

Badenscoth House Care Home Service

Badenscoth House
Rothienorman
Inverurie
AB51 8XR

Telephone: 01651 821 408

Type of inspection:
Unannounced

Completed on:
6 October 2023

Service provided by:
Judith Mary Munro, Bruce John Munro
& Emily Barbara Munro a partnership

Service provider number:
SP2017013004

Service no:
CS2017361348

About the service

Badenscoth House is a large converted two-storey house, situated just outside the rural village of Rothienorman in Aberdeenshire.

The care home has been extended and upgraded in previous years. People have a choice of comfortable sitting rooms, conservatories and dining areas. Access to the enclosed gardens can be made from a number of doors. All bedrooms are for single occupancy.

The service is registered to provide nursing care for up to 26 people. There were 26 people living in the home at the time of our inspection.

The provider is Judith Mary Munro, Bruce John Munro & Emily Barbara Munro a partnership.

The Philosophy of Care is:

- Residents will be cared for with dignity and respect ensuring attention to private needs at all times.
- Care given, will be tailored to meet the individual needs and choices of residents.
- Practice will always be in the interest of the resident and be competent, safe and continually evaluated.
- All nursing care will be planned for the individual resident ensuring excellent communication, continuity and collaboration.
- A homely, friendly atmosphere with provision of companionship should be maintained to enhance the residents' quality of life.
- To promote well-being through stimulation and maintenance of physical and mental activity.
- To encourage independence and to have all remaining abilities supported.
- To maintain comfortable, clean and warm environment.
- To provide a wholesome, nutritious diet to suit individual resident needs.
- Residents' rights should be considered at all times and a strict code of confidentiality observed.

About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 October 2023. The inspection was carried out by one inspector 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 one of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were very relaxed and comfortable in their surroundings.
- Staff had supported people with their washing and dressing needs to a good standard. This helped people to look their best.
- Staff were visible and attentive to people's care and support needs.
- People should be supported to make more of their own choices and to retain skills.
- Improvements are needed to care planning, daily record keeping and wound care documentation.
- Accident and incident recording and record keeping needed to improve.
- Staff must be responsive to the changing health and care needs of people to help ensure they get the care and support they need to help keep them well.
- Improvements are needed to the oversight of the quality of the care and support people experience.
- Managers need to respond and report appropriately to critical events.

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?	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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People were very relaxed and comfortable in their surroundings. People expressed contentment with the quality of their lives and spoke about Badenscoth being 'their hoose'. Staff had supported people to personalise their bedrooms and this had enhanced the warm, welcoming and homely environment.

People had been supported to a good standard with their appearance. Staff ensured that people were assisted with their washing and dressing needs to ensure that people looked their best. This helped people feel comfortable and retain a sense of individuality.

Staff were visible and on hand to support people. This meant that people did not have to wait for their care and support needs to be attended to. People said staff were attentive and 'nothing was ever a bother'.

When equipment was used to help people move, staff were aware of the anxiety this procedure may have. Staff took time to explain and reassure people to ensure that they were comfortable and relaxed. This demonstrated kind and respectful care.

People living with dementia were supported to live well in the home, however, some of the terminology used in care plans and other documents was not appropriate. Some of the entries were not dignified and respectful. Staff should review documentation to ensure that care plans and records have appropriate language and terminology.

Meaningful engagement and conversations were evident. People knew the staff, and this had contributed to positive and trusting relationships forming. Staff had the time and, took every opportunity to sit and chat with people. In addition, friendships had formed between people, and these had greatly enhanced people's lives. Some people spoke about the companionship that they enjoyed and how this enriched their day.

The service employed a number of activities staff. This meant that a full and varied activities programme was available. Most people we spoke with said their day went quickly and they always found something to do. A few people preferred their privacy, and this was known and respected by staff. Staff recognised the importance for people to pass their day meaningfully and in a way that suited them.

Some people had taken part in activities that involved household tasks. For example, folding the towels, peeling the vegetables. This was enjoyed by people and made them feel useful and included. We felt that there were missed opportunities to expanding these types of activities that would mean the inclusion of more people.

Staff were very kind, however, there was a tendency to 'do for people' rather than support people to do as much for themselves as they could. For example, drinks and snacks were not accessible to people. Make these items more available would mean that people have the opportunity to help themselves. Activity items were provided rather than people having the ability to make their own choices. Improvements are needed to the enablement of people, to help ensure that people retain skills, abilities and to help people make their own choices. **(See area for improvement 1.)**

People were very positive about the quality of the meals provided. What people wanted to eat, informed the menu. This meant that people were provided with meals that they wanted and enjoyed.

Improvements are needed to the management of wounds. Treatment plans were not clear. This meant that it was not clear why the type of dressing was being used and the frequency of dressing changes. There were no ongoing assessments of the condition of the wound, and this made it difficult to assess any improvement or deterioration of wounds. Photographs of wounds were not taken regularly, and many were of poor quality. This would make it difficult to assess changes to wounds. Improvements should be made to wound care documentation to ensure that treatment is informed by the condition of the wound. **(See area for improvement 2).**

Daily records contained the care and support delivered to people. We found that these records contained entries predominantly from care staff. When changes to someone's health or when nursing intervention was needed, this was recorded in a handover record. This meant that the daily notes did not provide an accurate record of people's experiences. **(See area for improvement 3.)**

One-page profiles had been introduced and these gave a clear picture of who the person was. People's preferences and their social and family histories were captured in detail. The profiles should help inform activities and meaning engagement.

