

Praesmohr Care Home Service

Birse
Tarland
Aboyne
AB34 5FP

Telephone: 01339 886 032

Type of inspection:
Unannounced

Completed on:
20 March 2025

Service provided by:
Patrick Kinsley & Amanda Kinsley
Trading as Praesmohr House (A
Partnership)

Service provider number:
SP2008009625

Service no:
CS2008170336

About the service

Praesmohr House is owned and operated by Patrick Kinsley and Amanda Kinsley who are the providers of this service and operate under the name of Praesmohr House (a partnership). It is registered to provide a care service to a maximum of 28 older people. No nursing care is provided. There were 23 people resident in the home at the time of this inspection.

The service is located in a traditionally-built property with a purpose-built extension, situated in its own grounds on the outskirts of the village of Aboyne. Most bedrooms in the new wing of the home, and a small number in the original part, have en-suite facilities. There are two communal sitting areas and one dining area in the service. Accommodation is provided on two levels, with a lift to the newer first floor of the extension, and a stair lift to the first floor of the older part of the building.

About the inspection

This was an follow up inspection which took place on 18 March 2025. 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 five people using the service;
- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- The providers of the service have employed the services of a consultant, who was supporting the management team to bring about improvements to the service.
- New care planning and care documentation had been introduced.
- Stakeholder engagement had taken place to ensure people had an opportunity to feedback about the service.
- Quality assurance processes have been introduced to support the monitoring of the service.
- New processes were in the early stages, and more time was needed to support these to be fully embedded and to ensure that all staff were familiar with them.

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

Requirements

Requirement 1

By 30 October 2024 the provider must ensure that support plans and daily care records accurately describe the support needs of people and the care that has been provided on a daily basis.

This should include but is not limited to:

- a) Changes about the support needs of people are updated promptly within support plans.
- b) Concerns are escalated promptly to relevant professionals and any advice and guidance incorporated into these plans and documented.
- c) Accurately record the daily care provided.
- d) TMAR medication is administered, and documentation is accurately recorded.
- e) Care plans are regularly reviewed and updated when support needs change.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a)(2)(b) Welfare of users and Regulation 5(2) - Personal Plans

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18)

This requirement was made on 22 July 2024.

Action taken on previous requirement

The providers of Praesmohr House had employed the services of a specialist consultant to support the service with improvements. New systems and processes had recently been introduced and were in the

process of being embedded into care documentation to ensure that people's care and support needs were recorded accurately.

A new format for personal plans had been put in place and information was in the process of being transferred into the new format. We saw that some plans contained more detail than others, and some details about how people liked to be supported were not clear enough, and more descriptions were necessary to ensure good outcomes for people.

Further information should be made available in personal plans about people's rights, choices and preferences, including information about restrictions to rights and capacity, and how this is managed. We found that some legal documentation such as Section 47 certificates (medical treatment provision for people who lack capacity) were out of date and no longer valid. The service responded quickly when this was highlighted and the GP was planning to visit the service to update these in the near future.

The service had engaged with people and their representatives to complete care reviews which were up to date at time of inspection.

We could see good evidence of professional visits within support plans, and the service was working with partners to ensure that the communication between peripatetic professionals and staff was clear and understood.

Recording of TMAR (topical medication administration records) had improved, however, we saw that there were some omissions in these, and the daily care recordings. We found that some records needed to be updated to reflect the correct frequencies of the application of topical medications. However, the service had made arrangements with the GP to bring these up to date by the time we provided feedback to the service.

Resident care checklists relating to people's preferences regarding frequencies of showers or bathing were not always accurately recorded due to confusion with new documentation. Plans were in place to ensure that all staff understood how and when this documentation should be completed and we stressed the importance of ensuring that these records accurately reflected the care and support provided.

When we spoke with staff, they told us that leaders had been very supportive around the changes, and while there was some confusion initially, they were gaining confidence in using the new systems.

Key working responsibilities were planned to ensure more consistency for residents and relatives, however, this had not commenced at the time of this inspection.

