

# Bayview Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
21 August 2024

**Service provided by:**  
Bayview Care Home Limited

**Service provider number:**  
SP2017012997

**Service no:**  
CS2017360828

## About the service

Bayview Care Home is registered to provide a care service to a maximum of 30 people, including two people who are under 65 years. The service is provided by Bayview Care Home Limited which is part of the Meallmore group.

The service is located in a quiet residential area of Cruden Bay. There are landscaped, easy to access gardens and a summer house. There are various shared social and dining spaces located downstairs.

All bedrooms are single rooms with toilet facilities. Shared bathing and showering facilities are located on both floors of the care home.

## About the inspection

This was an unannounced inspection which took place on 15 and 16 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 five 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 appeared well cared for. They said they were happy with the care and support they received.
- The activities programme was varied and linked to people's interests and preferences.
- Mealtimes were calm and relaxed. This contributed to a social dining experience.
- The risks of people falling had reduced due to better risk management and investigation of possible causes of falls.
- Improvements to the outdoor spaces needed to take place.
- Managers were visible and accessible to people.
- Improvements had been made to the service improvement plan.
- The staff group was stable and people were very positive about the staff.
- The home was clean and in a good state of repair. People had choice of where to spend their time.
- Relatives felt welcome and said there was no restrictions in place about when they visited.

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

We felt that improvements had been made to ensure that people got the right levels of care and support with looking their best. People appeared neat and tidy, and time had been taken to support with ensuring hair was styled and shaves done. People said they were happy with the care and support they received to help meet their washing and dressing needs.

Managers had reviewed the location of staff during the shift. This informed the need for staff presence upstairs at all times. This meant that staff were readily available to assist people. People said that in general they did not have to wait when they needed assistance. We felt that buzzers were answered promptly. The changes implemented by managers had contributed to improve outcomes for people.

The mealtimes were relaxed and sociable. People were supported to make a choice of where they wanted to have their meal. This meant that people who preferred a quieter area could be relaxed when they ate. This resulted in those people enjoying their meal and eating well. We felt that staff were more mindful of noise and disruption during meal service and this contributed to the relaxed service.

People had good access to drinks and staff were on hand to provide support when it was needed. This helped people to drink well and remain hydrated.

The activities programme was varied and reflective of what people wanted to do. We felt that the activities on offer were inclusive of everyone. This meant that everyone had the opportunity to be meaningfully engaged. Improvements are needed to the outdoor space. The courtyard garden area needed improved to ensure this was a useable and enjoyable space for people. It is important for people's health and wellbeing to be able to spend time outdoors. **(See area for improvement 1.)**

The management of falls had improved. There was better oversight and understanding of risk factors. This resulted in changes being made as a result of analysis of causes. The falls rate had reduced significantly, and this reduced the risk of injury and harm to people.

The management of medication was safe, however, improvements are needed to the supporting documents used to evidence as required medications and when these are administered. Managers had identified this issue, and we will follow up at our next inspection the progress made in making the improvements.

Managers need to revisit the practice daily counting of all medications. We felt this action was not proportionate to risks. This was very time consuming for the shift leaders and we felt this was time that could have been spent with people and in supporting staff.

There needed to be better oversight of people who had legal frameworks in place to help with their finances. Care plans needed to be detailed and give information on the powers of appointees. It is important that safe systems are in place to ensure that people's monies are managed appropriately. **(See area for improvement 2.)**

## Areas for improvement

1. Improvements should be made to the outdoor spaces to ensure these are easy to access, comfortable and safe spaces for people to spend time.

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).

2. Improvements need to be made to the awareness and oversight of people when there is a legal framework in place to support them with their finances.

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 managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.25).

## How good is our leadership?

4 - Good

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

The service was undergoing a period of change in leadership. The provider ensured additional support was in place to support this transition. The provider communicated with people, staff and family to ensure all necessary people were aware of the changes and additional support available. We were confident that people were aware of, and supported through, this change in leadership.

Leaders were visible and accessible to people and staff. Staff said leaders were supportive. One staff member said, "We can go to the manager with anything, without feeling silly. The manager is supportive to all throughout the whole home". Leaders had improved their oversight of staff supervision frequency, ensuring staff felt supported. Senior care staff directed carers to ensure that people experienced a quality service. For example, shift leaders ensured the lunch service ran smoothly. People were cared for by staff who were supported and well led, resulting in a positive care environment.

