

Bennachie View Care Home Service

Balhalgardy Rise
Inverurie
AB51 5DF

Telephone: 01467 537 100

Type of inspection:
Unannounced

Completed on:
27 April 2022

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2015334704

About the service

Bennachie View is a purpose-built care home set in beautiful landscaped gardens and is situated in a quiet residential area on the outskirts of Inverurie. The accommodation is over two storeys and split into four separate units which are referred to as households.

Shared lounges and dining areas in the home are decorated and furnished to a very good standard. Bennachie View provides a care service to a maximum of 48 older people, two places may be used for respite care and up to eight places may be used for adults who are not yet 65 years old.

The service, which is provided by Aberdeenshire Council, has been operating since July 2015.

The service registered with the Care Inspectorate on 14 July 2015.

About the inspection

This was a full on-site inspection which took place on 19 and 20 April 2022. 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 with 9 people using the service and 4 of their family members
- spoke with 7 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

We spoke with people living at the service and their families, we used some of their comments to inform our inspection.

- People using the service at Bennachie View, and their relatives, were happy with the service provided.
- People had been supported to maintain contact with family and friends during the pandemic. The service was following government guidance, 'Open with Care'.
- Health assessments and care plans needed to be developed and kept up to date for people using the service.
- Quality assurance processes required improvement to ensure that planned support was up to date and that key processes were carried out as per care regulations.
- The home had a nice atmosphere and people were able to move more freely around the care home.
- People told us that the staff were very good, and that the atmosphere in the service was calm and relaxed.
- People using the service and their relatives told us that the food was good and that personal preferences were accounted for.
- Some people told us that during the pandemic, activities had been reduced, but that this seemed to be getting better again more recently.

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 leadership?	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. An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

We observed kind and caring interactions between staff and residents, which supported people to feel safe and valued. Staff were responsive when residents needed assistance and residents and their relatives spoke affectionately about staff caring for them. One relative commented; 'all the staff are gold; I can't say enough about them'. We spoke to a number of residents who all agreed that the staff were very good. One person told us; 'I get frustrated when my laundry goes missing, but the staff are very nice and do their best to help me'.

The service was following the "Open with care" guidance and this resulted in positive outcomes for people living in the home, and their families. People told us that they were happy with the level of contact that they had. During periods of lockdowns, and when people were not able to visit, we were informed that staff were very good at supporting video calls and keeping relatives informed of their relatives' wellbeing.

People should be involved in evaluating and reviewing their care and support. We could not evidence that the statutory 6-month reviews of some plans had been completed which meant we did not see how people were involved and how their choices and preferences were being respected. **(See area for improvement 1).**

People had regular contact with their families and friends where this was appropriate. Family members were happy with the information they had received around visiting and contact. They told us communication with the managers and staff was good and they felt fully involved and up to date with the ongoing support provided for their loved one. Information recorded within care plans needed to be updated to reflect that previous restrictions were no longer necessary and under what circumstances restrictions might apply in future.

Some people were enjoying walks in the garden and chose to help collect the eggs from the resident chickens. One person told us they liked to help the handyman cutting the grass. Other activities included arts and crafts, baking and music, and some residents were involved in homely routines such as cleaning their own bedrooms and laying tables for meals. Whilst it was good to hear about the person-centred approach to providing activities with people, it would be helpful to provide information about communal and regular activities that were available for people to join in should they choose to. **(See area for improvement 2).**

People should have access to prompt care and support and the service should work well with other organisations when this is needed. We saw that people had access to external professional support such as GPs, district nurses, opticians and other peripatetic professionals within support plans. In addition, we spoke to one of the district nurses who told us; 'I am in the service most days, and the staff are very good at letting us know about anyone they are worried about' and 'The staff are exceptionally good at providing end of life care and identifying changes in people's condition and reporting it promptly'.

Medication systems were well organised, and we saw that medication administration was carried out around people's routines and preferences. This contributed to the relaxed pace of care and support within the service. One of the relatives we spoke to, commented, 'it's always calm and relaxed in here'. Staff had

received appropriate training to carry out this task and medication systems were in good order, with protocols in place for people who required covert or 'as required medications'.

People could be confident that staff had the necessary training, skills and competence to prevent the spread of infection and support them during an outbreak of an infectious disease. Managers had carried out observations of practice of staff donning and doffing personal protective equipment (PPE) and handwashing. It would be good practice to establish more regularity of formal recorded observations of practice and make it clearer what is being observed and any feedback provided to the staff member or from the staff member.

People should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. During our visit communal areas and people's bedrooms were clean, tidy and free from any malodour. Domestic staff we spoke to were confident describing their routines and safe systems of work. Some storerooms were very full and in some case would be difficult to clean. We have asked the service to review storage and de-clutter where possible in order to ensure that all areas are accessible for cleaning.

Areas for improvement

1. The provider should ensure that people receive a review of their care and support at 6 monthly intervals as is required, and that there is a written record of reviews of care and support plans that reflect peoples views and any actions agreed.

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

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

2. The provider should ensure that people are aware of what planned group or single activities are available to them over the course of the week.

This is to ensure that care and support is consistent with the Health and Social care Standards, which state,

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

How good is our leadership?

4 - Good

We evaluated this key question as good. An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

The manager of the service had a good overall view of the service and its strengths and areas of challenge. Some key processes such as reviews of care and monitoring of audits and directing improvement work had been impacted by the pandemic and resultant shortages of staff.

We found that some people had not received their 6 monthly reviews of their care and support and some risk assessment information in support plans had not been updated. In some cases, audits had been completed, but work to remove out of date information, or to update plans had not been carried out. This increased risks to people as care staff may not be clear about what information was current, and up to date. We discussed these areas with the manager, who was aware of these issues and was in the process of implementing plans to bring support plans up to date. (**See area for improvement 1**).

It is important that managers keep accurate records of staff competencies and training needs. When we observed staff practice and discussed practice issues, it was clear that staff were competent, and had received relevant training to their roles. Staff told us that managers carried out checks on their practice, especially in relation to infection prevention control (IPC), however, these observations had not been recorded, and opportunities to share good practice and to support improvement had not been utilised. (**See area for improvement 1**).

Staff told us that managers were accessible to them if they needed advice or guidance. We heard that during very busy periods, or when staffing levels were not optimal; additional support from managers was not always available, or anticipated. This meant that staff were more rushed, or that care was delayed during these busy times. Managers told us that they are currently in the process of trying to recruit new staff, reviewing staffing levels, and considering different staffing models to ensure that there are adequate numbers of staff available.

Managers had recently started a programme of staff and resident meetings, which had temporarily been put on hold as a result of the pandemic. The people we spoke to told us that the staff and managers were approachable and helpful if they had any issues.

Areas for improvement

1. The provider should develop a robust quality assurance system that shows how they;
 - act on feedback from people who use the service, relatives and staff
 - use measures to ensure good quality outcomes were being achieved for people who used the service
 - show how the above feedback and measures contribute to plans for continuous improvement
 - keep records of staff practice and training requirements and updates.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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