Improvement had clearly taken place since our last inspection; however, the new systems needed more time to be fully embedded and further staff training was required to ensure that they were confident about the new care planning systems, and how to use them properly.

This requirement was not met.

We have extended this requirement to 09 June 2025 to allow more time for the new systems to be fully embedded and understood by the staff team.

Not met

Requirement 2

By 30 October 2024, the provider must develop and implement comprehensive and structured internal and external systems for assuring the quality of the service.

To achieve this the provider must review and develop the quality assurance plan and procedural guidance and should include but is not limited to:

- a) How the provider and manager will evaluate and monitor the quality of the service.
- b) Include formal auditing and monitoring all areas of the service provided to evidence that the standards set out in the quality assurance plan are met.
- c) Relevant staff should receive training in the quality assurance procedures and be able to demonstrate an understanding of how these can be used to assure the quality of the service.
- d) Ensure that residents and all stakeholders have opportunities to feedback about the service.
- e) Implement effective action planning to address areas of required improvement to include appropriate timescales for completion and review of actions to be undertaken, and ensuring staff are accountable for, and carry out the required remedial actions.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

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 requirement was made on 22 July 2024.

Action taken on previous requirement

The service had employed the services of a consultant who was working with the service and management team to set up systems to monitor and manage the service.

Support to the manager was now being provided with ongoing support including, mentoring and professional supervision to support her in developing her role. In addition a training needs analysis for the manager was being developed. This would also ensure that the manager had the knowledge and skills to carry out her role.

An action/ development plan had been produced to bring about improvements to the service. This had been produced reflecting the Health and Social Care Standards, focussing on requirements and areas for improvement from our previous inspection. The development plan clearly set out actions, and timescales required to bring about improvements and the staff responsible for key areas. We could see that progress was being made in many areas, and that all staff were more confident about how to bring about improvements.

Stakeholder engagement had commenced with staff and relative engagement events being held over two days in February 2025. This provided people with opportunities to discuss concerns raised by the previous inspection, and discuss planned improvements. People were encouraged and supported to have their say about what they would like to see going forward, and the first of a quarterly newsletter has gone out to staff and relatives, reflecting the outcome of the meetings and planned actions. This will be repeated at

quarterly intervals to keep people up to date with what is happening and to encourage participation in feeding back to the service.

The manager of the service was more confident of her role going forward and was enthusiastic about the new systems which was helping her to manage the service more effectively.

Whilst all the recent changes were very positive and should support improvements to the service, these systems were still in the process of being introduced and more time was required to ensure that the new and developing systems were fully embedded, and that staff understood how to use and interact with them effectively.

A new administration assistant had recently started with the service and needed time to become familiar with the service and systems in order to be able to fully support the management team.

Training needs for some staff had been identified and were planned to ensure that everyone understood the new care planning and management systems.

We found that whilst it was good that care planning audits had started, these needed further development to ensure that they were fully effective and to ensure that they were picking up all areas for improvement.

This requirement was not met, however, we were pleased to see the improvements that had been made since our last inspection.

We have extended this requirement to 09 June 2025 to allow the service adequate time to fully embed these new systems.

Not met

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 people's stated outcomes and ensure that people enjoy meaningful days, the service should ensure that people have access to and are provided with social and recreational activities that have identified within their support plans and have regular opportunities to access to their local community.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25);

'I can maintain and develop my interests, activities, and what matters to me in the way that I like'. (HSCS 2.22).

This area for improvement was made on 22 July 2024.

Action taken since then

The service had recently engaged with people and their families to find out more about activities and routines that they enjoyed and were important to them. The service was in the process of adding this information to support plans, to inform more person-centred activity planning.

A timetable of activities was available to view in the main entrance to the home, this ensured that people could plan what activities they wanted to join, and informed relatives of activities taking place. We discussed the benefit of also adding picture format for those with cognitive and communication difficulties.

New systems for planning and recording activities were being established, and staff were becoming used to completing these.