Various audits were in place and completed to a good standard. Leaders completed a weekly audit that reflected people's experiences and observed staff practice. This audit informed the service improvement plan (SIP), resulting in improved outcomes for people. One bedroom required upgrades, and the environmental audit highlighted this to leaders. A plan was in place to carry out the upgrades. Leaders had oversight of what audits had been completed and what audits were due. People could be confident that leaders had tools to ensure a quality service.

Improvements had been made to the service improvement plan (SIP). The SIP featured feedback from people and detailed improvements to the environment. For example, highlighting plans to improve malodorous rooms. Leaders had identified deficits in staff training and there was a clear plan in place to improve this, resulting in improved training attendance. However, one family told us they had raised a concern that was unresolved. Leaders should consider how they seek feedback from families, to inform the

SIP: We will review this at future inspections.

Unplanned events, such as medication errors, accidents and incidents were reported. Appropriate referrals and notifications were made as a result. For example, to the Adult Protection team and the Care inspectorate. When behaviours that caused concern were reported, leaders did not always complete investigations. This meant learning was not shared with the staff, to reduce the likelihood of re occurrence. Improvements are required to ensure that leaders investigate all unplanned events and share learning with the staff. **(See area for improvement 1.)**

## Areas for improvement

1. To ensure that people benefit from a culture of continuous learning and improvement the provider should ensure that leaders investigate all unplanned events and share learning with the staff team.

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).

## How good is our staff team?

4 - Good

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

The service benefitted from a stable staff team that included leaders, nurses, senior care staff, care staff and activity staff. This was further supported by domestic, kitchen and maintenance staff. Staff skill mix was considered when creating rotas to meet people's needs. Leaders ensured sufficient staff were available with effective absence management procedures. This reduced the use of agency staff within the service, meaning people could benefit from regular staff being available to meet their needs.

People benefitted from positive relationships with the staff. One person told us they had no complaints and that the staff are "good to me". Activity staff took time to ensure that all people had the opportunity to participate in activities throughout the day, in different areas of the service. Care staff did not appear rushed and had time to stop and chat to people. People and families told us that people were able to access help when they needed it. Buzzers were answered promptly, meaning people did not have to wait for additional support. This meant that people had sufficient staff available to meet their needs.

Improvements had been made to the function of the senior care staff role. One senior carer told me they had been supported by leaders and said, "I am now able to do my role well". Senior care staff had been upskilled to support nursing staff to dispense medication. People were more likely to get their medication at the correct time whilst allowing senior care staff and nurses to provide more support to people. People had improved access to staff.

The provider carried out safer recruitment, however, we highlighted difficulties in finding all necessary documentation to confirm this. The service administrator rectified this during inspection. People should be assured that staff have been recruited safely. We highlighted safer recruitment guidance to the provider and will review this at future inspections.

Staff were inducted to the service well. One new member of staff spoke highly of their induction period and said, "I felt supported throughout, I completed training and did three shadow shifts, I could ask lots of questions". Leaders evaluated new members of staff's practice as part of induction through supervision and observation. People could be confident that staff had the necessary skills and knowledge to carry out their role well.

Staff meetings took place regularly and were role specific, for example, care staff had a separate meeting from nurses. This ensured discussions were relevant to the staff in attendance. We were told that a new provider initiative has begun, with staff forums, attended by one nominated representative. The forums will be chaired by different leaders, such as a regional manager and a director. It was not clear whether these forums would replace group staff meetings within the service, and we have advised that the provider monitor the impact this has on people's experiences. We will review 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.

The care home appeared clean and tidy. The fixtures and fittings were of a good state of repair and appeared to be of a good standard. There were various lounges or seating areas, and we felt these had their own identity through the decor and the furnishings used. This resulted in people choosing the area that they felt most comfortable in. For example, some people preferred the quieter seating area away from the television. This contributed to people feeling relaxed and comfortable in their surroundings.

Seating was arranged to ensure that people could talk with each other. We observed the positive impact this had on people's days. Staff had been mindful to position furniture so that it did not interrupt the views from the lounge windows. It was important for some people to have clear views of outside.

Dining rooms were comfortable and there was sufficient space to ensure that people did not feel hemmed in. It was good that staff had recognised the importance of minimising intrusive noise in these rooms. This helped enhance the dining experience.

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

Improvements had been made to the signage in the home. This helped people to identify where toilets, baths/showers were. Some directional signage was in place, however, we appreciate that the layout of the home made this challenging to be fully effective. Managers should continue to monitor how easy it is for people to negotiate their way around the home to assess if additional signage or other resources are needed.

