

Bon Accord Care - Kingswells Care Home Care Home Service

Kingswood Drive
Kingswells
Aberdeen
AB15 8TB

Telephone: 01224 749 106

Type of inspection:
Unannounced

Completed on:
26 January 2026

Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2017359559

About the service

Bon Accord Care - Kingswells Care Home is a care home for older people situated in a residential area in Kingswells, a small town to the west of Aberdeen City. It is close to local transport links, shops, and community services. The service is registered to provide care for up to 60 people and there were 37 people living there at the time of the inspection.

Accommodation is arranged over two floors, in single bedrooms with en suite toilet and handwash facilities. Shower and bathing facilities are shared.

Each floor has large communal sitting and dining areas, with small quieter spaces available for people to access. The service also has an accessible garden where people can safely and securely access outdoor spaces.

About the inspection

This was an unannounced inspection which took place on 20 and 21 January 2026. 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 12 people using the service and eight of their family
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from visiting professionals.

Key messages

- Staff treated people with kindness and compassion.
- The service focussed on supporting independence and reablement.
- Leaders maintained good oversight of the functions of the service.
- Some improvements are necessary with recording information in people's personal plans.
- Staff worked well together and were improvement-focussed.

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?	5 - Very Good
How good is our staff team?	5 - Very 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 care provided and how these supported positive outcomes for people. Opportunities were taken to strive for excellence within a culture of continuous improvement. Therefore, we have evaluated this key question as very good.

1.1 People experience compassion, dignity, and respect

The home had a warm and welcoming atmosphere. People were supported with kindness and compassion and staff were vigilant to ensuring that people's dignity was maintained. People were well presented and looked comfortable and content.

People's families told us that they were made welcome when they visited. There was good partnership working between the service and families. There were no restrictions on visiting and families were encouraged to continue to be part of their loved ones' routines if this was something they wished to do. They told us, "I feel part of the Kingswells family" and "Staff know me and I know staff". People felt confident that they were kept informed and told us about high levels of engagement. This contributed positively to people having confidence in the level of service that their loved ones received.

Staff knew people well, including their interests and preferences. This knowledge was used to help people achieve good personal outcomes. People's preferences and views about their experiences was gained through regular reviews and feedback surveys. We heard that where people requested changes in their routines the service supported this wherever possible.

Some people were no longer able to make decisions for themselves and legal frameworks were in place to support with decision making. Information was recorded in people's personal plans and consent had been sought for use of care equipment and use of photographs. However, improvement is needed around seeking consent where technology is used to support care. Items, such as sensor mats and door sensors, can be viewed as restrictive and, as such, require clear information about decision making processes and frequency of review. This ensures that people's human rights are recognised and upheld (see area for improvement 1).

1.2 People get the most out of life

The service benefits from the input of an occupational therapy assistant and dedicated activity staff. This contributes positively to supporting people to experience meaningful engagements, connections, and activities.

There were a range of activities and events made available to people and, wherever possible, the service promoted community inclusion and engagement. This ensured that people would still feel connected to their communities.

People were able to choose where they spent their time; some liked to stay in their rooms while others enjoyed spending time in the communal areas. Activities and engagements were planned around people's preferences and people could join group activities but also benefit from individual engagements. The service took opportunities to support people to enjoy as much time as possible outdoors in the large secure garden area.

People were being supported to get the most out of life. Assessments and interventions focussed on enablement, helping people remain as independent as possible by maintaining skills and, in some cases,

regaining skills. We saw one resident had relearned to play the piano, a skill that had been central to their identity. This had had a significant positive impact on their personal outcomes.

1.3 People's health and wellbeing benefits from their care and support

People and their families told us that they were involved in decisions about their care and support, that they felt listened to, and their views were respected.

The service had developed good relationships with external health professionals and we received very positive feedback from those who regularly visited the home. We heard that staff were good at following instructions to enhance people's care and that they knew their residents well.

People benefitted from access to registered nurses, who worked in harmony with support staff. A daily safety huddle promoted good communication which ensured that people's needs were being met.

