

# Allachburn Care Home Service

5 Low Road  
Tarland  
Aboyne  
AB34 5GW

Telephone: 01339 267 762

**Type of inspection:**  
Unannounced

**Completed on:**  
21 July 2023

**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2003000301

## About the service

Allachburn is a care home registered to provide a care service to a maximum of 30 older adults. In addition there is a variation to the registration of Allachburn to provide a care service for up to 60 people who live in the Huntly Care Home (formerly Balhousie Huntly). At the time of our inspection there were 29 people living in Allachburn and 36 people living in the Huntly Care Home. The provider is Aberdeenshire Council.

Allachburn Care Home is a purpose-built, single storey building set in its own grounds in a quiet area near Aboyne town centre. The home is divided into three wings and a range of shared dining and lounge areas. All bedrooms are single rooms and the home has a number of shared bathrooms and toilets. There was easy access to safe and appealing outdoor areas.

The Huntly Care Home is a purpose-built two storey building in the town of Huntly. The home has four wings with their own dining and lounge areas. All bedrooms are single rooms and have en suite shower and toilet facilities. People can access the enclosed courtyard garden from the cafe area.

## About the inspection

This was an unannounced inspection which took place on 17 and 18 July 2023 in the Allachburn care home and then 19 and 20 July 2023 in the Huntly care home. 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 people using the service and members of their family in both care homes.
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

## Key messages

### Allachburn

- People appeared well cared for.
- Staff took the time to speak with people.
- There was a good standard of activities and people enjoyed meaningful days.
- People frequently accessed the outdoors, spending time in the local community and in the gardens.
- The inclusion of community groups in the home needs to be discussed and agreed with people.
- Links with allied professionals were very good. Referrals were made appropriately.
- People were seen as experts in their own health.
- People received kind and compassionate care, however, improvements are needed to end of life care planning.
- The leadership in the care home was stable and had good oversight of standards.
- Staff were seen to be kind and caring.
- The care home was homely and comfortable.
- Care plans were detailed and person-centred.

### The Huntly Care Home

- People had been helped to look their best.
- Improvements had been made to the laundry and the care of people's clothes.
- Friendships had formed in the home and this helped people pass their time chatting with friends.
- Activities were person-centred and this contributed to improvements to people's wellbeing.
- The cafe area was a well used and popular social area.
- The leadership had good oversight of the service and were improvement focused.
- The staff team worked well together and staff morale was good.
- The home was clean and odour free.
- People enjoyed the use of comfortable well furnished lounges and social areas.
- Care plans needed to be more detailed.
- The recording of relative communications needed to be better documented.

## 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?	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?

## 4 - Good

We evaluated this key question as good. 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.

**Allachburn**

People appeared very well cared for. Staff knew people and this helped people receive the care and support that helped them look their best. People said that care was unrushed and staff were attentive to helping them retain their individuality in how they dressed.

Staff were busy, however, always had time to stop and chat with people. These interactions resulted in many positive experiences. People referred to the staff as 'wonderful'. It was clear that positive relationships had formed.

The service demonstrated good understanding in looking at ways that they could continue to accommodate one person to continue to live in the home. This insight and willingness to 'do what was needed' to ensure continuity of this person's care demonstrated respectful and compassionate care.

People had access to buzzers, and these were consistently responded to promptly. Staff engaged with the person when answering and time was taken to establish what the person wanted. This contributed to people getting the care they needed when they wanted.

The respect and kindness shown to people was also shown to visitors. Relatives spoke about the kindness of the staff and how they were always made to feel welcome. They said 'it was like being part of a family'.

The hairdressing salon was not a welcoming and comfortable place for people to use. Staff responded to our concerns, however, it is important that staff continue to look at people's experiences and not to accept things as it is. It is important for staff to continuously review all aspects of the quality of the service they provide.

People were supported to access the local community and resources. Staff understood the importance of helping people remain connected and with continuing to contribute. This helped people feel valued.

The gardens had been developed to a very good standard. Effort had been taken to make the gardens interesting and stimulating areas. Everyone spoke positively about time spent outdoors and said their lives were enriched as a result.

People were very relaxed in the home, and many said they 'felt at home'. People chose how they wanted to spend their time and were supported to access things to help them pass their time how they wanted. For example, one person was set up with canvases and paint and one person was reading their book in a quiet corner. People led enriched and meaningful lives.

Each wing had an additional small lounge. One lounge was being used regularly by a community group. There were proposals being considered to introduce more community services/groups. The provider needs to ensure that people are informed and consulted with these proposals. It is important for people to be

aware of what is happening in their home. Consideration must be given to accessing these areas. An increase of people entering and leaving the home from the front door may unsettle some people and increase the risks to some people who are at risk if they leave the home unsupported.

