

Bon Accord Care - Housing Support - 3 Housing Support Service

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Type of inspection:
Announced

Completed on:
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Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2014329162

About the service

Bon Accord Care - Housing Support - 3 provides housing support and care at home in four very sheltered housing complexes in Aberdeen city. These are all based in residential areas of Aberdeen and close to local amenities. Each complex provides a cooked lunch in the dining room each day, and a light meal in the evening. There are communal areas which can be used by people living there for socialising.

About the inspection

This was an unannounced follow-up inspection which took place onsite on 17 December 2025 and continued remotely on 18 December 2025. The inspection focused on two outstanding requirements made at previous inspections: one relating to personal plans and one regarding medication practices. We evaluated the progress the service had made to meet these requirements and improve outcomes for people.

To prepare for the inspection, we reviewed information about the service, including previous inspection findings, registration details, and intelligence gathered since the last visit.

To inform our evaluation, we:

- Spoke with the leadership team and staff.
- Spoke with nine people using the service, six of their family members or representatives, and one visiting professional.
- Observed practice.
- Reviewed documentation, including care plans, daily recordings, medication records, and supporting materials

Key messages

- People benefitted from safer medication practice through daily checks and weekly audits
- People experienced safer outcomes when a medication error occurred
- Staff had been consulted about medication practices and felt heard
- Planning for people with complex medication needs had improved
- 'As required' (PRN) recording and oversight still required improvement
- Interim support had been identified to manage the backlog of medication errors
- Some care plans had been developed and improved but further work was still needed.

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
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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 strengths had a positive impact, key areas need to improve.

'As required' (PRN) medication protocols remained inconsistently completed. We saw examples where staff had not recorded when PRN medication had been administered or the outcome of its use. This limited staff's ability to evaluate how effective PRN medication is for people and reduces oversight of their wellbeing.

The previous medication requirement was not yet met (see "What the service has done to meet requirements"). We have made an area for improvement to support improvement relating to 'as required' (PRN) medications.

Areas for improvement

1. The provider should ensure that 'as required' (PRN) medication protocols are consistently implemented and recorded. This should include, recording when PRN medication is administered and why. Documenting the effectiveness/outcome and any follow-up actions, and ensuring timely managerial review and sign-off of medication error reports to support learning and prevent recurrence.

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)

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

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By Friday 18 August 2025, the provider must ensure that medication is managed in a manner that protects the health and wellbeing of service users.

To do this the provider must at a minimum:

- a) ensure that all medications are administered as prescribe
- b) ensure accurate and up-to-date records of all medications administered

- c) ensure medication is stored securely and safely
- d) ensure visit times are carefully planned to ensure people receive their medication at the right time, to manage their pain effectively
- e) ensure 'as required' protocols are in place, where required and purpose of medication and any side effect are clearly documented

This is to comply with Regulation 4 (1) (a) – Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services). Regulations 2011 (SSI 2011/210), which requires provision for the health, welfare and safety of service user.

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 meet my needs and is right for me' (HSCS 1.19).

This requirement was made on 12 May 2025.

Action taken on previous requirement

Since the previous inspection, the service has made progress in improving medication management through a combination of strengthened systems and responsive leadership. Daily checks of Medication Administration Records (MAR) and weekly audits were effective in identifying and addressing errors promptly. We observed an example of this during the inspection. This supported safer practice and reduced the risk of harm for people experiencing care.

Medication errors involving agency staff were managed decisively, with clear documentation, immediate contact with the agency, and removal of staff from medication duties until they completed four observations of practice to demonstrate competence. This approach promoted accountability and minimised the likelihood of repeated errors.

Staff were well supported through regular observations of medication practice, which they described as valuable for improving skills and confidence. Opportunities for reflection promoted continuous learning and safer administration. Planning for people with complex needs had also improved. For example, additional staff were allocated to support a person who experienced stress and distress during medication administration.

There had been consultation with staff around medication administration. Staff told us they felt listened to and supported, and changes such as allowing staff to turn off their phones during medication rounds reduced distractions and improved accuracy. These developments contributed to more consistent and safer medication practice.

However, 'as required' (PRN) medication protocols remained inconsistently completed. We saw examples where staff had not recorded when PRN medication had been administered or the outcome of its use. This limits staff's ability to evaluate how effective PRN medication is for people and reduces oversight of their wellbeing.

During the inspection, we noted a number of outstanding medication errors awaiting review and sign-off by the manager. This delay reduced managerial oversight and increased the risk of missed learning or repeated errors. It was positive that the service had recognised this need for improvement and had arranged additional management support to address this backlog. Ongoing improvement work was also evident in the development of an enhanced medication-error reporting system and an improved dashboard to strengthen oversight.

Some parts of this requirement have been met and an area for improvement has been made to address outstanding issues regarding PRN medication. See 'How well do we support people's wellbeing' section.

Met - within timescales

Requirement 2

By 27 November 2025, the provider must ensure personal plans are complete, up-to-date and person-centred. People must have access to care and support that promotes emotional wellbeing and responds appropriately to stress and distress.

To do this the provider must at a minimum:

- a) Ensure personal plans are clearly documented based on an understanding of each person's individual needs and changing needs.
- b) Ensure personal plans include specific strategies for recognising and responding to emotional needs, including known triggers for stress and preferred calming or coping mechanisms.
- c) Ensure all incidents involving distress are recorded, reviewed and used to improve care and outcomes for people.
- d) Daily recordings must go beyond tasks and observations and include evaluative entries that reflect the person's experiences, mood and wellbeing.

This is in order to comply with Regulation 4(1) (a) and (c) – welfare of users and restraint. Regulation 5 (1) – personal plans 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 personal plans is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 22 May 2025.

Action taken on previous requirement

We followed up on the requirement for the service to ensure personal plans were complete, up to date, and person-centred. At the start of the inspection, the manager told us the requirement was still in progress. Across the service, around 40% of care plans had been reviewed and updated.

Some of the plans we sampled had been updated and the format had improved, which provided clearer information for staff and supported more effective care. However, several plans still lacked sufficient detail. For example, some contained limited personal information and did not include what support another provider delivered, when this took place, or the person's goals. Daily entries remained task-focused. The provider was aware of this and was actively working to improve the quality of recordings. The manager described a pilot to strengthen daily note-taking, with plans to train staff to use a more structured approach so records capture people's experiences, mood and wellbeing more clearly and consistently. This is positive, as the current approach does not consistently record outcomes in a way that supports person-centred care.

While improvement had begun, further work was needed to ensure personal plans set out clear strategies for recognising and responding to emotional needs, including known triggers for stress and preferred calming or coping mechanisms. Daily recordings must move beyond tasks and include evaluative entries that reflect each person's experiences and wellbeing. Without this, staff may lack the information needed to provide consistent, person-centred support, which can negatively impact outcomes.

This requirement has not been met and we have agreed an extension to 31 March 2026.

Not met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

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