

Cowdray Club Care Home Service

1 - 5 Fonthill Road
Aberdeen
AB11 6UD

Telephone: 01224 212 140

Type of inspection:
Unannounced

Completed on:
8 April 2025

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2011303086

About the service

Cowdray Club is operated by Renaissance Care (No1) Limited and is registered to provide residential and nursing care to a maximum of 35 older people.

The service is located in a large traditional building in a residential area near to the centre of Aberdeen. The accommodation is over four floors and offers a mix of lounges, dining areas and bedrooms.

About the inspection

This was a complaint follow up which took place on 3rd of April 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 four people using the service and two of their family and representatives
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

Since the last inspection, the management team has changed. The new management has initiated efforts to enhance clinical oversight and communication.

The service developed a strong working relationship with visiting professionals, and weekly meetings were held with them.

Since the last visit, the service has implemented the plan to develop staff skills and experience.

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

Requirements

Requirement 1

By 10 March 2025, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must:

- a) Develop managers' and staffs' skills in recognising, investigating and responding to complaints or allegations of abuse.
- b) Ensure that residents and their representatives are provided with a copy of the revised complaints procedure and are aware of how to raise concerns or complaints.
- c) Ensure all complaints, incidents, accidents and allegations must be fully investigated. Written responses should clearly detail the findings of the investigation, actions taken and lessons learned to improve outcomes for individuals.
- d) Staff adhere to the local adult support and protection procedures when necessary.

To be completed by: 10 March 2025

This is to ensure care and support is consistent 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.

This is in order to comply with:

Regulation 18(3) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement was made on 30 January 2025.

Action taken on previous requirement

People should feel confident that they will benefit from a culture of continuous improvement and from the organisation's robust and transparent quality assurance processes.

Evidence indicated that concerns communicated directly to the service had not been addressed to an acceptable standard. The provider's policy clearly delineates the circumstances under which concerns escalate to formal complaints. However, the established criteria for escalation were not adequately implemented.

Not met

Requirement 2

By 10 March 2025, the provider must demonstrate that personal plans record all risk, health, welfare, and safety needs in a coherent manner which identifies how needs are met. In order to do this, the provider must:

- a) Ensure that care plans, risk assessments, and documentations are accurate, sufficiently detailed, and reflect the care planned or provided.
- b) Provide training so that staff are aware of their responsibility in maintaining accurate records.
- c) Demonstrate that managers are involved in monitoring and the audit of records.
- d) Ensure staff have the skills and training to support people who have Diabetes, PEG tube feeding and Dysphagia.

To be completed by: 10 March 2025

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This is in order to comply with:

Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210)

This requirement was made on 30 January 2025.

Action taken on previous requirement

There was sufficient evidence to suggest that significant efforts dedicated to fulfilling the requirements had taken place. The care plan audits presented were both reflective and constructive regarding individual needs. The new deputy manager is committed to ensuring that her skills align with the necessary training. Additionally, a new system has been implemented to enhance communication with potential respite users, ensuring that staff possess up-to-date and accurate information to meet individual needs effectively.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

To find out more

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