

# Meadowview Respite Care Home Service

Meadowview  
Willowbank  
Glendaveny  
Peterhead  
AB42 3DY

Telephone: 01779 477 192

**Type of inspection:**  
Unannounced

**Completed on:**  
7 February 2025

**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2003000311

## About the service

Meadowview Respite has changed its model of care. It provides a safe space for people with complex and multiple needs, for a period of assessment and person-centred therapeutic support, with the purpose of finding the right long term care placement.

The service is in a rural location, near to the town of Peterhead. There was one person living in the service at the time of the inspection. Meadowview is situated on the same site as Willowbank Bungalows, which provides residential care, and is also operated by Aberdeenshire Council.

## About the inspection

This was an unannounced inspection which took place on 29 and 30 January 2025. The inspection was carried out by one inspector 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 one person using the service and received feedback from one relative
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- People achieved exceptional outcomes from the therapeutic, person-centred support they received, and this enabled them to transform their lives.
- The bungalow had been renovated and adapted to a very high standard, and this created a friendly, relaxing and calm space for people to feel safe.
- People could be confident they were being cared for by staff with the right knowledge, skills and experience.
- The provider worked collaboratively with external health professionals and this ensured people received holistic, expert care that fully met their needs.

**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 staff team?	5 - Very Good
How good is our setting?	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

Overall, we evaluated this key question as very good. This is because we found significant strengths in the care provided and these resulted in positive outcomes for people. Some aspects of performance were sector leading, with outstandingly high outcomes for people. Therefore, we awarded the grade of excellent for the quality indicator, 'people get the most out of life'.

Meadowview Respite had changed its model of care. The new model supported people with very complex and multiple needs, often who had experienced breakdowns in previous care placements or placements far away from their family and home. People were supported through a period of multi-disciplinary assessment and therapeutic person-centred care, by highly trained and qualified staff. The combined process of multi-disciplinary assessment and therapeutic person-centred care, gave people the best possible chance to find the right long-term placement. This model was sector leading and provided a vital service to people with complex needs, whose needs could not be met by other service types.

The outcomes for people were outstandingly high, enabling them to transform their lives. Individuals who previously experienced high levels of distress, relied heavily on medication to manage their behaviour, and struggled in the community with multiple failed placements, had become happy, calm, and settled. They were leading active lives, pursuing their interests, and building relationships. Their physical and mental health, as well as overall wellbeing, had significantly improved, allowing them to get the most out of life.

The provider did this by supporting people holistically, getting to know them and using observation and discreet assessment to understand what people were trying to communicate. They gained an understanding of people's stress and distress and helped them find a place of calm and safety. They supported people to learn how to communicate their needs in a safe manner. Over time and through regular evaluation and creative problem solving, they learned what made people happy and settled and they found ways of supporting them to achieve this.

They worked closely with various external health professionals, for example, psychology, psychiatry and nursing. They developed collaborative working relationships, which enabled all the experts to work together and understand how best to support the person. For example, how the person's health condition impacted their behaviour and what could be done to manage this and the impact of certain medications and whether they needed to be altered. Behavioural support guidelines were continually evaluated and updated based on recent incidents, so they provided the most accurate understanding of how to support the person. This level of multi-disciplinary collaboration was exemplary and it happened because the leadership team effectively managed the process.

Part of the model includes comprehensive transition arrangements. The service will actively support people to move and settle into their long-term placement at a time and pace that suits them, in collaboration with their new care provider. The process will be continuously reviewed and improved as needed. As this approach is new, it is too soon to determine the success of the transition arrangements. However, we anticipate success due to the collaborative efforts and expertise sharing between care providers, and their commitment to getting it right for each person.

The environment had been fully renovated and adapted to meet complex needs. An exceptional amount of time, research, resource and consideration had gone into the design, adaptations and colour scheme of the environment. The colour scheme was chosen to provide a sensory solution to people who could become overstimulated and was chosen to be low arousal and autism friendly. The furniture had been carefully selected to ensure it was homely, but also safe and that if people did become distressed it remained in its intended place. The walls had been rebuilt to reduce noise and the new sofas reclined to allow for relaxation. The bungalow was a relaxing, homely, low stimulation, clean, airy, well-ventilated and safe space for people to live. This all resulted in a friendly and calm environment where people felt safe.

The leadership team supported staff to provide a high standard of care. They worked alongside staff, sharing knowledge and supporting the development of their skills. This gave staff the confidence to support people in what could be extremely challenging incidents, so that the incidents were managed safely, skilfully and with the sensitivity and kindness people needed to feel safe and to calm. As a team, they reflected on all distressed incidents to learn and develop their skills. This resulted in a consistent and stable staff team that worked well together and in the interests of the people they supported. One relative told us the staff were, 'Very attentive and caring'.

