

Deeside Care Home Care Home Service

Cults Avenue
Cults
Aberdeen
AB15 9RZ

Telephone: 01224 869 816

Type of inspection:
Unannounced

Completed on:
6 November 2024

Service provided by:
Deeside Care LLP

Service provider number:
SP2013012104

Service no:
CS2013318602

About the service

Deeside Care Home is situated in the Cults area of Aberdeen and is close to local amenities and public transport.

The five-storey home is divided into three units providing dementia, residential and nursing care. The service is registered to care for up to 68 older people. Included in the maximum occupancy number will be three places for named people under the age of 65.

All bedrooms have en-suite facilities which include a toilet and wash hand basin and shower. Each unit has communal living spaces which includes lounge / dining areas and a bathroom. The service also benefits from a hair salon, bar area, library, cinema, games, and sensory room.

At the time of inspection, 59 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 5 and 6 November 2024. Two inspectors carried out the inspection from the Care Inspectorate.

To prepare for the inspection we viewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- reviewed online surveys sent out prior to the inspection. We received feedback from 14 people using the service, eight family members, 11 staff members and four stakeholders;
- spoke with 10 people using the service;
- spoke with five families;
- spoke with staff and management;
- received feedback from two visiting professional;
- walked round the building;
- observed practice and daily life;
- reviewed documents.

Key messages

- Staff were respectful, patient and kind in their interactions with people.
- People's health needs were supported well.
- People's personal plans were person-centred.
- Quality assurance processes were managed well
- Staff worked well together and were responsive to people's needs.
- Staffing arrangements for the service were working well.
- People benefitted from a warm, clean and comfortable living environment.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were respectful, patient and kind in their interactions with people. This helped people feel valued and at ease. People told us they were well looked after. One person told us they were "spoiled" and they "wouldn't go anywhere else" and a family member told us their relative is "cared for to an exceptional standard". Care was being given in accordance with the core values of dignity and respect.

Care and attention had been taken to help support people to look their best. People looked well and were well presented. People were supported to maintain their individuality for example with their jewellery, nails painted and hair style. This contributed towards people's confidence and pride in their appearance.

We received positive feedback from one relative who told us that staff always knock on their relative's door prior to entering and are very respectful throughout their visit offering to come back or ask if need anything. Families were able to remain involved in their relatives' care and join them for meals and activities if they wished. This meant people were being treated with dignity and respect while maintaining meaningful connections that were important to them.

People could choose to have an active life. An activity coordinator was employed within the service. Life stories were developed to ensure activities were tailored to people's needs and preferences. There was a range of activities and opportunities that people enjoyed, this included exercise classes, quizzes, and crafts. It was positive to see a whole team approach was being taken. One person told us that there is "plenty to do during the day" and liked that they "can opt in and opt out of activities". People had access to a minibus to undertake outings within the community. We heard of examples of people accessing the local supermarket and visiting places of interest. We also saw examples of people being involved in the service, for example, answering the phone of the home. This meant people were spending their time purposefully to promote feelings of wellbeing.

The home benefitted from a sensory room which provided people with a safe and calming space to explore different sensory experiences. We observed that the provider had trained staff in "Namastate" which was a sensory and relaxation activity. This was still in its infancy, and we will look forward to seeing how this will be implemented into practice at our next inspection.

Intergenerational links with a local nurse and baby group promoted social connections between people of different ages. One person told us "This was wonderful", "just lovely" which demonstrated the importance of these relationships to them and the enjoyment they brought to the person.

People's health needs were being met with well-established links with healthcare professionals. Appropriate referrals had been made when people required specialist treatment or there was a change in their health. One visiting professional told us the service had "no hesitation in reaching out for support". This meant people's health benefitted from the right healthcare from the right person at the right time.

People's health was regularly monitored. This included people's skin condition, weight, and mobility. This kind of monitoring promoted people's health and ensured that any changes to people's health were identified and responded to quickly. One relative told us that their relative had put on weight since moving

to the home and the person's wound had healed.

Staff regularly reviewed people's health needs through clinical risk meetings. This meant that people received care and support based on their current circumstances.

People could be confident that the service had good management oversight in reducing the risk of falls and that measures were in place to protect them.

We observed the mealtime experience on all floors. This was positive and people reported that they enjoyed their food. Staff were visible and attentive to people's needs and people who required assistance did not need to wait on their meal. People told us that if they did not like the food that an alternative would be made for them. This meant people's dietary and hydration needs were being met.

The service had a medication policy in place and medication audits were carried out. We examined a sample of medication administration records and found that people had received the right medication at the right time. This helped people to maintain good health.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was well led and benefited from a committed and experienced manager who was focused on supporting the team to deliver good care. One family told us "Leadership is of a consistently high standard" and another told us "The home is very well run, which promotes residents' wellbeing".

Managers were observed to be accessible to residents, staff and visitors. Relatives told us they felt able to raise any issues or concerns with the manager and had confidence that this would be acted on. One family told us "The management are always there and available if you need to speak to them". This contributed to people feeling valued and listened to. The leadership team appeared confident in their role and to work well together.

