

Bon Accord Care - Housing Support - 1 Housing Support Service

Marischal College
Broad Street
Aberdeen
AB10 1AB

Telephone: 01224 053 333

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2013315409

About the service

Bon Accord Care - Housing Support - 1 provides a care at home and housing support service to adults across the city of Aberdeen. At the time of inspection, the service supported 1100 people.

The service comprises of 20 sheltered housing complexes, as well as an interim care at home service which supports people in their own homes. Interim care at home supports people on a short-term basis whilst awaiting a permanent care at home provider.

All complexes are close to local amenities. Each complex has communal areas in the buildings which can be utilised for various social activities.

About the inspection

This was an unannounced inspection which took place on 29 and 30 April 2025 and continued virtually on the 1 and 2 May 2025. The inspection was carried out by three 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 50 people using the service and five of their families;
- spoke with 11 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with four visiting professionals;
- received online surveys sent out prior to the inspection.

We received feedback from nine people using the service and 22 staff members.

Key messages

- We saw kind and caring interactions between staff and the people they support.
- Staffing shortages were having an impact on the continuity of support.
- Medication practices needed to improve.
- Improvements are required to quality assurance systems to improve outcomes for people.
- People's personal plans were detailed and person centred.
- Daily notes would benefit from being more detailed and evaluative

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Most people were complimentary of the care and support they received. One person shared "they do a great job" and an external professional told us "Have always found that they went over and above their call of duty".

During the inspection we met and shadowed staff. People were treated with compassion and dignity. We observed staff speaking pleasantly to people and knocked on their doors before entering their property. People were offered choices throughout their care and support visit. Staff left people's homes clean and tidy, and most people told us this made them feel valued. One person told us staff had failed to empty and clean their commode which was part of their personal plan. This had caused upset and an unpleasant environment for the person. The provider should carefully monitor staff practice to ensure they are working in accordance with the person's personal plan.

People valued social engagement during their visits. One person told us "I like the company and have a laugh", and another person told us staff were "good company". This contributed positively to people's physical and mental health. Whilst this was positive, some people told us they never see staff as they are always busy. People also shared that some staff do not talk to them. This meant people's experiences were inconsistent which could lead to people feeling unvalued and isolated

People told us they felt safe. Welfare checks were completed daily by a Tunstall system. This was a sensor that detected movement. Some people had requested staff checking on them using an intercom system and it was positive that this had been accommodated.

Staff recognised and responded appropriately when there was a change in a person's health and well-being needs. One person told us "It's the little things like staff getting the doctor when I need them". We heard the service had developed supportive relationships with external professionals. We were told "staff are very attentive", and "they go that extra mile", from visiting professionals. As a result, people benefitted from input from relevant professionals, to maintain their health and wellbeing.

We received mixed feedback about communication from the service. Some family members told us staff communicated with them appropriately and this kept them up to date and supported them to feel included. However, some families also shared their frustration that where they had raised a concern, they had not received a reply.

(See How good is our leadership?).

The service used a risk assessment to minimise the risk of falls. People had access to falls pendants or wrist watches to alert staff if they required assistance. A team of "out of hours" and "responder" staff were on call to provide additional care and support when required. We found risk assessments had been updated with actions to be taken to mitigate future risks following a person falling. This helped to reduce the risk of further falls.

We found that medication practices needed to improve. The service had an outstanding requirement which was made at our last inspection. We have reported our findings under **"What the service has done to**

meet any requirements made at or since the last inspection". Aspects of the requirement have been met and it will be rewritten.
(See requirement 1).

We examined medication records and found further improvements were required. For example, people were receiving medication without an adequate period of time between doses. This could impact on the effectiveness or the person's health and wellbeing depending on the type of medication. Visiting times should be carefully planned to ensure people's medications are safely and effectively administered. (See requirement 1).

We observed that people were protected from the risk of infection. Staff were following appropriate infection prevention and control guidance. Staff had received training, and we observed staff taking precautions such as washing hands or using Alcohol Based Hand Rub. During visits to complexes we found these to be generally clean with no intrusive odours.

