

Bon Accord Care - Housing Support - 1 Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2013315409

About the service

Bon Accord Care - Housing Support - 1 provides a care at home and housing support service to adults across the city of Aberdeen. At the time of inspection, the service supported 1100 people.

The service comprises of 20 sheltered housing complexes, as well as an interim care at home service which supports people in their own homes. Interim care at home supports people on a short-term basis whilst awaiting a permanent care at home provider.

All complexes are close to local amenities. Each complex has communal areas in the buildings which can be utilised for various social activities.

About the inspection

This was an unannounced inspection which took place between 9 and 16 December 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 61 people using the service
- spoke with four of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- reviewed the results of 29 surveys returned to us by people, family, and staff.

Key messages

- People's experiences of care varied across the service.
- The service had improved the management of complaints.
- The service was responsive to people's current and changing health needs.
- People had formed good relationships with staff that supported them regularly.
- Medication was not managed well and required improvement.
- Internal audits did not always result in improved outcomes for people.
- People did not always know who would be supporting them.
- Care plans were not always up-to-date and care reviews did not always take place every six months.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. Whilst some strengths could be identified, these just outweigh weaknesses.

People's experiences of care varied across the service. Many people told us that they were treated kindly and experienced compassionate care. However, some people told us they did not have good experiences, describing their care as "rushed" and "abrupt". The provider should ensure that all people experience kind and compassionate care that meets their needs.

People were signposted to different health services, such as optician services that come to their homes. When people fell, a thorough assessment of their continued risk was carried out. This led to appropriate referrals to occupational therapists, nurses, and support staff who help people regain their independence. Another person told us they received a significant amount of support after being discharged from hospital. They were assessed and received additional equipment and an increase in staff to allow them to continue to live independently. People could be confident that the service was responsive to their current and changing health needs.

Staff were attentive when listening to people's concerns about their home and signposted people to appropriate agencies to resolve concerns. Regular meetings were arranged with the landlord to discuss concerns. People were supported to address concerns about their tenancies.

Medication records required to improve. Medication assessments did not clearly show what support was needed. One person's medication review indicated that they took medication at the wrong time but no corrective action had been taken to improve this. Medication care plans did not always match the care and support that the person needed. This could result in incorrect care and support being provided. 'As required' medication was not recorded well, which may result in people being given these medications at the wrong time. The provider should ensure that medication management is improved (see requirement 1 and 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Staff were mindful of people's social wellbeing and provided care that supported this. One person required additional support to remind them when they had work. Staff ensured the person was reminded the day before. This allowed the person to continue working and had a direct benefit to their overall wellbeing.

People were supported by technology for both regular and unplanned care. Most people told us that they received help quickly when this was required. All people received a daily welfare check, using sensors that detected movement within their home. However, some people told us they had no say in how their daily welfare checks were done and would much prefer a call to a sensor check. The provider should ensure that people's preferences are discussed and recorded to ensure people are aware of the service available to them. We will review this at future inspections.

Requirements

1. By 10 March 2025, the provider must ensure that people benefit from safe medication procedures.

To do this, the provider must, at a minimum:

- a) Ensure that medication assessments are completed by a competent individual and accurately reflect the care and support needed by people.
- b) Ensure that 'as required' medication administration, and the outcome of taking such medication, is recorded accurately.
- c) Ensure all medication care plans contain the necessary information to ensure that medication can be dispensed safely.

This is to comply with Regulation 4(1)(a) (Welfare of 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: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst some strengths could be identified, these just outweigh weaknesses.

Leaders had oversight of several areas of service delivery, including unplanned events, staffing, and complaints. This allowed leaders to assess changes in real time. For example, staff training for complaint management had resulted in improved complaint recordings (see 'What the service has done to meet any requirements we made at or since the last inspection'). Leaders had also made improvements in the frequency of staff supervision sessions. Leaders had effective tools and systems to monitor and assess service delivery.

While it was positive that leaders conducted audits, these did not always result in improvements. Care plans were audited, however this did not result in clear and up-to-date care plans. Medication audits did not result in improved medication management. The provider should ensure that audits are used to make sustained improvements in people's care and support (see area for improvement 1).

