

Bon Accord Care - Rosewell House Care Home Service

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Type of inspection:
Unannounced

Completed on:
10 March 2021

Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2013315403

About the service

This service registered with the Care Inspectorate on 1 August 2013.

Rosewell House is part of Bon Accord Care. At the time of inspection it was registered to provide a care service to 19 older people and adults for rehabilitation, and also one permanent resident.

There is an NHS facility in the same building which operates independently and is not regulated by the Care Inspectorate.

The home is divided into two units. Each unit has 10 bedrooms, all single with en-suite toilet and shower. Each unit also has a communal lounge, a kitchen/dining area and large bathroom. There is a small car park at the front, and a large well laid out garden to the rear.

Rosewell House aims to increase personal independence through rehabilitation, using a holistic range of therapies and activities. It aims, overall, to decrease dependence on health and social care support.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

"The carers really do care for you."

"The food is always good."

"Sometimes my back hurts when they move me in the hoist."

"Like getting my nails done."

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

Requirements

Requirement 1

By 28 February 2021, in order to ensure all care records accurately reflect the needs and rights of people the provider must, along with the resident, audit and update all care plans, ensuring:

- a) all decisions are justifiable,
- b) all alterations have a clear and auditable trail,
- c) people's wellbeing and health is actively promoted.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards

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); and

In order to comply with regulation 5 - (1) of the Social Care and Social Work Improvement Scotland Regulations 2011 "A provider must, after consultation with each service users and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the serviced user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met."

This requirement was made on 1 February 2021.

Action taken on previous requirement

The care plans were up to date and we could track decisions and understand why they were made. We saw alterations were clear, initialled and it was easy to identify what advice to follow.

There were specific sections in the care plan about wellbeing and health and we saw multi disciplinary input in the form of assessment and action plans from Occupational Therapy. This meant that people benefitted from additional professional expertise in their support.

Rehabilitation should be a 'whole person' process and we noticed some pertinent areas were not identified and planned, for example motivation and interest in daily life, and frequent practise of developing skills. These are areas where care staff support would be valuable. An ethos of using a collective and coordinated team approach, to promote wellbeing in a holistic manner would be advantageous and should be reflected in the care plan. This would mean any intervention was as effective as possible.

Met - within timescales

Requirement 2

By 28 February 2021, in order to ensure all infection control practice is robust, the provider must:

Effectively monitor standards and improve them where necessary.

This in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"My environment is secure and safe" (HSCS 5.17); and

In order to comply with regulation 4 - (1) of the Social Care and Social Work Improvement Scotland Regulations 2011..... "A provider must - (a) make proper provision for the health, welfare and safety of service users."

This requirement was made on 1 February 2021.

Action taken on previous requirement

Generally the environment looked clean, hoists were noted as being cleaned daily, surfaces were dust free and food in the kitchen was covered. People looked happy and comfortable in their rooms. We saw records confirming all general assistants were trained in infection, prevention and control, to a high standard. This

training had been completed by staff in their own homes, so the management team will ensure it is verified and good practice is confirmed. This will help to ensure that the environment is secure and safe.

Environmental audits were in place and the areas that were identified for action were done, with a note to confirm when they were completed, and this helped with consistent standards.

We saw some problem areas, for example dirty toilets, clinical waste bin overflowing or missing, a medication tray and sharps disposal bin left out. When asked, staff told us they were aware of these areas. The service needs to engender an ethos of individual responsibility throughout the team, so that problem areas are addressed as soon as they are noticed. This would maintain a clean environment and lessen the likelihood of infection spreading. Encouraging individual responsibility and accountability is an area for improvement for the home.

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

The provider should improve consistency of communication internally and externally so all changes are effectively completed and understood by residents, staff and families.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14).

This area for improvement was made on 1 February 2021.

Action taken since then

We saw that the care plans had a note of Next of Kin's phone numbers. We didn't see descriptions of preferred methods of communication eg. phone, e mail, Zoom or Facetime (or similar), time of day. Extra information could ensure easier and more effective communication with people, especially at a stressful time for families.

There have been ongoing problems for several weeks with the phone system not being adequate for changes in the service. An interim measure should have been put in place quickly when the difficulties were identified, to allow good communication while a solution was found. We were assured that this is being rectified as a matter of urgency.

Previous area for improvement 2

The provider should ensure the effectiveness of monitoring and improvement systems in order to provide sustained improvement and consistently high standards of staff competence.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 1 February 2021.

Action taken since then

This was a long term area for improvement and we heard about some strategies that are planned, such as coaching for supervisors, which would help with monitoring and improvement.

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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