Requirements

1. By 4 July 2025 the provider must ensure that people benefit from safe medication procedures.

To do this, the provider must, at a minimum:

- a) Ensure that 'as required' medication administration, and the outcome of taking such medication, is recorded accurately.
- b) Ensure all medication care plans contain the necessary information to ensure that medication can be dispensed safely.
- c) Ensure people receive their adequate periods of time between doses of medication as prescribed.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The leadership of the service had systems in place to assess the performance of the service and undertook a range of audits. The service had an outstanding area for improvement regarding quality assurance and improvement. We assessed that this has not been met. We reported our findings under the following sections of this report: **What the service has done to meet any areas for improvement made at or since the last inspection.**

Accidents and incidents in the service had been reported. Senior staff had oversight of accidents and incidents in the service by a spreadsheet. Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

We found that more serious incidents and adult support and protection concerns were recognised and reported timeously to the appropriate agencies. Staff had undertaken adult support and protection training. We identified there had been two occasions in the information we sampled that a concern had not been recorded by staff or reported to management. We made the manager aware of this. **(See area for improvement 1).**

Occasionally, there were issues with staff performance, and we could see these had been managed appropriately. However, concerns regarding relief staff had not been notified to the Care Inspectorate. The relief staff team were managed centrally by the organisation and not directly by the service. We brought this to the manager's attention, who gave us reassurances that they would put systems in place to address this.

The service had a complaints procedure in place, which was on display within each complex. We found notice boards to be cluttered which meant this information was easily lost. Some people did not know who the manager of the service was or how to make a complaint or raise a concern if they were unhappy. Whilst the service held a tracker of complaints received, some people told us that when they have raised a concern or complaint they do not always receive an outcome. This caused people frustration and anxiety. To increase people's confidence in the service the management team should ensure all complaints or concerns are responded to timeously and where required support improvement. We discussed this with the management team who felt the delay in responding to some concerns may be the result of staff absence. We recommended that the management team have clear information accessible to people using the service on the management structure and their contact details.
(See area for improvement 2)

Areas for improvement

1. To ensure people are kept safe, the provider should ensure staff recognise, record and report all adverse events and concerns of risk or harm timeously.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm. (HSCS 3.21).

2. To ensure people have confidence in the service, the provider should ensure people know how to make a complaint or raise a concern. People raising a concern or complaint should receive a response/outcome.

This is to ensure 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)

'I know how, and can be helped, to make a complaint or raise a concern about my care and support'. (HSCS 4.20).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

During the inspection we met and shadowed staff. We observed staff to be working well together in a supportive and respectful manner.

The service previously had a requirement regarding the deployment of staff. This has not been met. We reported our findings under the following sections of this report: **'What the service has done to meet any requirements made at or since the last inspection.'**

Recruitment was well managed. People's safety was protected as staff had been recruited in accordance with national safer recruitment guidance.

New staff undertook a clear induction plan and were given the opportunity to shadow experienced staff to learn about people's support needs. Staff performance was reviewed regularly during the induction period. This meant staff had the necessary information and skills to undertake their role.

The manager carried out regular checks to ensure staff were registered with the appropriate professional bodies. This meant people could feel reassured that they were being kept safe. There were clear points of contact should staff need support at any time. A team of "out of hours" and "responder" staff were on call to provide additional care and support when required. However, some staff shared that they did not feel supported, and they were "left to their own devices". The management team should ensure all staff are aware of the support available to them. We will follow this up at our next inspection.

There was an effective training analysis for the service. A training plan was complete, and it allowed the identification of priorities. We observed that completed training was at a good level for all mandatory training, for example, infection, prevention and control training was 100 percent. Staff reported they felt they were well trained and could access additional training as they needed. This meant people using this service could be confident staff had the necessary skills, experience and competence to carry out their role.

Staff competence and practice was monitored using observations of practice. This demonstrated that staff received regular feedback on their practice. It also supported the management team to evaluate the quality and standard of care being provided to people using the service.

Staff received supervision and most of them told us this was meaningful. Staff shared, "I feel equipped to do my job" and "I feel well supported". There were supervision trackers in place, and this supported managers to have oversight of this and ensure staff received the right level of support. We found staff morale varied across the service.

