

## Bon Accord Care - Kingswells Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Bon Accord Care

**Service provider number:**  
SP2013012020

**Service no:**  
CS2017359559

## About the service

Bon Accord Care - Kingswells Care Home specialises in supporting people with dementia. The home provides support for up to 60 older people over two floors in a modern building. Each bedroom has an en suite toilet and wash hand basin, and there are large communal sitting and dining areas. The home is surrounded by trees and grassy areas, giving lovely views from the windows. There is a large garden which provides an accessible and safe outdoor space for people to enjoy. The home is situated in the residential town of Kingswells, to the west of Aberdeen City. It sits near to the GP surgery, the pharmacist and the shopping and community centre, with bus stops close by.

## About the inspection

This was an unannounced inspection which took place on 1 to 8 August 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 eight people using the service and nine of their family
- spoke with 24 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Families told us they were happy with the care at Kingswells.
- Staff told us they felt well supported by their team and their manager.
- Most staff felt they had sufficient training and half said they would like further training in dementia.
- Some staff were caring towards residents.
- Some staff used practice that was not in line with best practice.
- The leadership team were not coping with all their duties.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 2 - Weak

There were substantial weaknesses in the quality of people's care and support. The provider must improve how they support people with their health and wellbeing needs. More care needs to be taken to provide people's care and support in a compassionate and respectful way. People need more support to make the most of life.

Care was delivered around the task and not around the people. For example, people's activities were disrupted to accommodate a care task which could have been done later in the day. Once people were up and dressed, they were not encouraged to maintain high standards in personal appearance, with some being well dressed and clean looking, while others had spilled food on their clothes and smelled unclean. This could be demoralising and lead to low mood and poor self-esteem.

There were some opportunities to socialise. People enjoyed celebrating events like the Coronation and people's families were made welcome when they came to visit. There were plans for regular afternoon teas which will be another nice way for people to spend time with their families.

People were not enabled to get the most out of their life. They were not regularly encouraged to be physically active or to find interesting things to do. Several people sat in chairs or in their bedrooms for long periods without meaningful communication or activity, many people fell asleep. Planned activities did not offer enough variety and focused too much on indoor group activities. **(See requirement 1.)**

The standard of cleanliness and décor in some bedrooms was not good, which meant people did not have a pleasant private space to sit in. The garden was safe for all people with plenty of sitting areas, and flowers in raised beds. Unfortunately, the door to this enclosed garden was not always open to allow easy access for everyone and this was another aspect that limited people's choice and enjoyment each day. **(See requirement 1.)**

People's cash was stored securely and well-managed, however, it was not available at weekends unless pre-planned. This inhibited people from casual decisions like going out for a tea with their family and being able to treat them. People should always have access to their own money. **(See area for improvement 1.)**

The support people receive to eat well and enjoy their meals needs to improve. Mealtimes were not enjoyable for people. The dining area was stark and bare looking, people were not encouraged to eat their meals at a dining table, and some were expected to eat their meal from unsuitable side tables in the lounge. Support with eating was not offered in a dignified manner, and individual choices of meals and snacks was limited. The dining experience should be reviewed to ensure support meets people's individual choices. This will ensure people have a more fulfilling dining experience and enjoy their meals and snacks. **(See area for improvement 2.)**

Measures to reduce the risk of people falling and being injured were ineffective. People were not encouraged and supported to move their position and maintain their mobility. As a result, it was more likely that people would suffer discomfort and the potential of skin breakdown was increased. Specialist equipment, such as glide sheets, call mats and walking frames were not always readily available. People were not always supported to transfer safely, for example, from their wheelchair to another chair. Staff were trained in moving and handling training and some failed to implement this into their practice, resulting in an increase in the risk of falls and injury to people. The lack of robust analysis and learning about the factors

contributing to falls, meant there were insufficient measures implemented for people to be safe. **(See requirement 2.)**

People were more likely to experience stress or distress because important information about how to support them was missing from their care plans or staff did not know the agreed strategies to prevent or reduce feelings of stress and distress. This was a particular concern when people were supported by new or agency staff who did not know them well. **(See requirement 3.)**

Medication practice was not in line with best practice guidance. There were problems with people not receiving their prescribed medication, with recording, and with stock levels. The auditing process did not identify and rectify errors. Staff failed to implement their training and the correct processes. There was an acceptance amongst staff that 'errors' inevitably occur which meant people were less likely to get full benefit from their medication. **(See requirement 4.)**

## Requirements

1. By 6 October 2023 the provider must ensure that people's physical environment and the support they receive from staff enables them to make the most of life.

