recorded to ensure that there is an accurate record kept.

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

Requirements

Requirement 1

By the 4 March 2024, the provider must ensure that daily health charts are fully completed and the information is readily available to staff.

To do this the provider must as a minimum provide:

- a) A mechanism for the daily recording of bowel movements along with associated records such as food and fluid intake and weight.
- b) Ensure staff have the right knowledge to monitor, record and report any concerns they have with people's health charts.
- c) ensure that this information is audited and evaluated regularly with consideration of GP referrals for further management of people's conditions, as appropriate.

This is in order to comply with Regulation 4- Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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).

This requirement was made on 17 January 2024.

Action taken on previous requirement

When a specific health or care need was identified, the necessary monitoring chart was in place. These were generally completed appropriately. We felt that these charts were only used when needed which helped with compliance. Managers should continue to monitor the use and need for monitoring charts for individuals.

Managers have spent time and effort in recruitment of permanent staff. This had resulted in the stability of staff and improved staff's ability in identifying when people's presentation and health changed. Prompt referral and input from health professionals was sought when necessary. This helped prevent deterioration in people's health.

Met - outwith timescales

Requirement 2

By 4 March 2024, the provider must ensure that the premises and equipment are of sound construction and kept in a good state of repair. In order to achieve this they must:

- a) Develop a plan for the repair and refurbishment of the home; to include floorings, furnishings and redecoration.
- b) Complete an environmental audit to record and replace soiled mattresses and damaged care equipment.
- c) Ensure that light switches in all rooms are visible and accessible for people.
- d) Set out clear priorities, timescales and how people can be involved in decisions about the improvements in ways which are meaningful to them.
- e) Set out clear timescales for completion of each phase of the refurbishment.
- f) If timescales have slipped, to inform people of the reasons why and when they can expect these to be completed.

This is to comply with the Social Work and Social Care Scotland (Requirements for Care Services) SSI2011/210 Regulation 10 – Fitness of premises

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18); and

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

This requirement was made on 17 January 2024.

Action taken on previous requirement

The provider had plans in place to ensure that en suite facilities were updated in this financial year. Although there was no fixed plan in place, we were confident that the monies earmarked were to be used to complete the works.

We have made an area for improvement (KQ4) in relation to a detailed plan of works in place when a start date for the works is established. This should document how the service is to ensure that there is minimal disruption to people's lives when the upgrades to the en suites begins.

Lounges and dining rooms were in a good state of decor and repair. New soft furnishings were in place and these added to the comfort and homely feel of each lounge.

Bedrooms had been decorated on a rolling programme and we felt this work had been completed to a good standard. People were very happy with their bedrooms and living conditions.

Mattress checks were in place and we found no malodorous or damaged mattresses during our inspection.

People were able to access light switches and we felt that the upgrades to decor had made these switches easier to access.

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 effective arrangements are in place on each floor to meet all service users' social and recreational needs in a manner that promotes choice and independence including weekends.

This is to ensure 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).

This area for improvement was made on 17 January 2024.

Action taken since then

The service had an activities person in post. They met and spoke with people with reference to what activities they wanted. This information was then used to inform the activities planner. This meant that people could take part in activities/events that they wanted and enjoyed.

The activities person had recognised that people found it difficult to access information from a four-week planner. As a result, they had a board on each floor which clearly stated the activities for the day. This was much more accessible to people, and effective in keeping people informed.

Links with the local community were supported. The weekly visit to the local cafe held in the church hall was very popular. People spoke about meeting up with people from the community to 'catch up on the gossip'. Local groups visited the home and this also strengthened the community ties.

Supervisors need to continue to monitor the opportunities for everyone. Some people were unable to attend the group activities and we felt that at times that the care staff could have done more to support with meaningful engagement and activities in the units.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure the health, wellbeing, and dignity of residents by ensuring a robust laundry system is in place. In particular the provider should:

- a) ensure that residents' clothes are cleaned and returned to them in a timely manner.
- b) ensure that there is a system in place to identify ownership of clothes.

