

Bon Accord Care - Housing Support - 3 Housing Support Service

Marischal College
Broad Street
Aberdeen
AB10 1AB

Telephone: 01224 053 333

Type of inspection:
Announced

Completed on:
17 September 2025

Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2014329162

About the service

Bon Accord Care - Housing Support - 3 provides housing support and care at home in four very sheltered housing complexes in Aberdeen city. These are all based in residential areas of Aberdeen and close to local amenities. Each complex provides a cooked lunch in the dining room each day, and a light meal in the evening. There are communal areas which can be used by people living there for socialising.

About the inspection

This was an unannounced inspection which took place across three dates: onsite on 8 September 2025, remotely on 9 September 2025, and onsite again on 10 September 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

We followed up on three requirements made at the previous inspection and one area for improvement.

To prepare for the inspection, we reviewed information about the service. This included previous inspection findings, registration and complaints information, intelligence gathered throughout the inspection year, and documentation submitted by the service.

To inform our evaluations, we:

- spoke with 14 people using the service
- spoke with eight family members
- spoke with staff and the management team
- received feedback from three visiting professionals
- held a well-attended focus group with people experiencing care
- observed practice and daily life
- reviewed relevant documents

Key messages

Staffing had improved with assistant managers providing better oversight and support.

People experienced care in a cleaner, safer environment with improved infection control.

Quality assurance had been strengthened, but medication audits and care planning still needed improvement.

Medication practices remained inconsistent and posed risks to people's wellbeing.

Staff were confident and well-trained; training should extend to all staff including agency workers.

People felt safe, respected, and supported by caring and responsive staff.

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
--	--------------

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

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure:

We previously evaluated this key question as weak, due to significant concerns around the general environment and Infection Prevention and Control (IPC). These concerns had a direct impact on people's safety and wellbeing, and a requirement was made to support improvement.

We have regraded this key question to a grade of adequate.

At this inspection, we found that the provider had taken effective actions to address the IPC concerns. Improvements included a structured cleaning schedule across all locations. Staff and management have worked with housing partners and the landlord to improve the environment. In addition, environmental quality assurance processes have been strengthened, ensuring ongoing oversight and accountability. This requirement has been met. (See Requirement 2 in *What the service has done to meet any requirements we made at or since the last inspection* section)

These improvements have had a positive impact on people's safety and wellbeing, and we observed consistent, safe IPC practices during this inspection.

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

Requirements

Requirement 1

By Friday 18 August 2025, the provider must ensure that medication is managed in a manner that protects the health and wellbeing of service users.

To do this the provider must at a minimum:

- a) ensure that all medications are administered as prescribe
- b) ensure accurate and up-to-date records of all medications administered
- c) ensure medication is stored securely and safely
- d) ensure visit times are carefully planned to ensure people receive their medication at the right time, to manage their pain effectively.

e) ensure 'as required' protocols are in place, where required and purpose of medication and any side effect are clearly documented

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), which requires provision for the health, welfare and safety of service user.

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

'My care and support meet my needs and is right for me' (HSCS 1.19).

This requirement was made on 22 May 2025.

Action taken on previous requirement

Medication administration practices remained inconsistent and unsafe, with gaps in recording, missing protocols, and unsecured storage. These issues posed a risk to people's health and wellbeing.

The provider had undertaken a comprehensive review of all individuals receiving support with medication, which included gathering feedback from people and their families. While this was a positive step, the review has not yet led to consistent improvements in practice. Therefore, this requirement has not been met and will be repeated.

We sampled medication administration records and found gaps in recordings, meaning we could not be assured people had received their medication as prescribed. In some cases, medication was not administered at the correct frequency.

While most people had a safe in their home for secure storage, we observed a bag of mixed medication left unsecured in one person's home, which we brought to staff's attention.

Protocols for topical creams were in place for some people, but these did not always match the current prescribed medication. For example, one person had a topical medication administration record (TMARR) for topical medication, but this was not listed on the MAR.

Staff administered "as required" medication without protocols to guide them on when it should be used, its purpose, or potential side effects. Reasons for administration and outcomes were not consistently recorded.

Families told us there had been incidents involving medication, but these were handled openly and honestly by management. One family member shared, "the new assistant manager in post has taken ownership of the concerns, this has really helped".