The provider supported staff wellbeing. The service has appointed and trained mental health first aiders who have been trained in signposting staff to relevant services. This contributed positively to staff health and wellbeing.

Staff meetings took place regularly. These were held monthly in each complex. We received mixed feedback from staff. For example, one staff member told us "I feel listened to, and the service has responded to our requests", and in contrast another staff member shared "leaders in the service don't listen to us, the service is failing". We found some minutes of meetings did not contain detail of who attended the meeting. Going

forward there would be an expectation that this information is recorded.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from having a key worker who was responsible to coordinate the delivery of their personal plans. This promoted consistency and ensured that people had the opportunity to build trusting relationships with the person supporting them.

The service had an outstanding requirement made at our last inspection regarding people's personal plans. This requirement has been met. We have reported our findings under **"What the service has done to meet any requirements made at or since the last inspection"**.

Daily recordings of care and support were mostly task orientated. The notes did not reflect people's views, feedback or outcomes. This meant they did not evaluate people's care and experiences. We also observed that important information about a person's presentation was not always recorded. (See area for improvement 1).

Areas for improvement

1. To ensure that people are supported well, the provider should ensure people's daily notes are person centred, sufficiently detailed, and reflective of the care/support planned or provided.

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

'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 1.15).

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 ensure that people benefit from safe medication procedures.

To do this, the provider must, at a minimum:

- a) Ensure that medication assessments are completed by a competent individual and accurately reflect the care and support needed by people.
- b) Ensure that 'as required' medication administration, and the outcome of taking such medication, is recorded accurately.
- c) Ensure all medication care plans contain the necessary information to ensure that medication can be dispensed safely.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 16 December 2024.

Action taken on previous requirement

The service had identified that the Health and Social Care Partnership are responsible to undertake medication assessments to reflect the care and support needed by people. Requests for assessments to be carried out have been submitted to the Health and Social Care Partnership. At the time of the inspection approximately 40% of assessment have been completed. We had confidence that the remaining assessment will be completed timeously.

The service had undertaken an audit of their medication records and personal plans. This showed a high number of personal plans were either not accurate or required to be updated. It also documented that the outcome of receiving "as required" medications had not always been documented. A spreadsheet had been developed which detailed actions to be taken. At the time of the inspection, we were unable to evidence the progress that had been made toward meeting these.

We also observed inconsistencies between practice and people's personal plans. For example, staff were observed to administer medication for a person who was recorded as only requiring prompts with their medication. This meant people were at risk of receiving the wrong care and support.

We found sufficient progress had been made to meet parts of this requirement. We have rewritten this requirement to include further improvements required found at this inspection. (See 'How well do we support people's wellbeing').

Met - within timescales

Requirement 2

By 10 March 2025, the provider must ensure that people experience care and support from a well deployed staff team.

In order to do this, the provider must, at a minimum:

- a) Ensure there is a suitable contingency plan in place to provide consistent care and support when long-

term absence affects care and support.

b) Ensure people are aware of who will be supporting them and informed of any changes to staffing that will affect their care and support.

c) Ensure decisions about people's preferred, and agreed, support times are recorded.

d) Ensure sufficient staff are available to meet people's identified care and support needs.

e) Ensure all staff, including less regular staff, provide care and support that is consistent with the Health and Social Care Standards.

This is in order to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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);

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support'.
(HSCS 3.11).

This requirement was made on 16 December 2024.

Action taken on previous requirement

The service had a business continuity plan in place for each complex. This set out the actions to be taken in the event of a reduction of staff. This included asking contracted staff to work additional hours where needed and the use of a pool of relief staff to cover any outstanding shifts.

People told us they did not know which staff member was coming to support them. This can contribute to people feeling uncertain and anxious. One person told us there was, "A lot of new staff, I don't know any of the staff nowadays". Posters were on display in the main foyer of the complexes detailing what staff were on duty each day. However, this information was not available to people without leaving their homes. The manager should consider a more formal approach for people to ensure people know who would be delivering their care and at what time.

An electronic system provided information to staff on their daily tasks and support they were required to undertake. A new form had been introduced into people's personal plans detailing people's preferred and agreed support plans. This was in its initial stages and not everyone had a copy. We also found a few inconsistencies between the electronic system and the paper copy.