Unplanned events, such as accidents, incidents, and medication errors, were reported and learning from these investigations was shared at staff meetings. This should reduce the likelihood of reoccurrence. Relevant notifications were made to external agencies, such as the Care Inspectorate and the adult protection team. People could be assured that the service was responsive when unplanned events took place.

The service improvement plan (SIP) was a live document that detailed areas for improvement. It was positive that external audits informed the improvement plan. Staff were given an opportunity to contribute towards the SIP. However, the SIP did not always reflect the views of people using the service. Tenant meetings did take place, however they focussed mainly on housing issues and did not give people a forum to discuss their care service. The provider should explore how it seeks, and uses, people's views about their care service. We will review this at future inspections.

Areas for improvement

1. To ensure people benefit from effective quality assurance, the provider should ensure that data gathered through audits and reports result in improved outcomes for people.

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?

3 - Adequate

We evaluated this key question as adequate. Whilst some strengths could be identified, these just outweigh weaknesses.

People had formed good relationships with staff that supported them regularly. One person told us they were "angels". However, people also reported that they had been unable to form positive relationships with less regular "bank" staff. People were not always told when staff changes occurred and people said they did not have the same confidence in unfamiliar staff. People told us they wanted to know who would be providing their care. The provider should ensure that people are informed of staffing arrangements and work to improve trust and relationships between people and staff (see requirement 1).

The number of staff allocated at each of the buildings was informed by the level of need. People benefitted from the service's ability to increase and decrease care without waiting for approval from the local authority. A team of "out of hours" and "responder" staff were on call to provide additional care and support when required. People told us additional care was provided promptly. However, people told us that staff often run late. One person said, "sometimes I get my breakfast visit at 08:30, which I like. Other times it is 10:30, it means I am not hungry when they come to give me my lunch". The provider should ensure that there are sufficient staff numbers, deployed effectively to meet people's needs (see requirement 1).

Leaders had effective tools to ensure people had sufficient staff to care for them. Annual leave was planned in advance to maintain adequate staffing levels. Leaders monitored staff absence and held return to work meetings to support staff wellbeing and improve attendance. However, some buildings did not benefit from effective staffing arrangements. One building went without a permanent staff member for six months due to absences, which made people feel anxious about their care and support. The provider should ensure there is a contingency plan in place for periods of absence so that people feel safe and secure about their care and support (see requirement 1).

Staff were well trained. Leaders regularly checked staff competencies to ensure they had the necessary skills to provide effective care and support. This included, but was not limited to, medication, infection prevention, and complaints management. The provider should continue to monitor frequency, and the effectiveness, of their ongoing competency assessments to ensure they benefit people's care and support.

Requirements

1. By 10 March 2025, the provider must ensure that people experience care and support from a well deployed staff team.

In order to do this, the provider must, at a minimum:

- a) Ensure there is a suitable contingency plan in place to provide consistent care and support when long-term absence affects care and support.
- b) Ensure people are aware of who will be supporting them and informed of any changes to staffing that

will affect their care and support.

c) Ensure decisions about people's preferred, and agreed, support times are recorded.

d) Ensure sufficient staff are available to meet people's identified care and support needs.

e) Ensure all staff, including less regular staff, provide care and support that is consistent with the Health and Social Care Standards.

This is in order to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support 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 'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. Whilst some strengths could be identified, these just outweigh weaknesses.

People had care plans and these were accessible in people's homes. Some care plans were person-centred. For example, one person's plan highlighted the importance of their workplace and the positive impact this had on their mental health. However, other plans did not reflect people's wishes. For example, one person wanted to shower on specific days and this was not reflected in their care plan. This could result in people receiving care that does not meet their needs. The provider should ensure that care plans are person-centred and outcome-focussed (see requirement 1).

Care plans did not provide clear direction for care and support. It was unclear what level of care people could expect. For instance, details regarding the frequency and duration of visits were not specified, leaving people uncertain about the support available. People should know when to expect their care and support. The provider should review how this information is recorded and communicated to people (see requirement 1 in key question 3 'How good is our staff team?').

