

Jesmond Care Home Care Home Service

Jesmond Drive
Bridge of Don
Aberdeen
AB22 8UR

Telephone: 01224 701 820

Type of inspection:
Unannounced

Completed on:
4 March 2025

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2018369775

About the service

Jesmond Care Home is a three-storey purpose-built care home located in the Bridge of Don area of Aberdeen. The service is operated by Renaissance Care (No1) Limited. The service is registered to provide a care service for up to 65 older people. At the time of the inspection there were 60 people living at Jesmond care Home.

All bedrooms have en suite toilet and showering facilities. There are large communal lounges and dining areas on the ground and middle floors. There are also smaller lounge/quiet rooms available on the ground and middle floor. One of the lounges on the ground floor has been turned into a café style facility. The service is close to a local church, shops, and cafés.

About the inspection

This was an unannounced inspection which took place on 26 February 2025 between 09:30 and 16:00. 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 or made contact with five people using the service
- spoke or made contact with eighteen of their friends and family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were working hard to meet people's needs.
- The service had four of area for improvement made since the last inspection.
- There was good oversight by the management team in the home, meaning people's needs were being addressed promptly or managed effectively.
- Staff practice needs to be further developed to promote positive role modelling to less experienced staff.
- Communication with families was improving.
- People and staff need to be more involved in the decisions made around how the home is staffed.
- 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 "mum is happy and this makes me happy," and "The last few months have seen a huge improvement in communication, care and involvement of families." However, some concerns were raised regarding staff availability and personal items going "missing".

There was a developing staff team with a new manager. Staff were beginning to know 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. 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.

Staff were kind, compassionate and respectful when interacting with people. However, there were many missed opportunities to enhance or promote people's wellbeing. Staff were focused on completing tasks, for example setting up lunch rather than involving or engaging meaningfully with people.

There was an active social calendar of events, with a focus on developing outings and achieving peoples wishes. For example going to the football or out shopping. these were led by the wellbeing team. People had fun and enjoyed the social aspects of these group activities. However, there was not a whole team approach to ensure people were getting the most out of their lives. People should be supported and enabled to take part, not only in the planned activities, but be meaningfully engaged in their daily lives. The management team were working with all staff to continue to improve outcomes for 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.

People were in general very positive about the quality and choice of meals. People and families were frequently given the opportunity to discuss their views on the meals, with suggestions fully considered, and changes were in the process of being implemented. The advice from visiting professionals, around modified diets had been fully implemented. Staff formally monitored and recorded people's weights, dietary and fluid intake, where appropriate. However, assessments were not being completed in line with people's care plans (see area for improvement 1). As a result, there was a risk to the consistency of the care and support provided to people.

The management and prevention of, incidents and falls was closely monitored and evaluated by the management team. Appropriate actions were taken immediately after a fall and there was work ongoing to ensure that continuing follow ups and a holistic review were undertaken.

Staff had a good understanding of how to support people who may be anxious or distressed. Stress and distress strategies were in place and available to staff. However, assessments or incident records were not being completed in line with people's care plans (See area for improvement 1). As a result, it made it difficult to assess if these stress and distress strategies were effective in supporting the person when they became distressed. A previous area for improvement regarding positive risk assessment that support people to make balanced decisions about risk, will be reinstated. The staff were working closely with external healthcare providers to ensure people were receiving the care and support that was right for them ('What the service has done to meet any areas for improvement we made at or since the last inspection' see area for improvement 2).

The leadership team had good knowledge and understanding of the medication system and people's needs. Concerns identified regarding the safe disposal of medication and ensuring clear protocols for 'as required' medication were addressed immediately by the management team. Detailed protocols were shared with staff. Overall, medication was well managed, meaning people were receiving their medication as prescribed. The documentation to support wound management and pressure prevention was well maintained. The staff were working very closely with external healthcare providers to ensure people were receiving the care and support that was right for them. People's wounds were healing and the risk of people's skin breaking down was reduced.

People were experiencing coordinated care and support regarding their general care. Actions and advice were implemented into the care and support. The management team needs to ensure that vital information and changes in peoples' care needs are fully documented and shared with staff. This will help staff understand people's needs and the actions required to keep them safe, healthy and happy (See area for improvement 1)

People's health assessments and care plans were held on the digital care planning system. The management team and staff were working hard to ensure people's care and support plans fully met their needs.

Progress continued to be made to further develop people's personal plans and health assessments to ensure they were detailed, person centred and achievable. The standard of documentation regarding changes in people's needs was limited. There were areas in which changes, improvements and achievements in the residents' welfare and wellbeing, were not being fully documented. As a result there was risk that people were not receiving the care that was right for them (See area for improvement 1).

There was a developing culture of trying to make peoples' lives and experiences better. All concerns identified during the inspection were addressed immediately by the management team. There were a range of quality assurance processes and audit tools that were used to inform the management team and senior staff about how well the service was performing and gave a very good oversight of those people who were at risk, or potential risk and of peoples' changing needs. Significant work had begun to improve the health, and wellbeing of people as well as improving how people experienced their care and support. Detailed service improvement plans were in place, based on peoples' experiences and the auditing processes. This document was supported by specific action plans, risk meetings, and evaluation of practice. The management team were quick to address any concerns identified to them and had good oversight of the service this was assisting in promoting a culture of improvement.