Quality assurance processes were effective. A full and comprehensive system of audits were in place and regularly completed. The audits fed into an improvement plan for the home. We recommended this developed as a dynamic tool that is regularly discussed, reviewed, and updated with staff, residents, families, and other stakeholders. This will support the continuous improvement of the service.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences. We found the right people had been informed about significant events which included families, guardians, other professionals, and the Care Inspectorate.

Complaints and concerns were being logged. Management analysed and learnt from these. Any actions or outcomes were then shared with the wider team. This supported improved staff practice, resulting in better outcomes for people

Systems were in place to safeguard people's finances and people had access to their money when needed. This promoted choice and a sense of wellbeing for people

Daily meetings took place which are attended by the representatives from each staff group including the activity coordinator, housekeeping, care and nursing staff. This meant that the manager had a clear oversight of the daily plans and needs of the home.

The service regularly evaluated people's experiences of care. People's views about the service were considered during regular resident and relatives' meetings and with a survey. This meant that the service was working in partnership with people to drive forward change and improvement. The manager should incorporate this feedback into the existing service improvement plan.

A regular newsletter and Facebook page shared relevant and valuable information with families on activities and developments in the home. This helped keep families informed and updated.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were being cared for by a regular, consistent staff team. This meant people received support and care from people they knew well which was consistent. We observed that staff worked together well, in a positive and calm manner. One person told us that they were "treated very well by staff" and a family member told us "staff are very considerate and helpful".

Staffing levels appeared appropriate at the time of our inspection. Staff were visible and responsive to people's needs. We saw buzzers were answered quickly and people told us they did not wait long if they needed help. One visiting professional told us "Staff are generally on hand to assist". A dependency tool helped to inform the staffing arrangements for the service. This meant staff had time to provide care and support and engage in meaningful interactions with people. The service displayed a summary of the staffing levels within the home monthly. This provided information and reassurance to people and their families.

The leadership team supported the wellbeing of staff. An employee assistance programme provided a 24-hour help line to support staff through any life issues or problems.

Staff had received regular supervisions sessions. Supervised assessments were undertaken where staff performance was graded on a scale from excellent to poor. The service also gained feedback on staff performance from people living in the service. This allowed staff to feel more confident and empowered in their roles and more engaged in their work.

Observations of staff practice were undertaken to assess learning and competence. We saw records of observations and reflective discussions around medication administration, hand washing and donning and doffing personal protective equipment. This helped to highlight good practice as well as any areas for improvement.

Records were in place evidencing staff had accessed a wide range of training appropriate to their role. Each staff member had a training plan in place to meet their development needs. The management team had good oversight of the training. This meant that people experiencing care could be confident that staff were

trained and competent.

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.

People benefitted from a warm, comfortable home. One family member told us "Deeside is a beautiful home". The environment was generally clean and tidy, with no evidence of intrusive noises. Some areas within the home did not smell fresh and clean. We suggested the home empties their clinical waste bins at a greater frequency to prevent malodours within the home.

People's rooms were personalised and homely which promoted each person's experience, dignity, and respect.

There was a variety of different living spaces for people to spend their time, for example, games room, cinema, bar area and quiet lounges. Furniture was of good quality and had been laid out in communal areas in a way that encouraged socialising. This contributed positively to a comfortable living environment. People were able to choose when they accessed communal areas. During our inspection we found many communal areas were not being used which was people's choice.

Some of the areas within the home had been recently refurbished providing new and refreshed facilities for people. There were plans in place to replace some floor coverings within the home. We observed two areas of flooring which put people at risk of falling. We advised the manager to address these as a matter of priority.

Pictorial signage was in place to help people orientate in their surroundings. We would advise that the service continues to develop the environment to ensure people are provided with an environment that meets their needs and promotes independence.

Environmental checks and audits were taking place. This enables any issues to be identified and resolved quickly.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefitted from personal plans that were based on people's individual needs, strengths, and preferences. People's personal plans helped provide a sense of who they were. Plans were organised and easy to follow. There was a very good level of detail within the care and support plan to guide staff around how best to care for and support each person. Families and people were involved in developing their personal plans to ensure support was tailored to meet their needs and wishes. One visiting professional told us the service had been proactive in asking for support in relation to Dementia care. This was to improve care planning for people experiencing stress and distress.

People had a hospital passport in place. This meant if a person were admitted to hospital, staff would be

provided with essential information to treat and support the person more effectively.

Supporting legal documentation was in place to ensure people were protected and to uphold their rights. The service had consent forms in place which were signed by the person, or their relative, should there be any restrictions of a person's movement put in place, for example, bed rails or a sensor mat.

People had anticipatory care plans in place. This ensured people's specific wishes and preferences regarding their care were known should their condition deteriorate.

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 better outcomes for people, the provider should promote meaningful engagement and interactions between staff and the people they support. This should include ensuring people's choices are sought and respected.

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

'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) and

'I can control my own care and support if this is what I want'. (HSCS 2.1).

This area for improvement was made on 22 February 2024.

Action taken since then

The home had a relaxed atmosphere, and we saw warm, friendly and respectful interactions between staff and the people they supported.

We found support was being provided in a way that maximised people's dignity and respect. People were offered choices whenever possible throughout the day, for example, song choices in a music activity and at mealtimes. Staff knew people's needs and preferences well. This meant staff were able to recognise and respond to changes in people's wellbeing.

There was a range of activities for people to enjoy if they wished.

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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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