To do this the provider must, at a minimum

- a) ensure there are pleasant, interesting, indoor, outdoor, individual, and communal areas available for all people to use safely and freely as they wish
- b) educate and motivate all carers to make the best use of all opportunities for movement, conversation and meaningful engagement with people.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 state that:

'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).

2. By 6 October 2023 the provider must improve people's health and safety by ensuring that effective fall prevention and management strategies are in place. To do this the provider must, at a minimum:

- a) ensure all staff are trained and competent in safe moving and handling
- b) ensure that service users have accurate falls risk assessments and plans which are accessible and implemented by all nursing and care staff
- c) ensure that when a fall does occur, the impact of the fall on the health and wellbeing of the service user is assessed and appropriate actions are taken. This should include but is not restricted to:
  - a robust assessment of the health of the service user, seeking medical input, if necessary
  - an appropriate level of observation and ongoing monitoring to assess any change to the health of the service user.

d) ensure that there is oversight and analysis of falls to help identify trends and implement appropriate actions to reduce risks to service users

f) ensure that the appropriate procedures in relation to falls are implemented and that the management team are monitoring compliance with these procedures

g) ensure that all fall prevention equipment is correctly placed and in full working order.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 state that:

'I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment' (HSCS 1.22); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

3. By 6 October 2023 the provider must ensure that service users who become distressed or anxious are supported in a manner that promotes positive wellbeing. To do this the provider must, at a minimum:

a) ensure detailed stress and distress strategies are developed in conjunction with appropriate professionals

b) ensure these strategies are fully implemented by staff and reviewed on an ongoing basis.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

4. By 6 October 2023 the provider must ensure service users experience safe and competent support with medication. To do this the provider must, at a minimum:

a) ensure all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue the medication

b) ensure all staff are appropriately trained and competent in the safe administration of medication

c) ensure that care plans are regularly reviewed and accurately reflect changes in services users' medication

d) you must develop, implement, and regularly review pain assessments to ensure signs that service users are experiencing pain are identified and this is addressed timeously

e) ensure the medication of service users receiving care is reviewed by relevant health professionals in accordance with service users' changing needs

f) ensure an effective system is implemented to identify, monitor and address any issues or concerns in relation to stock control and management of medication.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 state that:

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

### Areas for improvement

1. To ensure people have the respect and pride associated with access to their own money, the provider should ensure that funds are available, if they are requested, at all times.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

2. To ensure that people get the most out of their dining experience, the provider should ensure that staff are aware of, and actively work towards meeting each person's individual dining needs in a dignified and safe manner.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33); and

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

### How good is our leadership?

**2 - Weak**

This key question was evaluated as weak. The quality assurance and improvement processes were largely ineffective. They did not identify when poor care was taking place and, as a result, did not lead to improvements towards good outcomes for people. The quality assurance must include an increased focus on recognising people's care experiences. **(See requirement 1.)**

The complaints system had only been used once in the last three months. It was used correctly and led to a good resolution, which meant people knew their complaints would be treated in a genuine manner.

There were good systems for tracking audits and for recording accidents and incidents. These had not led to accurate audits or for a robust plan to prevent repetition of incidents. The lack of accuracy and analysis meant lessons were not learned, and actions towards improvements were not progressed consistently.

Maintenance, and accompanying records were not consistent, for example, the baths and fire extinguishers were being serviced and marked as such, but there were slings which were odorous and had no record of checking or maintenance. Checking and maintenance are vital to maintain a safe and pleasant environment for people to live in. Care must be taken to ensure they are an accurate representation of what is happening in the home.

The service had quality assurance processes in place in relation to infection prevention and control. The processes were not being used effectively to ensure that environmental concerns and practices were identified and addressed to reduce the risk of harm to people.

The quality of staff practice was assessed through team meetings and through the recruitment and induction checks. The checks were being completed but some of the induction records showed that people were consistently not up-to-date with training. The manager must ensure that everyone is up-to-date with the essential training before they work alone, to ensure people receive a safe standard of care. The team meetings had only just been planned, with one having taken place. They were planned to cover areas such as organisational updates and development topics. If successful, they should raise the quality of staff practice.

There was an improvement plan which was a well laid out document and would benefit from inclusion of ideas from many people. Consideration should be given to how this tool is shared and encourages all people to be involved in improvement.

It was heartening that the interim manager, and also the senior management team, responded very quickly to our feedback. The provider assured us that there will be support and development for everyone to effectively implement change and improvements. We saw some aspects of quality assurance were in place to promote high standards, but they were inconsistent and not leading to consistently good care. **(See requirement 2.)**

## Requirements

1.  
By 8 September 2023 the provider must ensure that they have planned and taken action to improve the service and ensure good outcomes for people.