The service was well supported by allied professionals. When people's health needs changed, referrals for additional input were completed appropriately. This meant that people received the right care and treatment to help keep them well.

One person recognised the signs of a deterioration in her own wellbeing and staff acted promptly and summoned medical input. The staff's reaction prevented a deterioration in this person's health by recognising them as an expert.

Most care plans were detailed and reflective of the person's care and support needs. This helped inform staff on how best to care for people. Improvements are needed to end of life care planning. When people's health had declined and they needed end of life care, their plans were not reflective of their changed needs. Staff were kind and compassionate, however, it is important for care plans to be detailed on how to keep people comfortable and how to prevent avoidable additional health complications, for example, skin deterioration. **(See area for improvement 1.)**

People were encouraged and supported to remain mobile. Walking aids were always available and people chose when and where to go for a walk. The use of wheelchairs meant people were appropriately and safely transferred from area to area. Staff recognised the connection to keeping people well by supporting them to mobilise.

Some people were at risk of harm if they left the building unsupported. Herbert protocols were in place, these are used to inform agencies in the event of someone leaving the home unsupported. However, staff need to ensure that protocols completed sometime previously are updated to ensure that they reflect how the person looks now.

Medication management was very good. In particular was the practice of having topical medication prescribed on a separate record sheet and placed in the person's room. This meant that staff applying the creams could use the prescribing record as part of the checking process prior to application.

## The Huntly Care Home

People looked very well. It was evident that staff had helped people with their personal grooming to a very good standard. This helped people look their best.

Improvements had been made with the care of people's laundry and this had resulted in a big reduction in lost items of clothing and people being given other people's clothes. This improvement had been positively received by people and their relatives.

People spoke positively about the staff. They said that staff now had the time to speak with them. We observed staff take every opportunity to sit down and converse with people. Staff told us this had enriched their working day. The impact of these interactions was noticeable, with laughter being heard throughout the home.

Buzzers were answered promptly, and people said usually they got the care they needed at the right time. However, they said on occasion they had to wait 'but not too long'. The attentiveness of the staff

contributed to the high levels of satisfaction people had.

Staff were in the process of completing 'this is me' booklets. This would contain information of people's preferences and help inform the care and support plans. This will ensure that people's care and support is what they want and need. However, where preferences are already known, for example, the preference to male/female carers, this should be respected and acted upon.

There was a bustle about the home. People were visible and mobilised freely around the shared spaces. The number of people who were in bedrooms had reduced and this helped more people to form positive relationships.

Staff had time to spend with people to help them pass their time doing something that was of interest to them. There were still group activities, however, there was an improved focus on individuals and what they wanted to do to pass their time. This contributed to positive experiences for more people.

Some people needed more care and attention to help them get the most out of life. Staff demonstrated good insight into ensuring that the social activities were person-centred and right for people. This resulted in improved physical and emotional health.

The cafe area was busy with people coming and going. It was a good place for people to meet up and enjoy a conversation with friends. Staff had created a warm and welcoming community feel within the home. This helped people feel included and valued and helped people pass time chatting with friends. Relatives and visitors told us that they used the cafe frequently and enjoyed the feel of 'taking their loved one out for a fly cup'.

People were supported out for walks in the local community. This meant that people were visible and felt included in the town. Staff recognised the importance of people accessing the outdoors and how this impacted positively on people's health.

Input from allied professionals was sought appropriately. Staff showed understanding in their responsibility in making timely referrals when people's needs had changed. This helped people keep physically and emotionally well.

Nurses had introduced a clinical overview board. This highlighted, for example, who had a wound, needed blood sugars monitored, dates for catheter changes. This had improved how people's clinical needs were cared for and ensured that they remained well by getting these needs supported appropriately.

Wound care was very good. There were clear treatment plans in place, and this had helped an improving picture in people's skin health. When a risk to skin integrity was identified, appropriate actions were taken to help prevent the deterioration of people's skin.

Staff showed a commitment to supporting people to remain well. One person had a long-standing health concern that impacted on the quality of their day. Staff explored every avenue to try and improve the person's outcomes. This commitment to getting it right for people, is what everyone would experience if needed.

Communication with relatives had improved and this had increased confidence. These conversations needed to be recorded better and easier to access. It is important for staff to have access to this information, especially when changes have been agreed.

People were very positive about the quality of the meals. They said the food was tasty and there was plenty of choice. The availability of snacks and drinks meant that some people helped themselves when they wanted. We saw the positive impact this had.

The care and support for people living with dementia was very good. Staff had good understanding of factors which may contribute to heightened stress and distress. This meant that strategies to prevent distress or to defuse any distress were evident. Medication was being used as a very last resort. This contributed to people living very well with dementia.

