

## Torry Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 March 2025

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2018369768

## About the service

Torry Care Home service is owned by Renaissance Care (No1) Limited. It was registered to provide a care home service for a maximum of 81 older people. At the time of the inspection there were 77 people living at Torry care Home.

The service operates from a purpose-built building that has been extended. It is situated near to a range of shops and amenities. The service has four units situated over three floors.

## About the inspection

This was an unannounced inspection which took place on 19 March 2025 between 11:30 and 15:00. A further visit took place on 20 March 2025 between 06:15 and 13:30. 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 or made contact with 10 people using the service
- spoke or made contact with 11 of their friends and family members
- spoke with staff and management
- reviewed 37 completed feedback forms from people and their families
- reviewed 16 completed feedback forms from staff
- reviewed completed feedback forms and spoke seven visiting professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff were welcoming, warm and working hard to meet people's needs.
- The service had met two of the areas for improvement made since the last inspection.
- There was good oversight in the home, meaning people's needs were being addressed promptly or managed effectively.
- There was a stable core staff team who were available to respond to people's requests and needs.
- Staff practice needs to be further developed to promote consistently positive outcomes for people and compliance with procedures and policies.
- There was a developing culture of trying to make people's life and experiences better.

## 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 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?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

We received mainly very positive feedback about the service and carers. People told us "I know the staff look after my father to a high standard" and "my dad, we know is much happier." However, some concerns were raised regarding missing items and the quality of activities at times.

There was a core dedicated stable team of staff. This had resulted in staff knowing people's needs and support. The senior team had built good links with visiting professionals. Changes in people's health and wellbeing were identified promptly and addressed effectively. Information and advice obtained was being implemented into people's care and support. Consequently, people were receiving the care and support that was right for them.

Most staff were kind, compassionate and respectful when interacting with people. People spoke highly of the staff who were supporting them. A family said "there also appears to be certain members of Staff where a clear bond has been created." Staff were smiling at people and used first names to speak to them, this showed familiarity. However these positive interactions with people were inconsistent. The management team had identified that due to the multicultural community of staff there had been a lack of understanding around practice and standards. At times staff were focused on completing tasks. They were not listening to people's requests. Staff were more focused on getting the 'job 'done. For example not helping a person back to bed when they requested to or assisting a person to shower very early in the morning. As a result, staff were not always treating people with dignity and respect.

People were in general very positive about the quality and choice of meals which were enjoyed in a pleasant, sociable environment. There were concerns that people who were awake early were not offered an appropriate choice of snack prior to breakfast time. Biscuits appeared to be the default despite the kitchenettes being stocked with items to prepare breakfast. This was discussed with the manager who agreed to address this issue with staff. People were given the opportunity to discuss their views on the meals, with suggestions fully considered, and changes implemented. Staff were able to discuss and fully understood people's nutritional needs and any associated risks. Projects to encourage people to drink more healthier fluids were well underway. Staff formally monitored and recorded people's weights, dietary and fluid intake, where appropriate. As a result, there was consistency in the care and support provided to people.

People were supported to maintain pride in their appearance and were well presented. People were supported to bathe or shower on a frequent basis. Any concerns in relation to personal hygiene and appearance were quickly addressed by the senior team.

The management and prevention of accidents, incidents and falls was very good. Appropriate actions were taken following any adverse incident or event . There were ongoing follow ups and holistic reviews undertaken. People's quality of life was improved by the focus on raising staff awareness.

Staff knew people well and were building trusting relationships. One person described the staff as "lovely and kind." This had helped support people who were distressed or anxious. Support plans were detailed regarding how to support a person with stress or distress. These strategies did not always rely on medication. Episodes of distress or anxiety were reviewed effectively. Staff knew people very well and were responsive to their changing needs. Families said "he is with carers that can distract him when he wants to go to his "work" and have him "helping" them to push trolleys and generally helping them out". People were receiving the care and support that is right for them on a consistent basis.

People were receiving their medication as prescribed. However there were concerns over the management and safe storage of medication and the effective assessment of pain. The auditing processes and checking systems were not being used effectively to ensure compliance. Overall, the medication systems and storage was not well managed, meaning there was a potential risk of medication errors or medication going missing. **(See Area for improvement 1)**

The documentation to support wound management and pressure prevention was well maintained. There was good oversight of staff compliance with undertaking skin checks and positional changes for people who were at risk of their skin breaking down. As a consequence people's wounds were healing and the risk of people's skin breaking down had significantly reduced.

Communication with families and visiting healthcare professionals was good. Staff were fully aware of those people who held legal powers and their involvement in their loved ones care. However not all conversations, discussions and agreements were fully documented within people's personal plans. For example where decisions about how to keep people safe or changes in the use of specific equipment, such as specialist chairs. Staff felt that communication within the staff team could improve. A staff member said "better communication would not only increase efficiency but also improve the work atmosphere, benefiting both sides." As a result there was a potential for care not being well coordinated and vital information or actions being omitted to the detriment of people.

