

## Beannachar Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
11 May 2023

**Service provided by:**  
Beannachar Limited

**Service provider number:**  
SP2003000033

**Service no:**  
CS2003000343

## About the service

Beannachar is located in Deeside, outside Aberdeen. Situated in beautiful surroundings and comprising of Sycamore and Silver Birch House, which are the main houses; and two smaller houses - Linden and Rose, these form the care home element of the service and it is that which this inspection focussed upon.

Within the grounds there is a craft workshop, weaver, wood shop and extensive gardens and a small working farm. It provides 20 residential places for young adults, with a maximum of two respite places if required.

Beannachar is part of the Camphill Movement. The Camphill Movement creates community settings in which children, young people and adults, many with learning disabilities, can live, learn and work with others in healthy social relationships based on mutual care and respect.

The service has been registered since 01 April 2002.

## About the inspection

This was an unannounced inspection which took place on 09 May 2022 between the hours of 09:30 and 17:00. We considered further evidence and spoke with families and professionals on 10 May 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 eight people using the service and three of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People living at Beannachar were actively engaged in their community.
- People enjoyed a wide range of activities and workshops that helped to develop their skills and independence.
- There had been significant improvements in relation to Infection Prevention and Control practices.
- An environmental improvement plan described improvements to the home and further improvements that were planned.
- We saw very good support plans that highlighted people's skills and abilities.
- People, their families and staff all had opportunities to express their views and influence the development of the service.

## 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
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very 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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We saw and heard positive and warm interactions between staff and students. People were encouraged and supported to participate in day-to-day life and routines in meaningful ways. This helped to achieve positive outcomes for them. We spoke with some family members who told us; 'They are flourishing there' and 'They love being a student there'.

People were supported to participate and contribute to their homes and to their community. House meetings and morning meetings provided a forum for people to express their views and hear the views of others. This contributed positively to students feeling valued and included in their community.

People could access a range of workshops and opportunities that helped to develop their confidence and sense of belonging. This helped people to recognise their achievements and develop their skills. There was a focus on developing skills and independence in realistic ways with a view to life beyond Beannachar for some people who would eventually move on from the home. Some family feedback included;

'They are due to start their independent life skills but this put on hold due to Covid. This is back on track but has taken a bit of time'.

'They know how to help them to stay calm but also provide a bit of challenge to promote their independence'.

'They now share things with people and their skills have really developed since being a student'.

Staff were aware of their responsibilities in relation to keeping people safe and how to raise concerns about people's wellbeing. Some people had very detailed routines and protocols which were important to help them stay safe and to feel safe.

People's wellbeing benefited from access to a range of other professionals and support was provided to help people attend appointments and seek further advice or guidance. This was confirmed when we were told, 'Staff have made appropriate referrals to professionals as and when required'. Staff had access to guidance and this was used to support people's health and wellbeing needs appropriately and safely.

Healthy and wholesome meals and snacks were available. People helped to grow produce in the gardens and use in their menu planning and cooking. Individual dietary needs and preferences were catered for. Mealtimes were a social occasion that people appeared to enjoy. Staff were vigilant and supported people to make healthy choices which contributed positively to their overall health and wellbeing.

Since our last visit, staff had received further training and support around IPC. Regular observations of practice were included in managers IPC audits.

The housekeeping team had been strengthened with the engagement of an external cleaning company. This had made a significant difference to the environment which we found clean and fresh during this visit.

An environmental improvement plan had been developed and we saw improvements in the building. Rooms had been deep cleaned and redecorated and some bathrooms had been refitted. Work needs to continue to help ensure the environment and fixtures and fittings are clean and intact and prompt action to repair or replace items of concern.

## How good is our leadership?

## 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 should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The manager had developed an overall management oversight planner which helped to main regularity to activities. This would help to drive forward with improvements within the service.

A health and safety audit had been commissioned and completed since our last inspection with priorities informing an overall environmental plan and service improvement plan. The service improvement plan had been informed by feedback from some families and was discussed through regular house leader meetings. It will be good to see how this is reviewed with regular updates of progress and how this is communicated to students, staff and families.

Leaders should empower others to become involved in comprehensive quality assurance systems and activities, including self-evaluation, promoting responsibility and accountability. Infection prevention and control checks and audits were now embedded in day-to-day practice and responsibility was seen as a whole team approach with everyone involved. This had brought about significant improvements in the environment and for individual students with newly redecorated and for some refurbished bedrooms and living accommodation.