It is important for people to have access to the outdoors and when able, for this to be done independently. Improvements are needed to the gardens to ensure they are safe, comfortable and useable spaces for people to enjoy. **(See area for improvement 1, under 'How well do we support people's wellbeing?')**

### How well is our care and support planned?

4 - Good

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

Relatives' meetings had taken place and there was a plan in place for the dates and times of future meetings. We felt that in order to improve attendance and give more people the opportunity to attend, managers could consider being more flexible with the dates and times.

Relatives, when permitted by their loved one, had access to their care plans. Prior to a review taking place, relatives were able to read the care plans. This meant that they could attend the review with knowledge on the planned care and support and feedback if they felt changes were needed. We felt this helped families be involved and able to support the service in ensuring people got the care and support they needed and wanted.

The home was very busy with visitors and families said that there was no restriction on when they could visit. The service had provided tea/coffee making facilities to enable visitors to help themselves to. One visitor told us about the support the family received to enable them as a family to celebrate a special anniversary. The efforts taken created a new and special memory for the person and the family.

Managers should develop how they support relatives to become more involved in the service. Plans for upgrades or development of the home should be shared and this will enable people to have their say. This input should then be included in the service improvement plan, to ensure that the input of people is included in the development of the service.



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

### Requirements

#### Requirement 1

By 1 May 2024, the provider must ensure that people experience safe and effective care and support when an unexplained injury, including bruising, is identified.

In order to do this the provider must:

- a) Ensure that relevant agencies are notified to ensure that the right support is available to the person.
- b) Ensure that incident records and body maps are completed in full.
- c) There must be clear evidence of follow up or investigation, with clear outcome of the investigation recorded.
- d) Daily records must show that staff have checked and observed for any change or deterioration in the persons injury or wellbeing as a result of the unexplained injury.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service users) 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 care and support meets my needs and is right for me' (HSCS 1.19); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

**This requirement was made on 20 March 2024.**

#### Action taken on previous requirement

There was improved oversight of unexplained events. This meant that managers reported these events to the appropriate agencies. Body maps and supporting documents were completed appropriately and in the daily recordings, staff clearly continued to monitor and record any injury as a result of unexplained event.

Managers need to develop the learning from unexplained events to reduce the risk of re-occurrence. **(See area for improvement under 'How good is our leadership'.)**

**Met - outwith timescales**

## Requirement 2

By 1 May 2024, the provider must ensure that there is effective management of falls.

In order to do this the provider must:

- a) Ensure that the number of falls is accurately and consistently recorded.
- b) Managers should complete an analysis of falls to ensure that any common cause or circumstance is identified.
- c) Managers should ensure that they take the necessary actions when risks, trends or causes of falls are identified.
- d) Review staffing levels and allocation to ensure there are sufficient staff in place to meet needs and manage risk.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service users) 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 care and support meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 20 March 2024.**

### Action taken on previous requirement

The recording of falls had improved. Records were more detailed and this helped inform the analysis undertaken by managers. Everyone had observations taken for at least three days after a fall. This helped identify any change to their health. A reminder was logged in the diaries for these checks to be done and this helped with compliance.

There was improved oversight of falls. Robust analysis of root causes of falls took place and this helped identify factors which may have contributed to the fall. Managers were then proactive at making changes. For example, an analysis of staff availability when a high number of falls occurred, resulted in the review of staff allocation. This change resulted in a drop in the number of falls occurring.

### Met - outwith timescales

## Requirement 3

By 1 May 2024, the provider must ensure people benefit from a service that is well led with effective quality assurance systems in place.

To do this the provider must at a minimum:

- a) Ensure staff training is compliant for all staff in line with the provider's own policies and procedures.
- b) Ensure staff support sessions are conducted in line with the provider's own policies and procedures.

c) Ensure systems are in place to ensure effective communication and consultation between staff and management.

d) Develop shift leaders' skills and oversight of people's experiences and standards of care, to ensure people's experiences are included in the service improvement plan and used to drive change.

This is to comply with Regulation 15(b)(i) (Staffing) 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:

'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 20 March 2024.**

#### Action taken on previous requirement

Training had improved. Recent training reports evidenced improved staff attendance at training. There was a clear plan in place to capture remaining staff for outstanding training. People could be confident they were supported by staff who were trained.

Staff supervision frequency had improved with staff receiving supervision sessions as per the provider's own policy. Staff told us they felt supported in their role and that this had benefitted their workplace wellbeing. People were cared for by a well-supported staff team.

