

Badenscoth House Nursing Home Care Home Service

Badenscoth House Nursing Home
Rothienorman
Inverurie
AB51 8XR

Telephone: 01651821408

Type of inspection:
Unannounced

Completed on:
19 November 2025

Service provided by:
Mishma care Ltd

Service provider number:
SP2023000667

Service no:
CS2025000125

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 twenty-six people. There were twenty-six people living in the home at the time of our inspection.

The provider is Mishma Care Ltd.

About the inspection

This was an unannounced type one inspection which took place on 11, 12, 14 November 2025. 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 thirteen people using the service and four of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were very happy with the quality of their lives in Badenscoth.
- The home was active in the local community and people were being supported to remain connected and visible in the community.
- People were very positive about the quality and variety of their meals.
- Managers were visible in the service.
- People said that communication was good and there was confidence that any concern they had, would be addressed.
- There were sufficient staff to ensure that people got the care and supported they needed when they wanted it.
- The induction of new staff needed to be developed.
- Managers had an overview of planned supervisions and appraisals.
- The home was clean and odour free.
- Some shared areas would benefit from decluttering to help improve useable space.
- Electronic care notes were in place and there is ongoing familiarising with this system.

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

People had received the right care and support with their washing, dressing and grooming needs. This ensured they looked their best. People were in the right place to experience the care and support they needed and wanted.

Staff were visible and available. This meant that people did not have to wait for assistance. People were very positive about the staff. They said staff were 'affa fine folk', 'caring' and 'very kind'. The low turnover of staff meant that they knew people and it was clear that positive relationships had formed. This resulted in many meaningful conversations and laughter.

The activities staff supported people to pass their time. However, more could be done to develop the activities programme to provide more variety and for the planned activities to be informed by people's preferences. This will ensure that people can pass their time doing something that they are interested in.

The home was active and visible in the community. Although it was set in a rural location, people were supported to attend events in the local villages. It was positive that local people were invited to occasions and events in the home. People were being supported to remain connected and visible in their local community.

The use of technology was being explored, with the menu and activity of the day available on a screen. The provider was eager to introduce more technology. This should include people who had an interest. People should be recognised as experts with their skills and knowledge valued.

People's inclusion with decision making should be developed. For example, in establishing activity and menu planning. When changes to the home are planned, people should be consulted and involved in the decision making. This will recognise their expertise and input and ensure that changes are reflective of what they want. (See area for improvement 1.)

People were positive about the meals. They praised the quality, variety and taste of meals. Some people enjoyed a very social experience during mealtimes, however, the availability of tables with appropriate seating meant that some people missed out on sitting with friends. The providers change to the use of rooms, and making a staff room available, will provide more options for people to use for dining.

There was a wide range of snacks and drinks available for people to help themselves to. People were very positive about 'helping themselves to a treat'.

There was good oversight of people's healthcare needs. This meant that staff could provide the care, support and treatment needed to help keep people healthy.

The number of falls was low. When people were identified as being at risk of falls, the appropriate actions were taken to reduce the risks. This helped reduce the risk of injuries. People who used walking aids to help them mobilise had these within reach. This meant that they were not restricted when they wanted to move around the home.

Improvements are needed to supporting people to live well with dementia. Two relatives said that staff needed better understanding of people's presentation and how dementia impacted on this. When an incident of distress occurred, the information recorded was scant. There was no clear detailed record of what led up to the distress and the exploring of possible triggers for the changes to behaviour. This would make it difficult to develop strategies to support people in distress or to minimise it occurring. (See area for improvement 2.)

Areas for improvement

1. The service should develop how people are supported to participate and be included in decision making about home life. This will ensure that people are recognised as experts and valuable contributors to planned changes.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9).

2. The service should develop staffs understanding of dementia care and how to help support people to live consistently well with dementia.

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).

How good is our leadership?

4 – Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

The managers and business support office had been moved into the main building. This meant that managers were more visible and accessible to people in the service.

Managers had planned to hold various meetings in the service. People said that it had been a considerable time since the last meeting. It would be beneficial for a timetable of meetings to be compiled for meetings to occur at regular intervals. Meetings are a good platform to enable people to have their say and contribute to the service provision.

Daily huddle meetings took place, and this enabled staff and managers to discuss any changes to people's health and wellbeing. This ensured that managers were able to support staff in their decision making about seeking medical or specialist input for people.

A wide range of audits were completed, however, some of these needed to be developed to ensure they were linked into the experiences of people. For example, the wound care document was a tick list of checking documentation was in place. This was a missed opportunity to assess the setting of specialist mattresses and cushions and to check that creams and ointments were being applied as prescribed.

The health and safety audit was completed by walking round the home; however, it failed to identify some risks that were a hazard to people. For example, trailing wires and buzzers not being accessible in some bedrooms.

The environment audit resulted in a clear record of areas of the home that needed improved. However, this needed to be expanded to include the actions needed to make the improvement and a realistic timeframe for completion. As a result, this will make the improvements easier to organise and manage.

Managers had begun to make improvements to the quality assurance systems during our inspection, and we will look at the progress made at our next inspection.

There was a good complaint management system in place. Relatives said that the improved visibility of managers made it easier for them to raise any concern they had. Relatives were confident that their concern would be dealt with appropriately.

