

# Bonnyton House Care Home

## Care Home Service

Bonnyton House  
Beechwood Avenue  
Ellon  
AB41 9DH

Telephone: 01358723427

**Type of inspection:**  
Unannounced

**Completed on:**  
5 December 2025

**Service provided by:**  
CTA Healthcare LTD

**Service provider number:**  
SP2024000934

**Service no:**  
CS2025000217

## About the service

Bonnyton House is a care home for older adults. It is a detached two-storey house in a residential area of Ellon, within easy reach of the town. The service provides a care service to a maximum of 14 people.

The service provides accommodation over two floors in single bedrooms, 10 bedrooms have en suite toilet facilities, all bedrooms have access to their own wash hand basin. There are shared bathing facilities on both floors. There is a spacious, comfortable communal lounge, large conservatory and dining room.

Landscaped gardens surround the home and are easy to access from a number of doors in the service.

The provider is CTA Healthcare LTD.

## About the inspection

This was an unannounced type one inspection which took place on 28 November, 1, 3 and 4 December 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 eight people using the service and 11 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 Bonnyton House.
- People were supported to lead active and meaningful days.
- There were high levels of satisfaction with the quality of the meals.
- The standards of people's care and support was very good, however, improvements are needed to care plans and risk assessment documentation.
- Managers were visible and accessible to people and their families.
- Managers should develop the service improvement plan.
- There were sufficient staff on duty to meet the needs of people.
- Mandatory staff training was clear, however, practical moving and handling training needed to be sourced to refresh staff's knowledge and skills.
- The home was clean and odour free.
- People's bedrooms were personalised to a very good standard.
- Care plans and risk assessment documents needed to be developed.

## 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?	5 - Very 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?

5 - Very Good

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

People were very happy with the quality of their lives in Bonnyton House. They praised the staff for their kindness, warmth and compassion. Staff were available to assist people when it was needed, and people said that they did not have to wait for their care and support needs to be met. Relatives praised the staff and said that new staff had fitted in well to the team and this contributed to the consistency in care and support their loved ones received.

People had been supported to look their best. They had received the right care and support with meeting their hygiene and grooming needs. Relatives praised the care of their loved one's clothing and the care taken with their appearance. People were respected and treated with dignity and respect of their individuality.

People had formed friendships with their peers. This resulted in many people enjoying the companionship of their friends. People spent time chatting and socialising with each other and this helped them pass their time in a meaningful and happy way.

The service was supported by a 'Friends of Bonnyton Group'. This was a group of people in the local community and who had connections to the home. The friends helped keep people connected to their local community and contributed to fundraising and events in the home. People spoke very positively about how the group enriched their lives

There was a full timetable of activities, events and occasions to celebrate. There was a whole team approach to ensuring that people had full and meaningful days. The recent clothes shopping event in the home gave people the opportunity to make their own choices. The Christmas events encouraged family and the local community inclusion in home life. People said their days pass quickly because 'there was always something to do'. Two relatives said that they would like to see people access the gardens more. Staff should ensure that people are offered the opportunity to spend time in the gardens. It is important for people's wellbeing to spend time outdoors in the fresh air.

There was a relaxed and domestic feel to mealtimes. This contributed to mealtimes being social occasions. People praise the quality and variety of the meals. The cook was visible and eager to receive feedback on the meals provided. This ensured that the menu could be changed to fit in with the preferences of people.

People were supported to remain mobile. When they needed walking aids to help them mobilise, these were always within reach. This helped them choose when to move around the home. People at risk of falls had clear assessment of their risks. There were appropriate actions taken when people had fallen. A review of the causes informed changes to their care and systems in place to reduce the risks. This resulted in a reduction of falls and in the risks of injury.

There was a good system in place for medication stock control. This reduced the risks of medications running out. Medications were being provided by the pharmacy in dosette boxes. We felt that due to the restrictions in storage space, it would be challenging to have medications in original packaging. We discussed with the service the option of having secure medication cabinets in people's bedrooms as a

possible solution. This will mean that original packaging of medications could be in place.

People's continence needs were being met appropriately. The plans to have a further shared toilet downstairs will improve with availability of toilets on the ground floor.

## 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.

There was a new provider of the home with a new management team and some relatives said this had initially caused them some anxiety. However, they said that managers were visible and accessible when they visited. This had helped form trusting relationships and most relatives were confident in the management's ability to ensure the care and support of their loved one would continue to a high standard.

Most relatives said that managers were approachable and there was 'always a warm welcome'. They said communication was good and they were made aware of any changes to their loved one's health and wellbeing. This contributed to most relatives having confidence in the managers ability to address any concern. Managers should develop the recording of any concern to help them evidence that a satisfactory outcome has been reached.

Managers had good oversight of medications. Audits of people's medications occurred frequently, and this helped identify any discrepancies in medication administration. The introduction of a medication stock control sheet meant that managers had oversight of the availability of medication, and this reduced the risk of people's medications running out.

The homes environment, including fixtures, fittings and equipment was audited regularly by managers. This enabled an ongoing record of any repairs or upgrades needed. There was a commitment for people to live in a home that was well-maintained and safe.

There was good overview of the infection prevention control (IPC) measures in place. The service had made the decision not to have an in-house IPC lead. Managers said there was a collective responsibility and the whole team should contribute to maintaining the IPC standards and ensure they remain in place and keep people safe from cross infection.

