

## Deeside Care Home Care Home Service

Cults Avenue  
Cults  
Aberdeen  
AB15 9RZ

Telephone: 01224 869 816

**Type of inspection:**  
Unannounced

**Completed on:**  
20 March 2023

**Service provided by:**  
Deeside Care LLP

**Service provider number:**  
SP2013012104

**Service no:**  
CS2013318602

## About the service

Deeside Care Home is registered to provide a care service to a maximum of 68 older people. Included in the maximum occupancy number will be three places for named people under the age of 65.

The provider is Deeside Care LLP. The home is situated in the Cults area of Aberdeen and is close to local amenities, including shops, a library and local transport routes. The building is set out over five floors.

The home is spacious and residents have en-suite facilities and a range of communal areas.

## About the inspection

This was an unannounced inspection which took place on 14 and 15 March 2023. 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 six people using the service and five of their family/friends/representatives. We spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

People benefited from a respectful culture within the home and people experienced warmth, kindness and compassion in how they were supported and cared for.

People's health and wellbeing needs were being met but personal plans and risk assessments weren't always updated and reviewed accordingly.

The food was enjoyed by people, but there were missed opportunities for social interactions at mealtimes.

People we spoke to told us they felt well cared for but don't always get the most out of their day.

Overall, there was a high level of satisfaction from people experiencing care and feedback from families highlighted they had confidence in the staff team.

Domestic staff lacked knowledge and skill in infection prevention and control.

Some people experiencing care told us they didn't feel they had opportunities to discuss and make decisions about the service.

There was limited evidence of an improvement culture within the staff team and staff were unsure about what was working well and what needs to be improved.

## 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?	4 - Good
How good is our setting?	4 - Good
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 the performance of this key question as adequate. While strengths had a positive impact, key areas need to improve.

People benefited from a respectful culture within the home and people experienced warmth, kindness and compassion in how they were supported and cared for. This put people at ease and enhanced the homely atmosphere.

A wide range of health assessments formed people's personal plans and people benefited from regular access to local health professionals to support their health and wellbeing. Staff had good links with relevant health professionals and sought advice when required. There was good communication between staff and staff told us they felt well informed about any changes. We were confident that issues were being picked up promptly. We concluded people benefited from a responsive and well informed staff team to positively promote people's health and wellbeing.

People's health and wellbeing needs were being met but personal plans and risk assessments weren't always updated and reviewed accordingly. For example, systems were in place to monitor effective falls management but was not updated regularly. We discussed the need to ensure these were completed and reviewed in a timeously manner to promote people's safety and wellbeing (**Area for Improvement 1**).

The food was enjoyed by people, but there were missed opportunities for social interactions at mealtimes. Some people were sitting alone. We discussed this with the management team and they agreed to give more thought and planning when seating people for meals. New friendships can be made and relationships with others grow whilst sitting round the table together.

Meals were home cooked and nicely presented. However, the visual aid menu was not always accurate and this could be confusing for people. People were able to enjoy their food in an unhurried way and people were given the correct level of support to promote their dignity. People were offered choice and alternatives but staff could be more proactive to meet individual requests by being more responsive to feedback.

Medications were well managed and there were regular audits of staff administering medication. We concluded that medications were being administered in a safe way which promoted people's health and well-being.

The home had a relaxed and peaceful atmosphere. There were no restrictions with visiting and people were encouraged to get out and about with their loved ones. There was access to a vehicle which could be booked for outings and this supported people to access their local community easily.

Visitors were made to feel welcome and one family member was supported to offer daily direct care to their loved one in the setting. The service was good at ensuring people maintained relationships with those important to them.

People we spoke to told us they felt well cared for but didn't always get the most out of their day. People told us they would like more opportunities to socialise with others in the setting and build friendships. We shared this with the management team who have agreed to add this to their improvement plan.