The role of the shift leaders should be developed. We felt that there should have been more visibility of the shift leaders in the home. This would ensure that they were overseeing and contributing to the quality of people's experiences and in their care and support.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Staff were visible in all areas of the home. Buzzers were answered promptly and people said usually they did not have to wait for assistance. There appeared to be sufficient staff on duty. This meant that staff were available to assist people when it was needed.

Staff said they felt supported by managers. They were positive about their work and referred to it as being 'one big family'. Staff meetings were planned and staff said these were beneficial in keeping them up-to-date with any planned changes in the service. Managers should ensure that staff are given the opportunity to have their say at meetings. This will demonstrate that the staff's input is valued and wanted.

There were good recruitment practices in place. However, questions asked at interview should be developed with scenario-based questions included. This will enable an assessment of the candidate's knowledge and skills and their understanding of the role. Managers could use this information to assess the suitability of the candidate and if they would fit into the team and help to maintain the provider's expected standards.

The induction process for new staff should be improved. This was a simple tick box and did not include the knowledge, learnings and skills that the staff member needed to complete in their induction period. It is important that a clear recruitment process is in place, to ensure that any additional training and support is identified and that when staff are signed off their induction, they have been equipped to fulfil their expected role. (See area for improvement 1.)

Some staff said there was a lack of supervision and appraisals. Managers had a plan in place for supervisions to start, however, this showed that one person was to complete all of the supervisions. Consideration should be given to the delegation of supervisions to leaders and heads of departments. This

will make the completion of supervisions more achievable and recognise the abilities and skills of the staff given the role of supervisors.

Staff had mandatory training to complete to a specific timeframe. Managers had a good overview of the completed training, and this enabled them to speak with staff who had not completed the required training. Managers should ensure that ancillary staff also complete moving and handling training. As part of their role, they move objects and are relied upon to move people in the event of an unexpected event. It is important for all staff to have the necessary skills and knowledge to help move people safely.

Observations of staff practice was taking place. This helped managers identify staff compliance with safe medication practices and adherence to the expected infection prevention control standards (IPC). When deficits in practice were identified, these were discussed with the staff member. This enabled the staff member to improve their practice. Managers were committed to maintaining good standards of medication management and IPC.

Areas for improvement

1. Improvements should be made to the induction process to ensure that staff are fully equipped to fulfil their role and to ensure that there is consistency in the care provision. In order to do this, you should;

- a) identify a timeframe for the completion of the induction process
- b) include the mandatory training that needs completed during the induction period and the expected timeframe for completion
- c) ensure that mentors are able to record progress of the staff member's induction and record any areas of practice and learning that needs further input
- d) ensure that staff are able to reflect on their learnings throughout their induction period.

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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

People lived in a home that was clean and odour free. There were enough domestic staff on duty to ensure that consistently good standards of cleanliness were maintained. People praised the cleanliness standards. Staff should reconsider the use of aerosol air fresheners because of the irritation this causes to people living with respiratory illnesses.

People's bedrooms were personalised to a good standard. Care had been taken to ensure that pictures, in particular photographs, were positioned in a place where they could be easily seen. This was a great comfort to some people. Staff had supported people to create warm, welcoming and homely bedrooms. This helped people feel relaxed and at home.

Space in some areas of the home was limited, and this was impacted by unnecessary clutter. Staff should

reorganise and declutter to make the best of the available space and this will help people independently access activity items.

The clinical room was cluttered and untidy. This made it difficult to ensure it was kept clean to the appropriate standard and made it challenging for staff to source the clinical equipment and documentation that they needed. It was positive that improvement works to this room was started during our inspection.

The provider had provided a designated staff area for staff to use for breaks and meetings. This meant that there was no longer shared use of resident spaces, for example, the conservatories. This gave people more choices of where to spend their time.

The provider was committed to upgrades of the environment. People were kept up-to-date with the improvements already completed. Families stated that the home appeared 'tired' and they were glad that the provider had recognised this and had a plan to upgrade. People's input should be sought when upgrades are being considered. It is important that people have their say when changes are planned for their home.

A regular audit of the environment was completed. This helped identify any concerns with décor, or the fixtures and fittings. Areas of improvement then informed an action plan. It may be beneficial to prioritise improvements and set realistic goals for completion. This will help ensure that changes and upgrades are informed by need and risk. (See area for improvement 1.)

Areas for improvement

1. The service should develop a clear plan of actions for the upgrades to the environment, to ensure that priorities are identified and realistic timeframes for completion are clear. This will ensure that upgrades and changes cause minimal disruption to people's lives and ensure that the greatest need is completed first.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

The service had introduced an electronic notes system. The system supported staff to ensure that the necessary care plans and assessments were signposted for completion. Some plans needed to be developed to ensure there were sufficient details to help inform the care and support needed. Managers had introduced 'a resident of the day' system and we discussed how this would be the opportunity to review the content of care plans to ensure they are accurate and detailed.

Staff were becoming more familiar with the electronic note system. We discussed how short sessions on aspects of the system may be beneficial. This will help with staffs' knowledge and confidence in using the system.

The service should consider developing smaller abbreviated care files that contained a care summary and legal documents. This would make it easier to access these important documents in the event of failure of the IT system.

Wound treatment plans and wound assessment records were completed to a good standard. This would help inform staff of the correct dressings to use and help them monitor the ongoing progress of the condition of the wound.

Some people who were living with dementia, did not have the necessary plans and supporting documents in place. This meant that information needed to help reduce or prevent stress and distress was not available, and there was no information on how to support the person to live well with dementia. (See 'How well do we support people's wellbeing?')

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very 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

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