This requirement has not been met and will be extended. We have agreed an extension until 8 December 2025.

Not met

Requirement 2

By Friday 18 August 2025, the provider must ensure people experience care in an environment that is safe, well maintained and minimises the risk of infection.

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

- a) Engage with the landlord to ensure that the premises, furnishings, communal areas and equipment are clean, tidy, and well maintained.
- b) Robust process of audit and escalation for fixtures, fittings, and equipment to ensure they are clean, made of cleanable material, and intact for effective cleaning.
- c) Have a clear process for the escalation of identified repairs and issues ensuring that an appropriate response and plan of improvement actions is agreed with the landlord
- d) Ensure that processes such as cleaning schedules are robust, being followed and regular quality assurance checks of the cleaning is jointly undertaken by the provider and landlord.

This is to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 22 May 2025.

Action taken on previous requirement

The provider has made meaningful progress towards ensuring people experience care in an environment that is safe, well maintained and minimises the risk of infection.

A structured cleaning schedule is now in place across all locations, supported by flow charts that clarify staff responsibilities. This has improved consistency, accountability, and reduced confusion.

Staff and management have worked closely with housing partners and landlords to improve the physical environment. Repairs have been completed, furniture replaced, and carpets cleaned in several areas. These improvements have contributed to a safer and more pleasant environment, with people expressing satisfaction. One person told us, "The improvements have given me a real boost."

During our visit, the environment was clean and tidy, with no unpleasant smells or excessive noise. People told us they were happy with the cleanliness and had no complaints. A calm and comfortable atmosphere was observed.

Quality assurance processes have been strengthened. Cleaning teams used structured work plans and signed off duties once completed. Logs were maintained to track attendance, incomplete tasks, and repairs. An environmental action plan outlined responsibilities and timelines for improvements. Monthly walk rounds by the landlord and manager have begun, promoting shared ownership and accountability.

Electronic dashboards have been introduced to monitor environmental and medication audits. While still developing, these tools are expected to support sustained improvement.

Although some areas still require attention, these have been escalated appropriately. A replacement has been agreed with the landlord and work is expected to begin soon. This demonstrates the provider has a commitment to continuous improvement of the environment.

These improvements supported a more dignified and welcoming environment for people and demonstrated the provider's commitment to continuous improvement.

This requirement has been met.

Met – within timescales

Requirement 3

By Friday 18 July 2025, the provider must ensure that people's health and wellbeing benefits from robust quality assurance systems to improve aspects of care delivery.

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

- a) Ensure there are effective audits of key areas such as medication management, people's personal plans, people's finances, infection prevention and control and the environment.
- b) Ensure there are clear oversight and accountability by management for identifying and addressing areas of concern.
- c) Ensure there are actions plans which are outcome focused, time-bound, and regularly reviewed.
- d) Ensure there is a robust and transparent system in place to safeguard people's finances.

This is in order to comply with Regulation 4(1) (a) – Welfare of users, and Regulation 3 – Principles of the Social Care and Social Work Improvement Scotland (Requirements for Care Services). Regulations 2011 (SSI 2011/210), which required services to be provided in a manner that promotes quality and continuous improvement in the support of service users' wellbeing.

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 May 2025.

Action taken on previous requirement

The provider has made meaningful progress towards implementing robust quality assurance systems to improve aspects of care delivery. This has led to improved oversight, increased staff accountability, and greater involvement of people experiencing care. However, some areas particularly medication audits and care planning still require attention and will be followed up through outstanding requirements.

Each complex now has a full-time assistant manager, which has strengthened oversight and accountability across services. Improvement boards are used effectively to identify key areas for development, with clear evidence of service user involvement. Feedback from the Care Inspectorate is incorporated into action plans, and people told us they felt informed and included. One person said, "The improvements have given me a real boost."

Quality assurance tools are now in use, and staff have been supported through mentoring to apply them effectively. Audits of the environment and maintenance have helped embed a culture of shared responsibility, with staff more confident in maintaining standards. Assistant managers and senior staff have

clear responsibilities for oversight, and concerns raised during inspection were responded to promptly.

People's views were actively sought through tenant meetings and surveys, promoting person-centred care. We saw examples of people influencing decisions, such as choosing colour schemes during redecoration.