Assessments and care plans were held on a digital care planning system. The management team and staff were working to ensure people's care and support plans fully meet their needs. The documentation in place was not always supporting the many positive outcomes for people. Practice surrounding effective evaluation of people's care was very mixed. Changes in or deterioration in people's health was not always recorded. As a result it was difficult to monitor changes or improvements in people's health. Tools and assessments were not being used effectively to support clinical decisions or assessment, for example around pain management. As a result, there were areas in which changes, improvements and achievements in the residents' welfare and wellbeing, were not being monitored or effectively evaluated. A previous area for improvement regarding accurate recording of the care and support provided will be restated. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' and **See Area for improvement 2)**

## Areas for improvement

1. To improve the safe storage and management of medication, the provider should ensure that effective medication management systems are in place and being adhered to by all staff involved in the management and storage of medications including controlled drugs.

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).

2. To ensure people receive the care and support that is right for them and their thoughts and wishes are respected, the provider should ensure accurate recording of all care and support provided by staff, to facilitate effective evaluation.

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

'My personal 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).

## How good is our staff team?

## 4 – Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

We received positive feedback about the staff and the management team. People and visiting professionals said, "Staff always place residents' needs first and include family in decisions about care" and "I am treated like family". The management team were open, transparent, and responsive and have worked hard to make improvements.

The management team reviewed staffing arrangements and had responded to people's changing needs. Following a recent review of falls and feedback from staff an additional member of staff had been deployed to work in the evening, to ensure that more staff were available to meet people's needs. However, the allocation and availability of staff at times, resulted in inconsistent staffing during this period. Allocation of staff, especially within each unit should be based on the needs of people and not just the number of people within each unit or area within the unit. The management team should further consider how they will continue to share their decisions on staffing and how the home is staffed, with relatives and staff on a regular basis to ensure they remain open and transparent to all.

The management team across the group identified that due to the multicultural community of staff there had been a lack of understanding around practice and standards. Staff themed supervisions were established and there was an increased oversight of staff practice. This ensured that staff were fully aware of the standards of care required and expected and that people's experience of care was improved.

The management team had a good oversight of staff training with a mix of eLearning and face to face training. Senior management identified the need to review how new staff were supported to complete their mandatory training within an acceptable timeframe. Staff said, "Management supports employees in their personal development. Appropriate trainings are given and also extra trainings are offered to staff". Where concerns, practice issues or adverse incident were identified reflective accounts and further training were undertaken. Staff were putting their learning and ethos into practice. This ensured that people's experience of care had improved. **(See Area for improvement 1)**

There was a core of committed staff, who provided consistent care and support. People and their families knew the staff well, and this contributed to the high levels of satisfaction and confidence. However, we received mixed feedback from the staff team about working as a team. Staff said, "[The team leader's] experience, knowledge and kindness really have a huge impact on the quality of work. Every time someone had any questions, [The team leader] answers with a smile and gives us additional knowledge. I have learned a lot from them" and "some staff could be dismissive and unresponsive". Most of the staff supervision was generic and there had been limited opportunities for staff to discuss concerns or individual development in a formal one-to-one process. This would encourage and empower all staff to actively participate in developing a culture of improvement in Torry Care Home. **(See Area for improvement 1)**

### Areas for improvement

1. To support staff, the provider should ensure regular staff individual one-to-one meetings take place, that focus on staff development, training compliance and support.

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 skills, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

## 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

1. To support people's health and wellbeing, the provider should improve the monitoring and assessment of people's skin integrity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1:19); and '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 1.5).

**This area for improvement was made on 30 November 2023.**

#### Action taken since then

**This area for improvement was met.** However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How well do we support people's well being?'

#### Previous area for improvement 2

To improve people's experience of living in the care home, the provider should ensure the quality assurance systems and auditing processes are linked directly to people's outcomes and experiences. This should include but is not limited to, ensure audits are completed accurately; all learning from any concerns, audits and from people's experiences are shared with all staff, to ensure practice changes are implemented and sustained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: '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 30 November 2023.**

#### Action taken since then

**This area for improvement was met.** However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How well do we support people's well being?' and 'How good is our staff team?'



The quality assurance systems and audits now focused more on outcomes for people and this had started to impact on improving people's experience of care. A number of projects were underway, specifically in relation to hydration. An improvement plan was in place and being updated regularly by the management team. The management team fully investigated all adverse accidents and incidents and the learning had been shared with staff. A culture of improvement was core to some members of staff but not all. At times there had been a lack of attention to detail, regarding some compliance processes.

### Previous area for improvement 3

To ensure people receive the care and support that is right for them and their thoughts and wishes are respected, the provider should ensure accurate recording of all care and support provided by staff, to facilitate effective evaluation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal 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).including when I have reduced capacity to fully make my own decisions.

**This area for improvement was made on 30 November 2023.**

### Action taken since then

**This area for improvement will be restated.** See 'How well do we support peoples well being?'

## 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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