Many people had a care review, however some people had not had a review in over a year. Care plans were not consistently updated, meaning staff had access to outdated information. For instance, some care plans did not reflect people's current mental health needs. The provider should ensure that all people receive, and benefit from, regular care reviews (see requirement 1).

Requirements

1. By 10 March 2025, the provider must ensure that people received care and support that meets their needs and is planned.

In order to do this, the provider must, at a minimum:

a) Ensure care plans are reviewed when people's needs change and/or at least every six months.

b) Ensure care plans are person-centred and contain sufficient information to direct staff.

c) Ensure care reviews are planned in advance, to allow people to invite who they wish to attend. Reviews should be outcome-focussed and inform future care and support.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 5(2)(b) (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 personal plan (sometimes referred to 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); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

Requirements

Requirement 1

By 16 February 2024, the provider must ensure that senior staff have the skills and knowledge required to implement the complaints procedure, in line with their role and responsibility.

To do this, the provider must, at a minimum:

- a) Ensure staff receive appropriate training on complaints handling.
- b) Ensure that a competency assessment is in place and carried out with staff who have completed training in complaints handling.
- c) Implement a system for management to audit and review staff compliance with the provider's complaints policy, which includes gathering feedback from complainants.

This is in order to comply with:

Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

Regulation 18(3) 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 October 2023.

Action taken on previous requirement

Records indicated that complaints were being logged more often because of improved compliance with the provider's complaint policy. Frontline staff logged complaints, which were then investigated by leaders. People were asked if they were satisfied with the outcome of their complaint. Staff completed training and

leaders assessed staff competency in the management of complaints. This demonstrated that staff understood how to respond to various complaints that people may report. People could be confident that the provider had improved how it managed their complaints.

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

In order to support the safety and wellbeing of people experiencing care, all medication errors should be fully investigated to identify what went wrong and how future errors might be avoided. Any improvement actions identified should be planned, implemented, and monitored for effectiveness.

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 area for improvement was made on 12 October 2024.

Action taken since then

We were unable to access the investigations of medication errors, so we could not fully evaluate the investigation process. However, leaders regularly attended meetings to discuss medication errors. This often resulted in a review of people's medication support. Leaders kept track of how frequently staff made medication errors and arranged for re-training when necessary. Records indicated that medication errors had increased. We were not confident that investigations were resulting in improved outcomes for people.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1 'How well do we support people's wellbeing?'

Previous area for improvement 2

To support people's health and wellbeing in relation to the administration of medication, the provider should improve medication records and ensure people's medication support needs are assessed by a competent person.

This is to ensure that 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 8 June 2023.

Action taken since then

Medication records had not improved. 'As required' medication was not recorded well, which could result in people receiving medication at the wrong time. Topical medication did not have sufficient care plans in place

to ensure the correct medication was being applied. Medication assessments were not sufficiently detailed and we were not confident these had been completed by a competent person.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1 'How well do we support people's wellbeing?'.

Previous area for improvement 3

In order to ensure people are supported by staff who are skilled, competent, and enabled to reflect on their practice, the provider should ensure staff receive regular supervision sessions which are tracked and recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 8 June 2023.

Action taken since then

The provider had identified, through their service improvement plan, that staff supervision frequency was not in line with company policy. This resulted in improvements with almost all staff receiving supervision between July and September 2024. The provider should ensure that it has a plan in place to lessen the impact that senior staff shortages have on their ability to continue to provide effective staff supervision. This should result in people being cared for by a well supported staff team.

This area for improvement has been met.

Previous area for improvement 4

In order to ensure people, receive support in line with their agreed wishes and preferences, the service should ensure people and those important to them are fully involved in planning and reviewing their support plans. Furthermore, the service should ensure staff have time to read and refer to these plans.

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 to 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 8 June 2023.

Action taken since then

Reviews had taken place for many people, however some people had not had a review in over a year. One person, who had a recent review, had not attended this nor had their family. The service had not given sufficient notice to allow people to attend. Care plans were not reviewed consistently. The provider should ensure that reviews take place and that care plans are reviewed, at least every six months. This should result in people experiencing care that meets their current needs.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5 'How well is our care and support planned?'.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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