### 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.

Staffing arrangements for the service were determined by a process of continuous assessment. The leadership team used their knowledge and understanding of people's individual needs and desired outcomes, as well as direct feedback from people, staff and families to determine their staffing levels. The service worked closely with the funding authority, so when people's needs changed, they had mechanisms in place to report the changes to determine staffing levels.

Staff morale was good, and staff told us they were very well supported. Staff received regular supervision and performance reviews. Staff told us they really enjoyed their role, and this was observed in their passionate approach to enrich the lives of people they supported. Staff felt valued and this was reflected in the support they received.

People told us that most of the time there were enough staff to meet their needs, and that staff were very visible. However, the high levels of winter illnesses had impacted staffing numbers at times. When this happened the leadership team used a range of options to cover shifts, including relief staff, redeploying staff from other parts of the service, or overtime for existing staff. This worked well and it meant people were always supported by staff who knew them well. Staff told us that they had time to sit and chat with the residents in between tasks, and we saw this during the course of the inspection. Staff communicated well with residents and were respectful, with lots of good humour and banter, which created a pleasant atmosphere in the home. We saw examples of staff noticing when people became stressed, and supporting them with this in a kind, caring manner. People were being cared for in a nurturing environment.

Core training was maintained to a high standard, with good systems in place to ensure that staff were keeping up to date with their training requirements. Furthermore, staff were supported to develop their skills through ongoing reflective practice and this enhanced staff's self awareness, improved their decision-making and fostered a culture of continuous learning. This meant that people could be confident they were being cared for by staff with the right knowledge, skills and experience.

Staff were deployed effectively and efficiently whilst respecting the rights of people. Staff knowledge and skill was used to inform these decisions, ensuring staff skills were best utilised and people were supported by staff who knew them well.

Recruitment was well managed and organised. The appropriate pre-employment checks were in place. We were confident staff were recruited in a way that was informed by all aspects of safer recruitment guidance. This promoted people's safety and wellbeing.

## How good is our setting?

## 5 - Very Good

The environment had significantly improved. Since the last inspection, the bungalow had been renovated and adapted for high quality, complex care and this promoted positive outcomes for people. Therefore, we evaluated this key question as very good.

People benefitted from a spacious, warm, homely, clean and welcoming environment, with plenty of natural light and space. The environment had been upgraded to make it a safe, relaxing space for people with complex needs. An exceptional amount of time, research, resource and consideration had gone into the design, adaptations and colour scheme of the environment. The colour scheme was chosen to provide a sensory solution to people who could become overstimulated and was chosen to be low arousal and autism friendly. The furniture had been carefully selected to ensure it was homely, but also safe and that if people did become distressed it remained in its intended place. The walls had been rebuilt to reduce noise for people with sensory processing issues. The new sofas reclined which allowed for relaxation. There were three communal spaces (lounge, dining room and large kitchen), as well as level access grounds to the front and rear of the building. The bungalow was a relaxing, homely, low stimulation, clean, airy, well-ventilated and safe space for people to live. This all resulted in a friendly and calm environment where people felt safe.

People were included and consulted on the design and furnishings of their bedrooms, including the furniture, the layout, the decoration and soft furnishings. Although this was not people's long term home, it gave people the opportunity to personalise their space, so it felt familiar and safe.

The newly renovated and decorated bungalow meant it could be cleaned to a high standard with the right cleaning fluids. There was plenty of built in storage for people's possessions so they could be safely stored away in the event of an infectious outbreak. All of this should prevent the spread of infection. This will also help to keep people safe and well.

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

### Requirements

#### Requirement 1

In order to ensure the premises are fit to be used for the provision of a care home, by the 31 August 2021, the provider must develop an improvement plan, detailing the timescales to:

- modernise, repair and/or update the kitchens, bathrooms and flooring so that they are fit for purpose and can be effectively cleaned, addressing the areas of most significant concern first.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22); and

It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 10 (1) - a provider must not use premises for the provision of a care service unless they are fit to be so used. (2) Premises are not fit for the provision of a care service unless they - (b) are of sound construction and kept in a good state of repair externally and internally; (d) are decorated and maintained to a standard appropriate to the care service.

**This requirement was made on 21 September 2021.**

#### Action taken on previous requirement

There was an exceptional improvement to the environment since the last inspection, which significantly improved people's quality of life (please see further information in, 'how good is our setting?').

The bungalow had been completely renovated and was adapted specifically to meet complex needs.

The kitchen was new and fully accessible to people with physical disabilities.

The bungalow was warm and cosy, as it had a new heating system.

The bathroom, shower room and toilets had been replaced.

All flooring had been replaced. A lot of time and consideration had gone into the type, design and colour of the flooring, so that it reduced the risk of falls and supported people with dementia and sight perception issues.

The lounge had new sofas and chairs, new curtains and new ornaments and soft furnishings.

The bungalow was homely, bright, airy, well decorated, spacious and had fixtures and fittings that could be kept clean in line with infection control guidelines.

**Met - outwith timescales**

## 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?	5 - Very Good
1.2 People get the most out of life	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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