Staff reported feeling more involved in the service. There were a range of workplace forums where a staff representative could feedback to colleagues. This meant staff could feedback concerns and make suggestions, to improve outcomes for people.

Shift leader training was comprehensive. Shift leaders received additional support for their roles with support sessions with leaders. This resulted in shift leaders having a more active role in directing care staff. People were supported by a staff team that was well led.

People's views have begun to be reflected in the service improvement plan (SIP). The provider should continue to explore how it reflects the views of people and their families in this plan, to further enhance their care and support.

**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

To support people's wellbeing and comfort, the service should ensure that people receive the right care and support to ensure that their personal care and continence needs are met.

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 area for improvement was made on 20 March 2024.**

#### Action taken since then

People's care plans were detailed and informed the support and care they needed with meeting their continence needs. The improved signage on toilet doors, helped people to independently access the toilets.

People said they did not have to wait for support when they needed it and this ensured that people were supported to access the toilets when they wanted.

Staff were attentive to people who required additional support with their continence needs. They were assisted with dignity and respect.

**This area for improvement has been met.**

#### Previous area for improvement 2

To support people's wellbeing and to ensure people feel valued, the provider should ensure people are treated with dignity and respect.

This should include but is not limited to:

When speaking with people, discussing people within the staff team and when making written recordings about the persons presentation and support.

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

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

**This area for improvement was made on 20 March 2024.**

**Action taken since then**

People were treated with dignity and respect. Staff spoke to people kindly and in a respectful manner. Shift leaders confidently supported care staff when interactions could have been improved. Recordings about people, were written in a respectful manner, however, the service should remain vigilant to ensure appropriate terminology in daily notes is used consistently. Incident records, describing stress and distress responses, were recorded fairly and accurately. People could be confident that staff were demonstrating dignity and respect both directly and indirectly.

**This area for improvement has been met.**

**Previous area for improvement 3**

To support people's wellbeing, the provider should ensure that everyone benefits from meaningful activity, including people who choose not to participate in group activities.

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); and

'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 20 March 2024.**

**Action taken since then**

There was a varied activities programme in place. The activities were planned based on the interests and preferences of people. We felt there were opportunities for everyone to spend some time being engaged in a meaningful activity.

An important part of some people's day was being able to chat with friends. The seating arrangements helped facilitate this.

The activities planner was difficult for people to read and we suggested an easier 'activity of the day' poster or board may be better in keeping people informed of what was planned for the day.

**This area for improvement has been met.**

**Previous area for improvement 4**

To support people to recognise rooms and find their way around, the service should improve signage in the home. This includes signs on doors to help inform people of the purpose of the room and also directional signage to help people find rooms and areas of the home.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

**This area for improvement was made on 20 March 2024.**

## Action taken since then

Signage in the home had improved. It was clear where communal areas and bathrooms were, and we saw directional signage to ensure people knew how to get to where they needed to be. Bedrooms were clearly signposted so people could find their room with ease. People were supported to navigate the building as independently as possible.

**This area for improvement has been met.**

## Previous area for improvement 5

To ensure that people's care and support is informed by accurate information, the provider should ensure that daily recordings are regular, outcome focussed and sufficiently detailed.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 20 March 2024.**

## Action taken since then

Improvements had been made to the quality of information in the daily records. When a change in someone's health or wellbeing had occurred, staff clearly documented these changes. There was clear follow up by the next shift, with a clear update about the changes noted. This gave a clear indication and reassurance that people's health and wellbeing were being monitored.

Entries in the daily recordings were more person-centred and managers were aware that this is an area that they need to continue to monitor.

**This area for improvement has been met.**

## Previous area for improvement 6

The manager should continue to monitor, audit and evaluate residents' dependency levels, ensuring staffing levels continue to support meeting residents' specific care and well-being needs, ensuring present systems are embedded and appropriately actioned where issues need addressed.

This is to ensure that staffing 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

'People have time to support and care for me and to speak with me' (HSCS 3.16).

**This area for improvement was made on 15 February 2022.**

## Action taken since then

Dependency assessments were completed monthly by the service manager. This was shared with the regional manager and prompted discussions to ensure staffing met people's needs. The staffing tool clearly highlighted people who required more support, and how this influenced staffing decisions. Staffing appeared sufficient during both days of inspection and was meeting the current needs of people within the

service. The service should continue to monitor people's ongoing and changing needs and review staffing as needed. This will ensure people get the right support.

**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?	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
5.2 Carers, friends and family members are encouraged to be involved	4 - Good



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