Having regular access to meaningful activities is important for keeping well and having a sense of wellbeing. There were group activities on offer such as trips to the local community centre, music concerts and arts and crafts. People also talked about visits to the in-house cinema room and bar area which they really enjoyed. People we spoke to felt the programme was limited, particularly at the weekend. There was a vacancy in the activities team and this may have contributed to this. There were links with the local community identified but these were being further developed. This is important to promote people's sense of connection with their wider community.

Birthdays and other significant events were celebrated this helped people celebrate their achievements and promote feelings of self worth.

Overall, we found the home was generally clean and tidy. Bedrooms were personalised with people's personal items and this helped promote their sense of belonging. Personal protective equipment (PPE) was accessible at key points and care staff used and disposed of it appropriately.

There were some areas in the home which were damaged; such as shelves in the pantry, a wall in the toilet and a broken handle on the patio door. Effective cleaning would not be able to be undertaken appropriately. These findings were highlighted to the management team who took corrective action.

The laundry was clean and well organised and there was evidence of poor practice being communicated to staff to improve outcomes for people. This promotes people's safety and wellbeing.

Domestic staff lacked knowledge and skill in infection prevention and control (IPC). We found there were times when they were disposing of PPE in the general waste bin and were not familiar with the correct process. Domestic staff were also not changing the mop water frequently enough and this increased probability of spread of infection. **(Requirement 1)**

## Requirements

1. By 15 May 2023 the provider must ensure domestic staff are skilled and confident in their role. This will reduce the chances of cross infection and promote people's wellbeing and safety.

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

- a) Ensure domestic staff have relevant IPC training
- b) Ensure domestic staff are confident in their role before working independently
- c) Have regular observations of practice to ensure desired levels of practice is maintained.

**This is to comply with Regulation 4(1)(a) and (d) (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) 3.14 which states 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"**

## Areas for improvement

1.

To support people's wellbeing and safety the provider should ensure staff update personal plans and and associating risk assessment and monitoring tools accordingly. This should include but not limited to, falls and stress and distress.

**This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states 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"**

**How good is our leadership?****4 - Good**

People should expect that quality assurance and improvement is led well and supports the delivery of care that benefits their health and wellbeing. We made an overall evaluation of good, as there were a number of important strengths which taken together, outweigh the areas for improvement.

There was a high level of satisfaction from people experiencing care and feedback from families highlighted they had confidence in the staff team. Families expressed they liked the Facebook page as they were able to keep updated with day to day activities. However, there was evidence of lack of consultation about changes and improvement plans within the service.

Relatives meetings had not been regular and some residents told us they didn't feel they had opportunities to discuss and make decisions about the service. We shared these findings with the management team who assured us everyone will be invited to next residents' meeting which is in March 2023. This will help people feel included and to have an active role in decisions that impact on their lives.

There was limited evidence of an improvement culture within the staff team and staff were unsure about what was working well and what needs to be improved. Staff meetings highlighted no follow up and action points not being addressed. Following through with action points is important to drive improvement forward and improve outcomes for people. **(Area for Improvement 2)**

We felt confident staff had access to appropriate training to support and develop their skills to inform good quality care. Observations of staff practice was regularly carried out to assess learning and competence. People experiencing care benefited from a competent and well managed staff group. Staff benefited from regular supervision and this was used constructively to build their individual development plans.

Systems were in place to safeguard people's finances and people had access to their money when required. This promoted choice and a sense of wellbeing for people.

**Areas for improvement**

1.  
To ensure a culture of continuous improvement the provider should ensure that all stakeholders are consulted and action plans followed through.

This should include, but is not limited to,

- a) Ensure stakeholders are regularly consulted and involved in making decisions about the service - this includes regular meetings for residents, families and staff.
- b) Action points are followed through from each meeting to drive improvement forward

**This is in order to comply with Health and Social Care Standards which states:**

**"I can be meaningfully involved in how the organisations that support and care for me work and develops" (HSCS 4.6)**

## How good is our setting?

## 4 - Good

We assessed that the care home setting offered a good quality environment to people living in the service. There were several important strengths which, taken together, clearly outweighed areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes.