Medication practices were safe. Prescription records were clear and completed appropriately. Protocols to help inform staff decision making when administering as required medications, were detailed. This would help ensure that people received these medications appropriately.

## Areas for improvement

1. Improvements should be made to end of life care planning to ensure that the plan details how to keep the person comfortable and prevent complications from occurring.

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

## How good is our leadership?

4 - Good

We evaluated this key question as good. 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

### Allachburn

The leadership team were accessible and approachable, to staff, people, and their loved ones. People told us, "The manager is always going about" and "There is an open-door policy, I feel reassured."

People told us they had confidence in the staff and leadership team. Comments such as "The manager has made lots of improvements" and "I can talk to her about anything".

People felt well-informed, and their views were considered at regular feedback sessions. Comments such as, "Communication is good and "I am always well informed" were shared. This meant people had the right information to make informed decisions.

People we spoke with told us they were confident any concern they raised would be dealt with appropriately. The service regularly actioned requests from people, staff and family members. For example, recent feedback regarding the dining experience was sought and acted on. This meant improvements were based on people's choices and wishes.

There were good processes and systems in place to help evaluate performance and identify areas for improvement. However, some audits were not as effective as they could have been. For example, the broken



dishwasher had not been picked up in the manager's daily walk around. It is important that quality assurance systems are used effectively to identify actions, and to ensure that improvements are made when required.

There were regular staff practice observations undertaken by the leadership team and external professionals such as district nurses. People living in the home benefitted from a competent and well-managed staff group.

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.

This service was led well. People were supported in a way that recognised and respected their rights, wishes, and needs.

### The Huntly Care Home

People we spoke to told us they had complete confidence in the staff and management team. They felt well informed about any changes and improvement plans within the service and their views were considered at regular meetings. One relative shared "there have been improvements in all aspects, we are happy" and another shared "the improvements are significant."

People living in the home benefitted from a competent and well-managed staff group. Staff were skilled and knowledgeable and there were high levels of satisfaction from people experiencing care. One person shared, "The staff are excellent" and another shared "I can't fault the staff they are very good."

There were no formal staff practice observations being carried out. These are important to ensure any areas for improvement are identified and practice remains safe. However, this had been identified by the leadership and was detailed within the service improvement plan.

The service actioned requests from people, staff and family members. For example, a recent survey highlighted telephone calls weren't being answered promptly. The leadership acted on this and implemented an improved call system. This meant communication was better. The service was responsive to concerns that were raised.

There were good processes and systems in place to help evaluate performance and identify areas for improvement. These systems provided good oversight for the leadership team and this was communicated to staff. This meant that staff were aware of the areas that required changing.

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.

This service was led well. People were supported in a way that recognised and respected their rights, wishes, and needs.

**How good is our staff team?**

**4 - Good**

We evaluated this key question as good. 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.

## Allachburn

The right number of staff with the right skills and knowledge were working to meet people's needs.

This was reflected in the calm and supportive atmosphere within the service. We received feedback, such as "There's a real homely feel" and "It's a lovely place to be."

People were not rushed, and staff had time to build positive relationships. Staff knew people well and this helped people feel relaxed and valued.

There was effective communication between staff. Staff told us they felt well-informed and that the daily handover was an opportunity to discuss how to improve outcomes for people. Staff shared "I feel my experience is valued" and "If I make suggestions, people listen to me."

There was a positive working culture and staff respected each other. It was evident they worked well as a team. All staff felt equal, and their roles respected. This helped create a family feel to the home promoting feelings of belonging. One person shared "The staff feel more like family."

People told us there was consistency and stability in how their care and support was delivered. For example, we were told "The staff know me very well" and "I have a great relationship with staff". This supported people to feel secure and meet their individual outcomes.

We were confident staff had access to appropriate training and supervision to support and develop their skills. Regular supervision was used constructively. People benefitted from a competent and well-managed staff group.

## The Huntly Care Home

The right number of staff with the right skills and knowledge were working to meet people's needs.

This was reflected in the calm and supportive atmosphere within the service. We received feedback, such as "The home is calm and there's many more staff available" and "There's not the manic feeling anymore." People looked well cared for and appeared happy.

People we spoke to told us, "The staff are brilliant" and "The staff are kind." We observed supportive and warm interactions between staff and people. This helped people feel at ease.

People were not rushed, and staff had time to build positive relationships. Staff knew people well and this helped people feel valued.

Staffing arrangements allowed for more than basic care needs to be met and people were supported to get the most out of life. We saw staff had time to provide care and engage in meaningful conversations and interactions with people. One person told us, "The staff are lovely; we have great chats."

There were no formal arrangements for staff supervision. However, staff told us they felt well supported

and the leadership team plans to introduce a supervision planner. This will support staff to have ongoing supervision to support their professional development.