There were a range of meetings held regularly that contributed to the ongoing evaluation of the care home. Staff were more confident talking about their responsibilities and told us they felt listened to and their views were valued.

Complaints and concerns had been fully explored and discussed with agreed actions and follow through to ensure actions were bringing about the desired or intended improvements. Managers welcomed feedback and treated this as an opportunity to reflect and learn.

Accidents and incidents were recorded and reviewed by the manager. It would be of benefit to establish an index or summary of events so that trends can be identified and learning from events used for further self-evaluation.

Overall, we saw that improvements had been made in the service and that there was systems and plans for ongoing evaluation and continual improvement. It was good to hear this confirmed by a family member who told us;

'We have no concern and we can see that the leadership are driving things forward. I can see that there has been significant improvements since last inspection'.

## How good is our staff team?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People should be confident that staff have the necessary skills and competence to support them. There was a clear staff induction and learning and development pathway in place. This included values, the Health and Social Care Standards, applicable codes of practice and conduct, as well as specific areas of practice. Staff spoke positively about learning events and felt this had helped them to understand people and their needs and how they should be supported.

Staff competence was assessed through regular observations of practice which were recorded in weekly infection prevention and control. The managers should consider extending the observations of practice to other areas and reflect this through supervision records to maintain a record and to help identify where further support and learning is required.

A supervision framework was in place and staff confirmed they were receiving regular supervision and felt well supported. It is important that staff have regular planned opportunities for discussion with their manager. This provides a forum for staff to discuss and concerns or difficulties they have as well as reflect on their learning and development. A supervision framework was in place and staff confirmed they were receiving regular supervision and felt well supported.

We observed respectful interactions with students and family members we spoke to spoke very positively about the staff team, their skills, knowledge and communication. They told us:

'The communication is excellent; I have a very good relationship with the co-ordinator. I can talk to her about anything'.

'Staff regularly contact us and at an appropriate level. They regularly communicate daily about how things are going'.

'Staff are very professional and they don't take any feedback personally. We have confidence in them, they don't get defensive'.

'Staff are very good at communicating - we have a WhatsApp group where we receive daily updates - this is an invaluable resource for us to keep up to date with our son'.

'Staff are fantastic. They keep us in the loop and are very respectful'.

These comments and feedback confirmed our observations throughout this inspection visit. Staff were enthusiastic and committed to providing person-centred care and support for people.

## How good is our setting?

## 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 were actively involved in giving their views about the setting. Regular house meetings provided a safe relaxed forum for discussion. People were consulted and informed about changes in their homes and were encouraged to express their views that reflected individual choices and preferences.

People's bedrooms were spacious and personalised. Recent redecoration had improved the environment and people had been involved in choosing colour schemes and the layout of furniture.

People can choose to use private and communal areas and have the right to privacy when they want. People had access to beautiful grounds around the estate and as well as work activities, they enjoyed walks and a choice of quiet areas where they could take time to reflect and contemplate.

The environment was clean and there was a programme of ongoing maintenance and refurbishment in place. All staff were aware of environmental cleaning schedules and participated in daily checks within the environment – this had promoted responsibility within the staff team which had resulted in an improved environment.

The provider continued to review the current accommodation and make plans for the future. There is a need to continue with regular audits and observations to help ensure the building and environment meets the needs of people who live there as well as being clean, well maintained and safe.

### How well is our care and support planned?

### 5 - Very Good

We evaluated this key question as very good following this inspection. An evaluation of very good will apply to performance that demonstrates major strengths in supporting positive outcomes for people.

People should have personal plans that reflect their rights, choices and wishes. We saw that personal support plans had been developed and reflected what was important to people.

Plans were written in a manner that highlighted people's skills and abilities and this information was used to formulate plans where people could increase their independence and learn new skills. Plans were regularly evaluated and updated to reflect progress or where a different approach might be more helpful for the person. This helped people to achieve good outcomes and realise success and achievements.

Risk assessments were in place to inform care and support and these helped to support people in a range of activities and opportunities safely whilst promoting their independence and meaningful involvement. Supporting legal documentation is in place to ensure this is being done in a way which protects and upholds people's rights.