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

'If I experience care and support where I live, people respect this as my home' (HSCS 3.2).

This area for improvement was made on 17 January 2024.

Action taken since then

Families still had concerns regards the laundry systems. In the returned questionnaires from families, the only area of dissatisfaction was with the laundry. Many raised that items of clothing were not returned and could not be found. This did not demonstrate respectful care of people's belongings.

Managers were in the process of bringing in a new system where laundry bags would be issued to each person. We were unable to assess if this would be effective.

This area for improvement is unmet and we will follow up at our next inspection.

Previous area for improvement 3

The provider should explore ways to improve the dining experience for people using the care service as set out within the Care Inspectorate publication 'Eating and drinking well in care: good practice guidance for older people'. This should include access to snacks on each floor of the home.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); and

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This area for improvement was made on 17 January 2024.

Action taken since then

The dining rooms had been rearranged with tables pushed together. This helped create a domestic look and feel to the area. People were positive about the variety and quality of the meals provided. The mealtimes were very relaxed and people were supported to eat at their own pace. It was positive to see that some people chose to remain at the table after the meal and they enjoyed a chat and a cup of tea with friends.

We felt that the improvements made to the dining experience contributed to a reduction to the risks in people losing weight.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure that people who need help to take their medication receive it safely from appropriately skilled staff. In particular the provider should ensure:

- a) All staff sign to confirm when they have administered medication and where a prescribed medicine is not administered, the reason(s) for this is/are recorded.
- b) That as required medication protocols detail in what circumstance this would be administered and are cross referenced to information held within personal plans on stress and distress, health, pain and elimination.
- c) Audits accurately reflect and action any errors and/or gaps in recording of medication.
- d) Prescribed topical creams are labelled with dates of opening.
- e) Records of topical medication reflect residents' current creams and there is sufficient guidance for staff to

apply these correctly.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 17 January 2024.

Action taken since then

People had their medication securely stored in their own bedrooms. This meant they could get their medication when they needed and wanted it. Protocols for as required medications were in place and contained sufficient details. Medications administered in an altered form had the necessary legal framework in place to ensure safe and appropriate administration of these medications.

Topical medications were generally dated on opening. Information sheets with instructions of the application of these topical medications were in place. The completion of these had improved, however, some gaps in signatures continued. We were satisfied that the service was aware of this ongoing issue and would continue to monitor.

Managers completed audits which identified any concerns with medication management. Staff completed several counts of all medications every day. We felt this was not proportionate and very time consuming. We asked managers to review this practice.

This area for improvement has been met.

Previous area for improvement 5

To promote a culture of communication and trust, the provider should complete individual meetings with staff. The information from these sessions should be collated and used to develop an informed and inclusive action plan. Actions should be delegated to appropriate people and completed within a reasonable timescale.

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

'I experience a warm atmosphere because people have good working relationships' (HSCS 3.7); and

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 17 January 2024.

Action taken since then

The daily huddle meeting appeared to be a very useful meeting for the staff and ensured that important updates were passed on. There was clear assigning of roles for the day. This ensured staff were aware of their areas of responsibility when on shift.

Group supervisions had been held throughout July with further meetings planned for October, however, prior to July staff hadn't been having supervision sessions in line with the organisational policy. Managers were aware of this and we are confident that there will be a more regular and consistent programme of supervisions in place.

Staff we spoke with were happy and content with their work. Staff morale appeared good. However, managers need to consider the feedback in the questionnaires, where a few staff felt that communication could be improved.

Reflective accounts were completed when a practice issue was identified. These need to be further developed to ensure that it is clearly identified what change will occur to prevent re-occurrence.

This area for improvement has been met.

Previous area for improvement 6

The service should ensure that care plans are updated regularly particularly following reviews and health assessments.

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

'My personal plan (sometimes referred as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 17 January 2024.

Action taken since then

Improvements continue to be needed to the updating of care plans after reviews. We found that review documents were completed well, with agreed changes clearly documented. However, care plans were not then updated to reflect these changes.

We will assess progress in meeting this area for improvement at our next inspection.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 iarrtas.

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.