

Bon Accord Care - Kingswells Care Home Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

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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 a follow-up inspection to assess the progress the service was making since the last inspection on 17 July 2024. An unannounced inspection took place on 9 October 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

The follow-up inspection focused on the requirements and areas for improvement made during the previous inspection and evaluated how the service had addressed these to improve outcomes for people. During this follow-up inspection we increased the evaluation for quality indicator 2.2 to good, because the service had made progress by building on key strengths. We also increased the evaluation of quality indicator 3.3 to good; because the service had made progress by building on key strengths.

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
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

The service had made improvements around having required legal documents in the home, which meant the previous requirement was met.

The service had made improvements around falls preventions and falls documentation, which meant the previous requirement was met.

The service had made improvements around contacting healthcare professionals, which meant the previous requirement was met.

The service had a detailed and outcome focussed improvement plan in place, which meant the previous area for improvement was met.

Quality assurance and improvement processes were improving outcomes for people.

Staff were working well together to support improvements in the quality of people's care.

People's end-of-life care experiences were not consistently personalised, which meant the previous requirement was not met.

The quality of recordings relating to some people's care was inconsistent, which meant the previous requirement was not met.

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

3 - Adequate

Two requirements for key question 'How well do we support people's wellbeing?' remained outstanding from our previous inspection, and two requirements remained outstanding relating to a previous complaint. Please see the service's page on our website for details of this complaint (<https://www.careinspectorate.com/>). Since then, the provider had put action plans in place to support the improvements needed.

The requirement around the provider having copies of all required legal documents in the home has been met. Paperwork relating to the Adults with Incapacity (Scotland) Act 2000 was available in people's personal files. Furthermore, documentation around consent to administer medication was also accessible. This meant protective measures were in place to keep people safe. (See 'What the service has done to meet any requirements made at or since our last inspection') However, the provider was not evaluating the effectiveness of medication which is given without consent. Evaluating this medication would provide clarity around its efficiency, and if its continued use is supportive of people's health and wellbeing. **(See Area for improvement 1)**

The requirement relating to the provider supporting people to experience End Of Life (EOL) care which is comfortable, personalised and as pain free as possible has not been met. Planning and documentation around EOL care was inconsistent. There was further inconsistency in the recordings and evaluation of pain relief medication. This could result in some people's experiences not being how they would want them to be. (See 'What the service has done to meet any requirements made at or since our last inspection')

The requirement relating to falls prevention and assessing falls risks has been met. The provider had a new system in place to track, record and analyse falls. Due to this, staff were better equipped to support people who may fall and falls had reduced in the home. People were safer because of this. (See 'What the service has done to meet any requirements made at or since our last inspection')

The requirement relating to people receiving healthcare input and staff being trained to recognise changes in people's conditions has been met. Healthcare professionals were being contacted at the right time. Staff were supported to complete training around people's health and needs. As a result, people's health needs were appropriately supported and people were safer in the home. (See 'What the service has done to meet any requirements made at or since our last inspection')

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their care, the provider should evaluate the effectiveness of people's medication which is prescribed without consent.

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).

How good is our leadership?

4 - Good

We have re-evaluated the service to be performing at a good level.

One area for improvement was made for this key question 'How good is our leadership?' at our previous inspection. Since then, the service had put action plans in place to manage the improvements needed. The area for improvement relating to the provider developing their service improvement plan has been met. A detailed improvement plan was in place which was being updated regularly. Clear actions and outcomes were improving people's outcomes. (See 'What the service has done to meet any areas for improvement made at or since our last inspection')

Quality assurance and improvement tools were improving outcomes for people. For example, the provider had a new system in place for monitoring and analysing falls. Due to this, falls in the home had reduced and people were safer. (See 'What the service has done to meet any requirements made at or since our last inspection') Furthermore, management were supporting improved staff practice. For example, staff had completed a written exercise around what it feels like to be cared for by someone else. This had helped staff to improve their approach when caring for people. Management were visible in the home and were viewed positively by staff, people and their families. This meant that staff felt supported and people had confidence in how the service was run.