Care plans need to be developed to reflect people's current needs and risks. Plans were not updated to reflect when there were changes to people's care and support needs. This meant that staff would have inaccurate information to inform decision making. Improvements should be made to care planning and supporting documents to ensure that they are person-centred and reflect the current needs of people. **(See area for improvement 4.)**

The document used to record accidents and incidents did not enable sufficient details to be recorded. This meant that important information that would indicate trends and risk factors, were not captured. **(See requirement 1 in How good is our leadership?)**

The management and reporting of critical incidents must improve. Serious incidents had occurred that had not been reported to the relevant authorities. This meant that the specialist input and support was not available to help minimise the risk of re-occurrence and to help staff learn lessons from the event. **(See requirement 1 in How good is our leadership?).**

Improvements must be made to how staff respond to the changing needs of people. For example: one person's ability to swallow had further deteriorated, meaning they were frequently choking on saliva. Staff should have sought additional input and support from SALT (speech and language therapist). This would have reduced the risk of this person choking. One person's bowel management needs had changed. However, specialist input had not been sought. We found that the care and support they were receiving, was not dignified or in line with best practice. This impacted on their dignity, comfort and meant that their need was not being met appropriately. The service must ensure that staff are responsive to people's needs and when changes to people's health and wellbeing occur, referral to the relevant supporting professional is completed. **(See requirement 1.)**

Requirements

1. By 14 December 2023, you must ensure that when people's health and wellbeing needs change, that they receive the care and support that is right for them. In order to do this you must:

- a) ensure that a referral to the relevant health professional is undertaken
- b) staff must ensure that recommendations from health professionals is used to inform care plans and risk assessments
- c) ensure that how staff care and support people is informed by the up-to-date care plans and risk assessments
- d) staff practices, when supporting people with changing needs, should always be in line with best practice and advice sought if there is any staff uncertainty.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service 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 state that:

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. Improvements should be made to how people are supported to make their own choices and to remain as independent as possible.

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

'I get the most out of life because the people and the organisation that support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and

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

2. Improvements should be made to wound care documentation to ensure that wound treatment plans are clear, and that ongoing wound assessments clearly document any changes to the wound.

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); and

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

3. Improvements should be made to the daily records completed by staff to ensure that all staff have access and document how they have supported people with their care and support needs. The daily records should be available and used by care and nursing staff.

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); and

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

4. Improvements should be made to care planning. This should involve reviewing the layout of care plans and the pre-population of sections in the care plans and, that the plans are updated when the needs of people have changed.

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); and

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

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The quality assurance and oversight in the home, were not well led. This resulted in outcomes, risk factors and clinical aspects of care, not informing change and improvement.

Falls and accidents were seen as isolated events and this meant that there was no analysis of contributing factors. This would help inform change to reduce the risk of reoccurrence of fall or accident.

Serious incidents had occurred in the service and these were not reported appropriately. This meant that agencies who would have been able to support the service were not involved. This failure increased the risk of lessons not being learnt and the re-occurrence of the incident. **(See requirement 1.)**

Some quality assurance had taken place, however, when deficits had been identified, these did not then inform change and improvement. This meant that the audits undertaken were ineffective and people continued to experience the same standards. **(See requirement 2.)**

The service improvement plan was not outcome focused and was not linked to any audit or identified deficit. This meant that the quality of the service provision and the experiences of people, would remain static.

Essential maintenance checks were not routinely being completed. These checks are important to ensure that the home is safe and, that equipment is safe to use. The required improvement of managers oversight

through quality assurance, should include the oversight of maintenance checks. This will ensure compliance and an assessment of checks undertaken to ensure they meet the needs of the service.

The service was not responsive or at times reactive to events. This meant that the service was static. The quality of the basic care needs that people experienced was good, there were concerns with decision making in regards to some clinical aspects of care. Leaders lacked insight into their role and responsibility in ensuring that the care and support people experienced was responsive, appropriate and necessary. **(See area for improvement 1.)**

Requirements

1. By 14 December 2023, you must ensure that the management oversight has improved. In particular, you must:

- a) put in place robust quality assurance systems, to ensure that areas of improvement are identified
- b) ensure that an appropriate action plan is put in place, together with a system to ensure that the action plan is implemented, where an area for improvement has been identified
- c) provide evidence that actions taken are being monitored and have supported improved outcomes for people.

This is in order to comply with regulation 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:

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

2. By 14 December 2023, you must ensure that when an event occurs that causes injury or harm to people, or that has the potential to injure or harm, is reported to the relevant professionals. This is to ensure that people will receive the necessary support from specialist.

This is in order to comply with regulation 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 care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

Areas for improvement

1. Leaders should complete roles and responsibility training to help improve decision making.

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).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
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	3 - Adequate

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

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