Areas for improvement

1. To support peoples health and wellbeing, the provider should ensure that the quality of the documentation appropriately meets the needs of people. To do this the provider should at a minimum:

- a) Ensure all health assessments are completed in a timely manner, that is specific to each individual's care needs.
- b) Ensure all changes in people's needs and any actions taken to address concerns are fully recorded.
- c) Ensure care plans are truly evaluated to reflect changes in people's care and support needs.

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).

2. The provider should support people, and their representatives, to be involved in positive risk assessment, to promote well informed and balanced decisions about risk. Risk assessment documentation should be fully completed.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

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.

There was a new management team in place who were visible and approachable to all. People, relatives, and staff spoke highly of the new management team. People said "the manager has an open door policy and if

there are any concerns she is very approachable." Staff spoke highly of the support given to them by the management team and the impact that this has had on improving morale and developing a positive culture in the home. People's roles and responsibilities were beginning to become more defined, and the management team and staff were working well together. The management team were open, transparent, and responsive and have worked hard to make improvements.

There was a developing culture and ethos within the service to empower and improve staffs' skills, knowledge and understanding of the care and support they were providing. There was a multicultural community of staff and at times there was lack of understanding around practice and standards. The senior management team were ensuring that all staff were accountable for their actions or lack of action that may have an impact on people's health and wellbeing. This ensured that there was a focus on improving people's experiences and outcomes.

Where concerns or issues were identified these were addressed promptly through themed supervision. Although there were team leaders deployed to each unit and Registered Nurses within the home there remained limited oversight of good practice on a daily basis. Positive role modelling by the leadership teams in each unit should be further developed. This would ensure that staff remained competent in all aspects of care and that people's experience of care improves. A previous area for improvement will be reinstated ('What the service has done to meet any areas for improvement we made at or since the last inspection' see area for improvement 1).

The management team had a good oversight of staff training with a mix of eLearning and face to face training. 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. Further developing staff one-to-one meetings would encourage and empower staff to actively participate in developing a culture of improvement in Jesmond Care home. A previous area for improvement was not met and will be reinstated (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).

People and their families were building trust with the management team and staff, and this contributed to the high levels of satisfaction and confidence. However, there were concerns from relatives and people regarding the staff availability. These were in relation to getting assistance to go to the toilet and the time it had taken to answer call bells. The management team had discussed these concerns with families and staff. The management team reviewed the staffing arrangements and how staff were deployed throughout the home to respond to people's changing needs. Staff raised concerns that "we are always working short staffed and in all honesty it's getting staff down" and "sometimes can feel like you're rushing to get them (people who live at Jesmond) ready for the day/preparing the lounge and it's not fair on the resident." Where agency staff had been used to support staffing levels, the staffing rota did not clearly reflect all the staff on duty on any given day. Concerns regarding staffing levels, deployment of staff and staff skill mix were discussed with the senior management. The management team should consider how they will formally evidence the decisions on staffing and how the home was staffed, to ensure they remained open and transparent to all. This should continue to consider the views of staff, relatives and people who used the service.

Areas for improvement

1. The provider should ensure that there is effective oversight on each of the floors in the home to ensure people experience consistent standard care.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

2. The provider must ensure all staff are part of the supervision and mentoring program that supports, develops and values staff.

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).

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

The provider should ensure that there are sufficient processes in place to prevent people experiencing a shortfall of prescribed medication.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: 'My future care and support needs are anticipated as part of my assessment.'

This area for improvement was made on 12 September 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 peoples well being?'

Previous area for improvement 2

The provider should ensure that sufficient guidance is in place to enable staff to complete labels and associated documentation correctly for laboratory testing.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: 'Any treatment or intervention that I experience is safe and effective.'

This area for improvement was made on 12 September 2023.

Action taken since then

Staff were able to fully to describe the process for the collection of specimens, how this is recorded on the electronic care planning system and when to chase up the results or outcomes .The process for obtaining specimens was clear and concise. 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.

Previous area for improvement 3

The provider should support people, and their representatives, to be involved in positive risk assessment, to promote well informed and balanced decisions about risk. Risk assessment documentation should be fully completed.

This is to ensure care and support is consistent with Health and Social Care Standard 2.11: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.'

This area for improvement was made on 12 September 2023.

Action taken since then

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

Previous area for improvement 4

The provider should ensure that there is effective oversight on each of the floors in the home to ensure people experience consistent standard care.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 5 June 2023.

Action taken since then

This area for improvement will be restated. See 'How good is our staff team?'

Previous area for improvement 5

The provider should support people to maintain their normal bladder function. The manager and staff should ensure people are supported and prompted to use the bathroom and ensure people's continence garments are checked and changed as required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:16).

This area for improvement was made on 5 June 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 peoples well being?'

Previous area for improvement 6

The provider must ensure all staff are part of the supervision and mentoring program that supports, develops and values staff.

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 5 June 2023.

Action taken since then

This area for improvement will be restated. See 'How good is our staff team?'

Previous area for improvement 7

To support positive outcomes for people who use this service, the provider should ensure the personal plans support the good practice and the positive experiences for people.

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).

This area for improvement was made on 5 June 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 peoples well being?'

Complaints

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

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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