The leadership team were supportive and available to everyone. Staff comments such as, "I love coming to my work" and "There's a great culture here," demonstrated the team worked well together. This supported staff to be responsive to the needs of people and helped meet individual outcomes.

## How good is our setting?

## 4 - Good

We evaluated this key question as good. 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.

### Allachburn

The care home was very comfortable and homely. The large open lounge was well furnished and thought had been put into the positioning of furniture. This helped people to sit with friends and enjoy a chat.

There were many areas that had been created that enabled people a choice of where to sit. A quiet area to read, another area that enabled art and crafts. This choice of area had enriched people's lives because it meant they could vary how they spent their day.

There was easy access to the lovely gardens and people told us that they enjoyed time outside. Care had been taken to ensure that seats were positioned to ensure that people could view the gardens. One person said that when the weather was bad, they could still sit and look out at the flowers. They found this very relaxing.

Bedrooms were personalised to a very good standard. This made bedrooms homely and cosy. One person had their own coffee machine and kettle. It was important for them to be able to 'put the kettle on' when they had visitors.

Staff had ensured that people who preferred privacy and to spend time in their own rooms, had everything that they would need close at hand. This meant that they wouldn't be disturbed.

Each wing had toilet facilities. There were some bus stop signs which indicated the location of the toilets. This helped people to locate these facilities independently.

There were insufficient shower facilities in the service. However, the provider had added this to the environmental action plan. We will follow-up during our next inspection if this has been actioned.

The service reacted during our inspection to the hairdressing facilities and ensured that equipment was cleared out. However, there needs to be continual reviewing and assessing of the environment and the condition of the environment to ensure that the facilities are appropriate and enhance people's lives.

### The Huntly Care Home

The home was clean and odour free. Domestic staff were visible, and they said that the number of domestics was consistently good. This meant that the standard of cleanliness remained consistently good.

People's bedrooms were comfortable. Fitted furnishings limited the ability to arrange bedrooms to individual taste and preference. People had been supported to personalise their room with items from home. This helped bring warmth and comfort to their bedrooms.

Each wing had their own lounge and dining room. Lounge areas were comfortable with good quality furnishings. Chairs were arranged in groups to help encourage people to converse with each other.

The floor spaces within the home were clear of clutter and trip hazards. This helped support people to mobilise safely around the home.

Televisions and radios were on, however, the volume was not loud and intrusive. This helped support people to converse with each other and we felt, ensured that people living with dementia could enjoy time in these social areas. Excessive noise can be a contributing factor to increased stress and distress.

The dining areas had been enhanced with table settings and tablecloths. This created a cafe relaxed feel to the dining experience. When the meal was over, some people chose to remain at the dining tables to carry on chatting and to have a cup of tea/coffee. The enhancing of the dining tables had created a social space and not just an eating space.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good. 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

### Allachburn

Care plans were detailed and person-centred. They helped inform staff on how best to care for and support people. Plans also detailed people's choices. This would help ensure the care and support delivered was what people wanted.

When a review of people's needs was completed by health professionals, care plans were updated with any prescribed changes. This meant that people's care was safe and reflective of their current need.

People who required additional monitoring, for example, fluid intake, food intake, had the appropriate monitoring record in place. These were completed appropriately and were used to identify when additional support was needed. For example, if someone's fluid intake was low, this would inform staff to provide additional support to increase intake the next day. This was responsive care.

Care reviews were completed regularly. These were documented clearly, and any agreed changes were used to inform the care plans. This meant that plans recorded the up-to-date preferences of people.

Herbert protocols need to be up-to-date to reflect the current appearance of the person. **(See key question 1 'How well do we support people's wellbeing?')**.

Improvements are needed to end of life care planning to ensure that they inform staff of how best to support someone who is receiving end of life care. **(See key question 1 'How well do we support people's wellbeing?')**.

## The Huntly Care Home

Care plans were in place that helped inform staff on how best to support people with their care and support needs. These needed expanded. The management team had a programme of care plan improvements in place to ensure that care plans were more detailed. We will follow this up at our next inspection to assess progress with this.

When a risk to people's health and safety had been identified, there was a risk assessment in place. These helped reduce the risks to people.

People who required enhanced support such as 1-2-1 care, had detailed social wellbeing plans in place. These were very detailed and ensured that the staff who were providing the enhanced support would know how best to support the person spend meaningful days. This resulted in improved outcomes due to positive experiences and reduced stress and distress.

The recording of relative communication needs to be developed to ensure that it is easy to find and readily available. Many of these conversations contained agreed changes and it is important for these records to be accessible.

Care reviews took place regularly, however, the management team should review the flexibility of these. It may be beneficial for some reviews to occur more frequently. This could reduce some anxiety and maintain confidence.

## 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	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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.