To do this the provider must, at a minimum:

- a) create a plan to make the improvements identified in this report
- b) ensure progress is monitored and take further action towards completion if required.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 state that:

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

2. By 6 October 2023 the provider must ensure that quality assurance and improvement processes support people to experience consistent safe care, leading to good personal outcomes.

In order to do this the provider must at a minimum:

a) ensure the day-to-day management of the service includes assessing the quality of people's care and staff practice

b) ensure all audits within the home are meaningful, timeous and accurate

c) ensure identified improvements are noted on an improvement plan and are either achieved or have a progression of goals in place with realistic timescale attached.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

## 2 - Weak

This key question was evaluated as weak. While there were some strengths there were also many instances where the quality of care was poor, showing staff did not have (or were not using) their knowledge, skills and competence.

Staff were less likely to be competent because they were not keeping up-to-date with their training. Records showed that in the latest month there were approximately 76% of staff fully trained, which meant that 24% might use out of date practice.

Not all staff had regular opportunities for a 1:1 meetings with their manager, to discuss their performance and development. This limited their opportunity for reflection and development.

Some observations of competency, for example, hand hygiene and medication were in place. It would be useful to have observation of competency in more areas such as assisting people to move safely and supporting people at mealtimes. These should be used as an opportunity for role modelling best practice and developing staff to set and maintain high standards.

Regular use of relief and agency staff led to inconsistency in people's care. Ongoing recruitment was being used to solve this problem. Until there is a permanent staff team, there needs to be visible leadership to

guide everyone regarding who they are working with and how people like to be supported.

The staff team did not demonstrate a good awareness of the standard of care people are entitled to expect. Some staff showed an attitude of not feeling accountable for their individual poor practice. This meant people were not going to benefit from thoughtful and individual support. **(See requirement 1.)**

## Requirements

1. By 6 October 2023 the provider must ensure a high standard of care by ensuring all staff have the knowledge and skills to provide competent compassionate support for all people.

To do this the provider must, at a minimum

- a) ensure staff receive training relevant to their role and their development needs.
- b) ensure regular development opportunities are undertaken, including but not limited to 1:1 meetings, role modelling and peer support
- c) support staff, individually and as a team, to develop a culture of professional responsibility and accountability for meeting the Health and Social Care Standards.

This is in order to comply with Regulation 4(1)(a), and 15 (b) 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 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).

## How good is our setting?

### 2 - Weak

This key question was evaluated as weak. People were not living in a well cared for environment. Some areas of the home smelled unpleasant. This included some people's bedrooms which smelled strongly of urine. Other areas of the home were poorly maintained. For example, woodwork was chipped and paintwork marked.

Cleaning schedules were in place, however, they were not being used to help ensure the care home and equipment were clean. Cleaning products and chemicals were not stored safely or used effectively. Personal protective equipment (PPE) and other potentially hazardous waste was not disposed of in line with good practice. Used or infected laundry was not being washed at the correct temperatures, as per infection prevention and control practice guidelines. The provider must ensure that chemicals are safely stored and that health and safety procedures are followed so that people live in a safe good quality home. **(See requirement 1.)**

## Requirements

1. By 8 September 2023, the provider must ensure that service users 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) ensure that the premises, furnishings and equipment are clean, tidy, and well- maintained at all times
- b) routinely undertake a full infection prevention and control audit and address any practice concerns promptly
- c) ensure that processes such as cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and well maintained.
- d) ensure the safe handling of used or infected laundry is always adhered to by all staff
- e) ensure that safe infection control practices are always adhered to by all staff
- f) staff practices are monitored, and staff assessed as being competent.

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

'My environment is safe and secure' (HSCS 5.17).

## How well is our care and support planned?

**2 - Weak**

This key question was evaluated as weak. Personal plans which should describe, and support people's outcomes and wishes were basic. Some plans included contradictory information which could lead to people not receiving the right support. There was limited, if any, evaluation of people's care and support and what should be changed to make people's care better.

Important documents like communication notes, and monitoring records about people's skin care were archived too quickly. This meant important information was not readily available and was lost to the support staff if they were seeking guidance.

The staff did not routinely refer to support plans, so consideration should be given to both the best method for recording and storing information and also for making it easily available for everyday use. **(See requirement 1.)**

## Requirements

1. By 6 October 2023 the provider must ensure that there is quality care planning in place, to ensure an individual and high standard of care for everyone.

To do this the provider must, at a minimum:

- a) audit and update care plans to ensure they are accurate throughout and reflective of the support required
- b) ensure all staff can easily access vital information to ensure good outcomes for people
- c) analyse findings from incidents or reviews to understand the failures and rectify them to ensure there is no recurrence.

This is to comply with Regulations 4 (1) (a) 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 state that:

'My environment is safe and secure' (HSCS 5.17).

## 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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