People, and where relevant, their families or those important to them, should be fully involved in developing their personal plans. Plans had been formally reviewed with families and relevant professionals. It was positive to hear from families that they were regularly consulted and kept up to date. 'WhatsApp' was used for regular chats and the exchange of information and photographs which all helped to contribute to the ongoing evaluation of care and support. Formal reviews should take place at least once every six months and we saw minutes of annual reviews and there was a plan in place to ensure these opportunities progressed on a six-monthly basis.

There should also be a range of methods used to ensure that people are able to lead and direct the development and review of their personal plans in a meaningful way. We saw one example using photographs that demonstrated activities and achievements with people. The visual representation which would help to involve the person in a more meaningful way.

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

### Requirements

#### Requirement 1

By 31 December 2022, the provider must ensure that people are supported in an environment that is safe, clean and minimises the risk of the spread of infection.

To do this the provider must at a minimum:

- a) Ensure that staff receive the appropriate training in infection control.
- b) Ensure that there are sufficient staff on duty to undertake domestic duties and that cleaning schedules are followed
- c) Ensure that quality assurance checks are made at regular intervals to ensure compliance with infection control practice and general cleanliness of the home, including personal care equipment.

This is to comply with Regulation 4 (1) (a)(Welfare of users) and (d) (Infection control) 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 states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 10 October 2022.**

#### Action taken on previous requirement

Since our last inspection we have had regular meetings with the management team. This provided an opportunity for updates to be provided and information to be shared.

Staff had received further training and support in relation to infection prevention and control and the importance of infection prevention and control. Staff could confidently describe their roles and responsibilities in relation to maintaining a clean home.

Contract domestic arrangements were in place. This had helped to ensure effective cleaning throughout the week and across all properties.

There were additional and regular quality assurance checks by team leaders, the manager and the community director – records of these indicate that there is a thorough overview of the environment and staff practice.

Observation within the environment confirmed that practice had improved in this area.

**Met – within timescales**



## Requirement 2

By 30 November 2022, the provider must provide the Care Inspectorate with an environmental improvement plan, laying out in detail works required and expected completion dates. Furthermore, the provider must provide the Care Inspectorate with, at a minimum, monthly progress reports of environmental improvements.

This is to comply with Regulation 10(2)(a) and (b) (Fitness of premises) 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 states that: 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

**This requirement was made on 10 October 2022.**

### Action taken on previous requirement

An environmental improvement plan was submitted by the stated deadline and has been updated as work progresses.

The provider had developed an overall environmental improvement plan and had provided the Care Inspectorate with regular updates.

**Met - within timescales**

## Requirement 3

By 30 April 2023, the provider must ensure that the premises are of sound construction and kept in a good state of repair, externally and internally, and are decorated and maintained to a standard appropriate for the care service. Furthermore, the provider must provide the Care Inspectorate with, at a minimum, monthly progress reports of environmental improvements.

This is to comply with Regulation 10(2)(a) and (b) (Fitness of premises) 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 states that: 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

**This requirement was made on 10 October 2022.**

### Action taken on previous requirement

An environmental improvement plan was submitted by the stated deadline and has been updated as work progresses.

The provider had developed an overall environmental improvement plan and had provided the Care Inspectorate with regular updates.

We could see that some areas had been redecorated and/or refurbished and the plan clearly described further progress that was planned to help improve the quality of the environment.

**Met - within timescales**

## Requirement 4

By 31 December 2022, the provider must ensure that the service is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. To do this, you must ensure that:

- a) The service's performance is assessed through effective audit and other quality assurance processes.
- b) Staff in leadership roles are trained in quality management, supported in their role, and are allocated sufficient time to implement the service's quality assurance processes.
- c) Action plans are put in place and implemented to support improvement when required.
- d) The impact of improvement work is subject to ongoing review and assessment to determine the extent to which the improvements have positively impacted on the health, safety, and wellbeing of service users and staff knowledge, skills, and confidence.

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 states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 10 October 2022.**

### Action taken on previous requirement

The house leaders, manager and community director were involved in regular audits and quality assurance processes. This included daily checks, weekly IPC audits and spot checks.

Staff in leadership roles were supported to understand and participate in quality management processes. Regular activity was embedded in day-to-day practice.

Action plans were in place to help ensure improvements required were recorded and followed through.

The manager had a sound overview of where improvements were required. People who used the service and their family members had been consulted and updated about redecoration and any changes to rooms as a result. Staff spoke positively about their roles and responsibilities. This would contribute positively to the ongoing quality assurance within the home.

**Met - within timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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 staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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