How good is our staff team?

4 - Good

We have re-evaluated the service to be performing at a good level.

Staff communicated well with each other. Staff were having meetings to discuss people's support and were talking to one another during their shifts. A detailed handover sheet provided up-to-date information around people's support. This meant staff had current information and that support was consistent with this. This helped to improve the quality of care in the home.

Staffing levels were meeting people's needs. Management were regularly evaluating people's care to ensure the correct number of staff were working. Staff did not seem rushed and people were not waiting to be supported. This resulted in a peaceful and calm environment. People were comfortable and at ease because of this.

Staff were trained to support people. Management were tracking people's training requirements. Staff were knowledgeable around various things including falls, medication and supporting people who may become stressed. This meant staff were aware of the best ways to support people. Due to this, the quality of care was improved and people were safer. (See 'What the service has done to meet any requirements made at or since our last inspection')

Staff were working well with each other. For example, staff were working together to support people to have lunch. Some staff were helping people to eat and drink, whilst others were engaging in meaningful conversation. There was a team-work approach to ensuring everyone had a positive dining experience. Consequently, people were happy and relaxed as they enjoyed their lunch.

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

Requirements

Requirement 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).

This requirement was made on 19 July 2024.

Action taken on previous requirement

People's personal plans contained documents informing if someone else was making decisions for them. For example, if a welfare or financial guardian had been nominated or if a power of attorney was in place. This evidenced safety measures for those who were unable to make certain choices themselves. Furthermore, paperwork around powers that had been delegated to the provider were accessible and available. For example, where the provider was making choices around the care that someone receives. Legal statuses around decision making were therefore clear and all paperwork relating to the Adults with Incapacity (Scotland) Act 2000 was in place. As a result, robust protective measures were supporting people who were unable to make their own decisions.

People's plans contained documentation around the administration of medication. For example, the relevant paperwork was in place which confirmed if people's medication should be administered without their consent. This meant staff had the knowledge they needed when assisting people. As a result, people were being supported to take their medication as prescribed.

This requirement has been met. However, the provider needs to start evaluating the effectiveness of medication which is given without consent. This will help to improve people's health and wellbeing. (See Area for improvement 1 under section 'How well do we support people's wellbeing?')

Met - within timescales

Requirement 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).

This requirement was made on 19 July 2024.

Action taken on previous requirement

Documentation relating to End Of Life (EOL) care was inconsistent. For example, some plans were specific to the individual and detailed what kind of music they would like to listen to. However, other plans contained less detail and lacked a personal and emotional touch. This meant some people's EOL care experiences may not be how they would want them to be.

The service was not consistently evaluating the effectiveness of pain relief medication during EOL and palliative care. For example, someone's documentation indicated a pain assessment tool had been used several weeks ago. However, there was no recent update around this and it was unclear how often the pain assessment tool should be used. Clearer documentation around this would support its use and could reduce people's pain. This could result in improved EOL care experiences.

This requirement has not been met and we have agreed an extension until 7 November 2024.

Not met

Requirement 3

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).

This requirement was made on 19 July 2024.

Action taken on previous requirement

Personal plans were paper copies which were kept in people's rooms. This meant visiting family and representatives had access to them if they wanted. Plans were being updated and reviewed regularly, with evidence of people and their loved ones being involved. This meant plans were person-centred, as they were based around people's preferences. Plans were detailed and concise. This meant staff were provided with clear guidance around the best ways to support. This could improve the quality of care being provided.

Daily recordings around people's support had improved. There was evidence of what people had been doing each day, the support they had received, if healthcare professionals had been involved and if any family or representatives had been contacted. This evidenced positive staff practice, which supported outcomes for people. However, some records were not up to date and there was inconsistency in their quality. For example, someone's notes did not indicate changes to their medication. Furthermore, daily recording charts were not always correct. For example, someone's fluid intake chart had not been completed over-night. This showed inconsistencies around recordings. 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 and recordings are completed to the same standard.