An incident involving finances was managed promptly and appropriately, despite the service not directly supporting people with money matters. Staff received guidance to prevent recurrence, demonstrating a responsive and safeguarding approach.

However, the medication audit process requires further improvement. We found that some issues, such as unsigned medication records and discrepancies between protocols and administration records were not identified through the current audit system. This presents a risk to people's health and wellbeing and will be followed up through an outstanding requirement.

This requirement has been met.

Met - within timescales

Requirement 4

By Friday 18 July 2025, you must ensure people experience safe and responsive care that meets their health, safety and wellbeing and needs and preferences. In particular you must ensure that:

- a) Ensure sufficient staff are available to respond to people promptly.
- b) Ensure staff are deployed appropriately to enable them to respond flexibly when people's needs fluctuate.

This is in order to comply with Regulation 4(1)(a), and Regulation 4(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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).

This requirement was made on 22 May 2025.

Action taken on previous requirement

Staffing arrangements have improved, with better oversight, team morale, and responsiveness. These changes have had a positive impact on care delivery, though continued monitoring is needed to ensure staffing remains flexible and meets people's changing needs.

The introduction of assistant managers in each building has strengthened oversight and improved team organisation. Staff told us this had made a positive difference to how the service was run, with one commenting, "The new assistant manager has lifted all our spirits." Families also noted improvements, with one sharing, "It now feels like home for my dad."

Staff described feeling more supported and confident, and we observed warm, compassionate interactions. People appeared relaxed and at ease, and told us they felt respected and safe. One person said, "They never rush me, I can take my time," and another shared, "I feel safe here as I know staff will come."

Permanent staff were familiar with people's routines and preferences, which supported continuity of care. Visiting professionals noted that agency staff, while helpful, may require more time to get to know individuals, which can affect consistency in care delivery.

Communication with management had improved. Families appreciated having direct contact with assistant managers and felt concerns were addressed promptly. One family member said, "I had a number of concerns but have worked with the assistant manager and things have improved."

Staff were able to adjust their roles during busy times, such as helping with personal care or responding to emergencies. This flexibility ensured people's needs were met without delay. We heard examples of staff responding quickly to incidents, including a fall where staff arrived within five minutes and stayed until the ambulance arrived.

The service had systems in place to monitor staffing arrangements, including regular feedback from staff and oversight from assistant managers. This was in the early stages but showed promise. The introduction of shift work sheets improved clarity around responsibilities, helping staff organise their time and prioritise care. One staff member said, "It means we are more informed and responsive; people are less anxious as a result."

These improvements contributed to a calmer and more reassuring environment. People experienced more consistent and timely support, and staff were confident in knowing what was expected of them.

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 support good outcomes for people the provider should ensure staff access training appropriate to their role and the needs of the people they 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 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 May 2025.

Action taken since then

Staff appeared confident in their roles, and this was confirmed by feedback from people using the service and their families. Staff told us they had access to training appropriate to their roles, including moving and handling, which supported safe and effective care.

The service had a training matrix in place to monitor staff learning and development. This helped ensure staff accessed training relevant to their roles and the needs of the people they support. Staff told us they had received training in key areas and felt confident in their roles. We saw that training was at a good level across the team. However, the matrix could be improved to make it easier to identify at a glance which staff require updates or refresher training. This would strengthen oversight and help ensure training remains current and relevant.

We received feedback from people using the service, families, and professionals that permanent staff were familiar with people's needs and routines, which supported continuity of care. Agency staff, while helpful, may require more time to get to know individuals, which can affect consistency. To support good outcomes, the provider should ensure that all staff, including agency and relief workers, receive appropriate training and guidance to meet the needs of the people they support. The provider is aware of this and is working in partnership with the agency to improve standards.

Staff told us they felt supported by management and were able to reflect on their practice. They described how training helped them understand how to meet people's needs safely and respectfully. We observed staff demonstrating values consistent with the Health and Social Care Standards, with warm, respectful, and person-centred interactions.

The service plans to roll out trauma-informed practice training to all staff, which will further support positive outcomes for people. Families told us they felt reassured by staff knowledge and approach, with one person saying, "They know what they're doing and they're very kind."

This area for improvement has 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	3 - Adequate
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	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.