When we spoke with staff, they demonstrated a good working knowledge of routines and activities that were important to people. For example, one resident liked staff to read a book with him in the evening before bed. Staff described how spending this time with him and completing his routine helped him to settle for the night, however, information such as this was not always recorded in plans. Clearly staff knew people well, but staff should ensure that this information is also captured in support plans for new or unfamiliar staff to ensure good outcomes for people.

We observed some people sitting for long periods of time without interaction or encouragement to move, and people with books placed in front of them but no one to help read or remind them to turn the pages. The service should continue to develop ways in which people can experience and engage in activities that are meaningful to them as individuals, in order to promote independence and feelings of wellbeing.

Further work was required to ensure that people's preferred activities were recorded in people's support plans, and that people were provided with opportunities to access these.

It was also important, and agreed at the recent stakeholder engagement event, that people should have opportunities to get out more frequently into the local community, and the service should continue to explore opportunities to do this more frequently. Relatives also informed that they would like to see more interactive games such as dominos and other games, which staff or relatives could play with people.

This area for improvement is not met, and we will follow this up at our next inspection.

Previous area for improvement 2

In order to ensure people's safety, and to ensure the needs of people are met, the manager should:

- a) Review the needs of people regularly and adjust staffing levels accordingly.
- b) Staffing levels should be considered alongside the skill mix of staff to ensure that junior staff have appropriate supervision and support.
- c) Safe staffing should also ensure that staff are deployed appropriately, to ensure that people are safe and have sufficient support in meeting their support outcomes.
- d) Ensure leaders are visible to support practice and provide direction to staff to ensure the smooth running of the shift.

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).

'People have time to support and care for me and to speak with me'. (HSCS 3.16).

This area for improvement was made on 22 July 2024.

Action taken since then

New systems were being trialled in the service to ensure that key areas were covered at busy times, such as in the morning and during mealtimes. This was in the early stages and staff were engaging with management to discuss and agree how this would work more effectively. We found that at busy times, staffing was not always planned effectively, and the staff team did not always work effectively together to ensure that people had enough support. For example; during lunchtime, a member of staff had to leave, which meant that some people requiring assistance with their lunches had to wait longer, or that their meal was interrupted. This meant that some people lost interest in their meal, and left the table before finishing. Senior staff who could have supported at this time were administering medication, which could have been delayed until after the mealtime. We discussed ways in which the staff team could support each other more effectively to ensure that people experienced good outcomes at busy times.

Some staff practice issues, as has been highlighted during this inspection had been identified by the consultancy team, and were to be addressed with the staff team.

Dependency levels had increased in the service, which was impacting on staff time. The service were aware of this and were reviewing people's support needs to better determine staffing numbers. Staff recruitment was on-going and two new staff were due to commence in the service once routine checks were completed. We discussed the importance of reviewing dependency levels alongside the skill mix of staff to ensure that there were enough staff with experience to support junior staff to ensure people were accessing the right support at the right time, and that junior staff had the right support.

This area for improvement is not met, and we will follow this up at our next inspection.

Previous area for improvement 3

Managers should ensure that staff are supported, and have access to effective supervision, and observations of practice. This is in order to support effective practice and ensuring learning and development requirements are achieved and maintained.

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

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

'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 22 July 2024.

Action taken since then

Some observations of staff practice had taken place, however, not enough staff had received formal 1:1 professional supervision.

Supervision responsibilities were planned to be shared between the manager and seniors, however, training for seniors was required to ensure they were competent and confident to carry out this role.

A supervision planner was in place, and dates for all staff supervision were in place. However, this had just been completed at the time of our inspection and more time was required to allow supervision to commence for staff.

A new policy for supervision was in development, which would ensure that managers and staff were clear about the frequencies of supervision in addition to an annual appraisal. This would ensure that the staff team and managers were clear about supervision and support expectations.

This area for improvement was in the very early stages of development, but significant planning had taken place to ensure that once all staff had been entered into the new staff monitoring system, supervision and the overall management of staff would be easier to track and manage going forward.

This area for improvement is not met, and we will follow this up at our next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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