Staffing arrangements were based on the assessed hours of need for people receiving support. Rota planning was done in advance. People told us that staff were generally on time. Each complex had a core staff group who knew people well. However, there was a necessary reliance on a pool of relief staff to fill gaps in staff rotas. This meant people were not always receiving continuity of care. The service was undergoing a period of redesign which they hope will provide greater stability and availability of staff.

Some people told us they received responsive care. People told us "Staff always come quick when I press my alarm", and "I have confidence they will come". This provided reassurance and a sense of safety for people. However, staff often worked alone and were responsible for responding to alarms and telephone calls. This meant people often received interrupted care and support. Staff told us that some people will

tell them to “just go” and will be very understanding. This meant people may be at risk of harm if they do not receive care that meets their needs.

Some people experiencing care perceived staff to be rushed. This was echoed by some staff who shared that they felt rushed, and they did not have adequate time to spend with people. People told us staff were not visible, and they found it difficult to locate staff. This could have an unnecessary negative impact on people’s psychological well-being as they were not being provided with appropriate care and support at the time they needed it. The management team plans to introduce additional staff who can move between the complexes to meet demand.

People told us they valued consistent teams of staff. One person told us “Continuity is important when you get older”. People shared with us “the core staff are very good; I can't fault them”. However most people told us that relief staff “just weren't as invested”, and “temp staff didn't seem to put in as much effort”. As a result, this limited people’s ability to build trusting relationships with staff. Some people also shared that some staff do not talk to them. This meant care and support provided was not consistent with the Health and Social Care Standards.

This requirement has not been met and will be extended until the 4 July 2025.

Not met

Requirement 3

By 10 March 2025, the provider must ensure that people received care and support that meets their needs and is planned.

In order to do this, the provider must, at a minimum:

- a) Ensure care plans are reviewed when people's needs change and/or at least every six months.
- b) Ensure care plans are person-centred and contain sufficient information to direct staff.
- c) Ensure care reviews are planned in advance, to allow people to invite who they wish to attend. Reviews should be outcome-focussed and inform future care and support.

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

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

'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 1.15);

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 16 December 2024.

Action taken on previous requirement

Everyone had a personal plan, which was accessible in their homes. We sampled eight personal plans and found they had been developed with people and their representatives, where appropriate. However, we heard that one person's Power of Attorney had not been involved in the development of their family members' personal plans resulting in the person not receiving the care and support they needed. We acknowledged that the service may not always be provided with details of people's power of attorneys at the time of admission and are reliant on people providing them with this information.

Information was clearly presented, detailed and easy to find, which helped to ensure that people received the care and support that they required and had agreed to. Personal plans had been reviewed every 6 months. However, we found information in some people's medication care plan was not reflective of their care and support.

(See requirement 1 in "What the service has done to meet any requirements made at or since the last inspection").

Personalised risk assessments in people's files were reviewed on a regular basis. People's level of risk was being monitored regularly to reflect any changes. This ensured that current risk measures in place were appropriate to keep people safe. However, this process was not always effective. We found one person whose risk assessment was not accurate and the personal plan lacked information regarding the hazard. This was raised with leadership team who took appropriate actions.

Reviews of care with people and their family members, were carried out within the regulatory timescales. This created an opportunity for people to discuss and make changes to their care to support positive outcomes. We found some review meeting minutes to be brief and lacked detail. We brought this to the manager's attention, and we will follow this up at our next inspection.

This requirement has been met.

Met - within timescales

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

To ensure people benefit from effective quality assurance, the provider should ensure that data gathered through audits and reports result in improved outcomes for people.

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 area for improvement was made on 16 December 2024.

Action taken since then

The service has a range of quality assurance tools in place. Audits undertaken had generated areas for improvement, however, we were not confident these actions had been undertaken to improve outcomes for people. For example, actions following medication audits were still outstanding.

A daily huddle was held with the leaders of the service, which provided the manager oversight of the service. This could be further developed to highlight any concerns or risks for people living in the service.

The service had recently introduced an audit compliance record to track when audits and checks have been carried out. This was in its infancy. The service required further time to embed this into practice.

This area for improvement has not been met

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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