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. People had easy access to fresh air and outdoor space. The environment was relaxed, clean, tidy and well looked after, with no evidence of intrusive noise or smells. The home had a homely feel and it was encouraging to see children's table and chairs to entertain children, if required.

The lounge area boasted beautiful views and was welcoming. There were no restrictions on where people could access and people could be able to choose to use private and communal areas and had the right to privacy when they wanted. People told us they were happy and they appeared content.

Corridors were free from trip hazards and accidents and incidents were reported appropriately. People had the correct mobility aids to enable them to mobilise as independently as possible and there was signage to help people find their way around without help. However, it was felt there could be better landmarks in corridors to orientate people better.

A maintenance plan and a system for supporting repairs helped keep equipment in good working order. However, maintenance checks for communal areas could be improved. We found several broken window restrictors and that needed urgent repair. This allowed the windows to be fully opened. At the time of the inspection, the management team ensured the windows were secured. **(See Area for Improvement 3).**

### Areas for improvement

1. To promote people's safety and wellbeing, the provider should ensure they have regular maintenance checks/audits in the communal areas of the home. These should be addressed in a timely manner.

This should include, but is not limited to, window restrictors in the communal areas.

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

**"My environment is secure and safe" (HSCS 5.19)**



**How well is our care and support planned?****4 - Good**

We made an overall evaluation of good, as there were a number of important strengths which taken together, outweigh the areas for improvement.

We saw that health assessments such as skin condition, weight and mobility informed care planning. These were updated and reviewed regularly. This supported people's health and wellbeing as any concerns were identified and responded to in a timely way.

Pre-assessments undertaken could be more robust and detailed. This would support staff to gain an understanding of people's wishes and uphold their dignity.

We saw people, their family members and relevant professionals were included in regular 6 monthly reviews and their wishes and choices were shared. There was evidence of people's choices being evidenced in planning. This meant that people's needs could be met in a way which upheld their wishes. However, we saw that some care plans were not always accurate and had not been effectively reviewed. These findings were shared with the management team **(see Area for Improvement 1)**.

Appropriate paperwork was in place for people who lacked capacity to make decisions for themselves, detailing power of attorney and who the home should be consulting with regarding the care of the person.

## 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 service should ensure that bedrooms and en-suite shower rooms are fit for purpose prior to the room being occupied. In doing this, the service should;

- a) Ensure that bedrooms are safe, presented in a good state of decorative repair with fixtures and fittings secured and fully functioning.
- b) Ensure that en-suite facilities are safe, in a good state of repair and fully functioning.
- c) Ensure that planned upgrade/refurbishment is completed prior to the room being occupied.
- d) Ensure that people are supported to bring their belongings prior to admission and for the room to be personalised to them.
- e) If any remedial work is required to take place when the room is occupied, this must be planned with the involvement of the resident and/or their representative. A risk assessment should be carried out with the aim of minimising stress or distress and supporting the resident well whilst the required work is undertaken.

**This is in order to comply with: Health and Social Care Standard 5.17: My environment is secure and safe.**

**This area for improvement was made on 20 October 2022.**

#### Action taken since then

People were encouraged to bring in personal items at the point of moving in to help furnish their bedroom with personal items to make them feel at home and maintain their identity. We found bedroom to be comfortable and in a good state of repair and people were surrounded with personal photographs that they had brought with them as well as other small personal effects.

Maintenance staff formed part of the ancillary team who worked hard to maintain a safe and clean environment. We found that staff worked closely with the maintenance staff to report faults and these were generally attended to promptly. We felt that checking and reporting of faults in communal areas could be further enhanced and have reported on this further in the body of the report (see How good is our setting?).

One bedroom was vacant and was awaiting repairs and re-decoration. This bedroom was not available for occupancy until the repairs and redecoration were carried out. This gave us confidence that appropriate plans had been made to ensure it was in a fit state of repair prior to being occupied.