This requirement has not been met and we have agreed an extension until 7 November 2024.

Not met

Requirement 4

By 5 September 2024, the provider must make proper provision for the health, welfare and safety of service users.

In particular, the provider must:

- a) ensure proper assessment of the risk of falls for individual service users
- b) ensure the risk is subject to review at least monthly or sooner, if the individual's needs change or the risk is increased by a fall
- c) ensure falls experienced by individuals are subject to careful investigation and exploration of the potential causes
- d) ensure there is a process of considering fall prevention measures and the review of existing measures
- e) ensure careful auditing and assessment of falls in the service to identify trends and potential problem areas
- f) ensure falls are subject to accident reporting at the time of the fall to ensure accurate and reliable record keeping
- g) ensure individual's representatives experience timely communication in relation to their general health and welfare.

To be completed by: 5 September 2024

This is in order to comply with:

Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 12 June 2024.

Action taken on previous requirement

Management had robust systems in place to analyse, monitor and support people who may be at risk of falling. Recordings were detailed, accurate and included follow-ups. Documentation provided evidence that family members and representatives were contacted in a timely manner. This was supportive of keeping people safe, whilst reducing the likelihood of falls.

Accident forms were being completed in more detail when people had fallen. Consideration was noted around various things, including lighting and noise. This helped the service identify reasons around why people may fall. Furthermore, people were being checked over following a fall, with documented evidence of this. This was undertaken by the nurse or service supervisor, with a follow-up the next day. This provided good oversight of how people were presenting. Due to this, people were more likely to receive the right support at the right time.

Staff were having regular meetings to analyse and discuss falls. These meetings were supporting risk reduction and meant staff were better equipped to help people. The provider had plans to develop and increase these meetings, which will further support in reducing falls risks. People will be safer in the home because of this.

Management were supporting staff to improve their practice. Some staff had undertaken intensive moving and handling training. Staff had also completed written exercises around falls scenarios and how they would support. This was helping to improve practice, resulting in staff being better equipped to help people.

This requirement has been met.

Met - outwith timescales

Requirement 5

By 5 September 2024, the provider must make proper provision for the health, welfare and safety of service users.

In particular the provider must:

- a) Make such arrangements as are necessary for the provision to service users of adequate services from any healthcare professional.
- b) Provide additional training to care and support staff, in recognising changes in people's condition and awareness of when to contact other healthcare professionals.

To be completed by: 5 September 2024

This is in order to comply with:

Health and Social Care Standard 1.13: 'I am assessed by a qualified person, who involves other people and professionals as required'.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 12 June 2024.

Action taken on previous requirement

Staff were supporting people to access services from healthcare professionals. For example, there was evidence of people having contact with the GP and dietician. Staff were responsive to any changes in people's needs. This meant people were receiving the right healthcare support at the right time. This helped to keep people safe and reduced risks to health and wellbeing.

Staff were trained to recognise changes in people's health. Some staff had undertaken extra training around people's needs and conditions. People's healthcare requirements were also being discussed at daily meetings. Team meetings were being used as a space to discuss staff roles and responsibilities. This evidenced a team approach to caring for people. Furthermore, staff were able to tell us what they would do if they noticed changes in people's needs and health. This included, seeking support from a nurse or service-supervisor and ensuring records were kept up to date. This meant people were safer in the home and that health needs were better supported.

This requirement has been met.

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 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).

This area for improvement was made on 19 July 2024.

Action taken since then

A detailed service improvement plan was in place which focussed on improving outcomes for people. The plan identified areas for development and actions to support changes. For example, there were on-going plans to modernise the dining areas. Some areas had already been upgraded, whilst others were in process. This was detailed in the plan, with proposed dates for future upgrades. This showed the plan was being regularly updated, which meant improvements were always on-going. Furthermore, there was evidence of people and their families being involved in discussions around any changes. This meant people's views were being used to develop and shape the home. People and their families felt involved in how the home runs because of this. As a result, they felt valued by the provider.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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

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