Managers should develop a service improvement plan (SIP). This will help ensure that areas identified from feedback, audits or reviews are all captured in one document and will help managers to identify priorities and the necessary actions that are needed to make the improvement. The SIP will support the development of a culture of improvement that is focused on improving the service provision for people. (See area for improvement 1.)

## Areas for improvement

1. A service improvement plan should be developed to ensure that there is clear identification and then focus on making improvements to the service provision.

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).

## 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 the home. This meant that they were available to provide the care and support that people wanted and when they needed it. People said that they did not have to wait for assistance. There were sufficient staff on duty to meet the needs of people.

Some relatives said they were anxious about the initial staff turnover, however, they said that 'new staff have fitted in well'. They were happy with the staff group, and it was clear that good relations had formed between staff and relatives.

Staff spoke positively about working in the home. They were focused on supporting people to live good lives and to experience positive outcomes.

Staff had mandatory training that they needed to complete to ensure they had the skills and knowledge that helped inform their role. The good overview of completed training that managers had compiled, enabled managers to follow up any noncompliance with training.

Managers were sourcing practical moving and handling training to ensure that all staff had completed refresher training. It is important for all staff to complete theory and practical moving and handling training to ensure that people are moved safely. Managers had sourced and were introducing a medication competency. This would enable them to complete a more robust assessment of staff's management of medications.

A timetable for formal staff supervision and appraisals was in place and there was a timeframe for these to be completed. This would help managers to discuss with staff the expectations of their role, address any performance concerns and establish any additional training or support the staff needed.

Managers had held staff meetings, however, it would be beneficial to have a planned calendar of meetings. This will help plan an agenda and enable staff time to think of what they want to discuss at the meeting.

The managers were visible and accessible on the floor. We felt they were positive role models for the staff. Staff had the opportunity to work alongside managers, and this will help embed the expected standards and consistency. It also meant that managers could assess if staff had put their training into practice or if more support and development was needed.

Staff recruitment files were disorganised, and this made it difficult to ensure all relevant paperwork was in the correct file. Managers were in the process of introducing an index sheet that listed all the necessary documents in the staff file. This would help managers to audit the files and reassure themselves that all the necessary documents are in place.

**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 sufficient domestic assistants on duty to ensure that the standards of cleanliness were maintained. Staff should reconsider the use of aerosol air fresheners because of the irritation this causes to people living with respiratory illnesses.

People's bedrooms had been personalised to a very good standard. This helped create familiar, homely and comforting rooms for people. Care had been taken to ensure that pictures, photographs and precious items, were easy to see and to access. Some people told us it was important for them to have these items at hand.

People had access to well decorated and furnished dining room, lounge and conservatory. Furniture was placed to ensure that people had the freedom to walk from room to room. This enabled them a choice of where to spend their time. People could pass their time speaking with their friends and we felt that the positioning of the armchairs helped with this.

The home had been decorated for Christmas and people spoke about their contribution in this. Many people spoke with pleasure and pride about how festive their home looked.

Some people chose to remain in their bedrooms. Staff were aware of their preference for privacy, however, people said that staff informed them of events and activities and this enabled them a choice of attendance. People were all supported to be part of home life.

A stairlift was available to help people move between floors. They said that it was 'never a bother' for staff to assist them to return to their bedrooms when they wanted. This ensured that their choices of where to spend time was not affected by the location of their bedroom.

This helped keep people informed of what was planned and helped them make their own choices. The service should review the format of some of the information to make it easier for people to access.

Staff and office space was limited due to the space available. The staff use of the dining room for breaks did not appear to impact on people using this room, however, managers should continue to monitor and look to review this if issues arise.

There was limited available space in the manager's office. The managers had taken appropriate actions to ensure that information that should be confidential was secure. We discussed the possible electronic storage of some information and documentation. This would free up space and help keep more documents inaccessible.

Managers had put up CCTV cameras that covered the car park and the front of the home. This was for home security. It was positive that relatives and staff had been notified of the introduction of the CCTV and the rational for it.

## 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.

Each person had a file that contained their care plans and assessments. Managers had put index sheets at the front of the care notes, and this meant that the files were organised and all formatted the same way. This would make it easier for staff to access documentation.

There were clear systems in place for the recording of any falls and the falls diary meant that there were clear history of people's falls. This could be used by the service and supporting health professionals to review the risks and to implement changes to reduce the risks of further falls.

Legal documentation was at the front of the care file and well organised. This made it easier for this information to be accessed when it was needed.

One-page profiles had been compiled. These were useful summaries that could be used by staff as reminders of the care and support needs of people.

The records of conversation with relatives were recorded in daily progress sheets. This meant that they were eventually archived. The service should develop a specific relative communication sheet in people's files to enable a clear ongoing record of input and conversations with relatives. This will help with following up on any outstanding concerns.

The care plans and risk assessments should be developed. Care plans lacked details and needed to be expanded to reflect care and support needed to meet people's assessed needs. This will then ensure these documents can be used by staff to inform their practices and to be reviewed by people to ensure they agree with the planned care and support. (See area for improvement 1.)

Risk assessments need to have more details on the identified risks and what measures are needed to reduce those risks. This will help inform staff of what actions are needed to keep people safe. (See area for improvement 1.)

### Areas for improvement

1. The service should implement effective care planning and risk assessments to effectively demonstrate how all residents' individual care and support needs and personal preferences are being met. This should include clear record keeping, evidence of ongoing monitoring and show how this is being regularly evaluated.

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).

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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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