Although we were not able to confirm how significant repairs would be carried out in an occupied room, we were confident that management and staff were aware of the need to minimise distress and disruption to people experiencing care. People we spoke to confirmed that there was good communication between them and the staff team about any changes or significant events that involved their relative. This forms a

strong foundation against which any plans could be made should repairs need to be carried in people's personal space.

This area of improvement has been met.

### Previous area for improvement 2

The service should ensure that the general environment and provision of care meets the needs of the people who live at Deeside Care Home. In doing this, the service should:

- a) Ensure that pre-admission assessments are carried out thoroughly, by an appropriately skilled member of staff.
- b) Ensure that the setting is appropriate.
- c) Ensure that people's needs are appropriately assessed, and risk assessed on admission and regularly thereafter.
- d) Ensure that care is carefully planned, with the input of the person receiving care, their representative (where appropriate) and other healthcare professionals. Review care plans regularly.
- e) Ensure that staff are trained at an appropriate level in respect of meeting the needs of all residents in their care.

**This is in order to comply with: Health and Social Care Standard 1.20: I am in the right place to experience the care and support I need and want.**

**This area for improvement was made on 20 October 2022.**

#### Action taken since then

Key people were assigned to undertake pre-admission assessments. We saw that this process was pivotal to admission to the service. The pre-admission assessments enabled the care team to make further contact with relevant persons prior to admission to help plan their care and support needs. We felt that the pre-admission information was at times brief and could be further enhanced to help identify what's important to the person in terms of their wishes and support needs.

This area of improvement has been met.

### Previous area for improvement 3

The service should demonstrate that people benefit from a culture of continuous improvement, by having robust and transparent quality assurance processes. In order to do this, the service should:

- a) Review and update the complaints policy regularly, ensuring that it contains appropriate information for Deeside Care Home.
- b) Ensure that residents and their representatives are provided with a copy of the complaints procedure.
- c) Develop staff awareness on how to recognise, investigate and respond to complaints and concerns.
- d) Ensure that complaints are fully investigated in line with the organisation's policy. Written responses should clearly detail the findings of the investigation, action taken and lessons learned to improve outcomes for people.

**This is in order to comply with: Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.**

**This area for improvement was made on 20 October 2022.**

## Action taken since then

The complaints policy was specific to the care home setting and detailed key people and their contact details to enable people to make a complaint. The procedure was part of the welcome information given to people at the point of admission.

We spoke to people experiencing care and their representatives and they told us they had confidence in the management and staff team and felt able to raise a concern should it arise.

We found good evidence to support that issues of concern raised with the care team were escalated to management and this triggered the complaints procedure and investigation. This meant that the person/people raising the concern were communicated with directly including the outcome of the investigation.

We were satisfied that action appropriate action to bring about improvement and this area for improvement has been met.

## Previous area for improvement 4

The service should ensure that people live and work in an environment that is familiar, safe and secure. In order to do this, the service should;

- a) Ensure that directional signage is clearly displayed.
- b) Ensure that people are supported to have their name, photograph or other visual aid clearly displayed on their bedroom door.
- c) Ensure that communal areas are clearly signposted and identifiable.
- d) When it has been assessed that people would benefit from motion sensor equipment to support safety and wellbeing, this should be facilitated without delay.
- e) Care plans and risk assessments should be updated regularly to reflect the needs of people who live in the service. When other healthcare professionals are involved in a resident's care, their advice should always be included in the care plan.

**This is in order to comply with: Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.**

**This area for improvement was made on 20 October 2022.**

## Action taken since then

The care home had signage to identify the different communal areas of the home. Additionally everyone had their name detailed on their bedroom door. However there were no additional signs or landmarks to aid orientation. We felt this could be helpful to help people find their way around their living area and could be something to consider further during any refurbishment or upgrading.

A number of people had sensor mats and beams as part of their falls management plan. This meant that when people started to move staff were alerted and were able to support them to walk safely. Accidents and incidents including falls were recorded and reported. This meant that they could be reviewed and preventative measures put in place should they be required to help prevent recurrence. We found that there were occasions when the reviews could have been undertaken.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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.