Staff knew people well and were vigilant to changes in their presentation, reacting quickly to receive input from appropriate professionals. As a result, people received treatment at an early stage, making sure that any decline was limited.

The service had a structured approach to managing falls. We saw that people were encouraged to move frequently and keep mobile. Information about falls that had occurred was analysed to establish possible causes and appropriate actions taken to minimise the risk of recurrence.

People appeared to enjoy their meals and where they needed support to eat this was done respectfully and discretely. They were able to choose from a wide range of healthy options and sweet treats were also made available. People had access to fresh fluids throughout the day and staff prompted and supported them to drink in order to maintain good levels of hydration. Some improvement was needed in record keeping and analysing hydration information (see area for improvement 2 in 'How well is our care and support planned?').

People's weights were tracked regularly and appropriate actions were taken where concerns were identified. For example, fortified diet or a change in texture.

Medication was managed well. Safe systems and process for the administration of medication were followed. We saw that the service were mindful of the use of psychoactive medications, using first line approaches to managing stress and distress related behaviours, such as redirection or environmental changes.

The quality of information about 'as required' medication was inconsistent. Some records did not provide sufficient detail about what signs and symptoms would indicate that the resident may need the medication, or what staff should try before considering medication. Improvement is necessary to ensure a consistent approach to meet people's medication outcomes (see area for improvement 2).

Areas for improvement

1. To ensure that people receive least restrictive care and their human rights are upheld, the provider should ensure that where people's choices and movement are restricted or monitored, that the decisions around this are clearly recorded and take account of current legislation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively' (HSCS 1.3); and 'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7).

2. To ensure safe and consistent care for people, the provider should ensure that protocols for the administration of 'as required' medication are personalised. This should include, but is not limited to, indications that the medication is required and non-pharmacological interventions that should be attempted first.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.19).

How good is our leadership?

5 - Very Good

Leaders demonstrated major strengths in the way in which they led the staff team to support positive outcomes for people experiencing care. Opportunities were taken to strive for excellence within a culture of continuous improvement. We have, therefore, evaluated this key question as very good.

Leaders were visible within the care home, giving them very good oversight of all aspects of service performance. We received overwhelmingly positive feedback from staff. They told us leaders operated an "open door" approach and that they were led by a strong and effective team. They told us that they felt comfortable engaging with leaders and were confident that issues would be addressed quickly.

We heard respectful interactions between leaders and the wider staff team, and staff received clear guidance and support. This contributed positively to ensuring that people received quality care and support.

Communication was described as "good" and "effective". There were a range of meetings with staff where they could share information and were provided with opportunities to give feedback about all aspects of the service. Staff were able to share ideas for service improvement and felt that their suggestions and ideas were taken seriously.

Daily safety huddles ensured key information was shared about people experiencing care, actions were identified, and allocated to a specific staff member. This helped to ensure that people continued to receive the right care at the right time and from the right people.

Staff received regular supervision consistent with their professional regulation requirements. This gave staff an opportunity and platform to reflect on their practice and discuss developmental needs. Staff felt motivated and empowered by leaders to develop their skills and knowledge. The provider recognised and supported talent development which contributed positively to ensuring skilled people remained in the service, improving outcomes for people experiencing care.

Staff we spoke with knew how to raise concerns and escalate these through the management team. They told us they were confident appropriate actions would be taken to address any concerns.

How good is our staff team?**5 - Very Good**

Performance across staffing arrangements, staff knowledge, and competence demonstrated major strengths in supporting outcomes for people. Opportunities were taken to strive for excellence within a culture of continuous improvement. We have, therefore, evaluated this key question as very good.

3.2 Staff have the right knowledge, competence, and development to care for and support people

Well established systems and processes provided an overview of staff's professional registration and requirements for ongoing professional development. The provider ensured that staff were supported to meet the training requirements of their conditions. Leaders regularly discussed training needs with staff through professional supervision and team meetings.

Staff received training that reflected the needs of people experiencing care. Staff told us about training opportunities and how "blended" learning was available, where they could attend both classroom and electronic learning. This ensured that staff had the knowledge and skills to provide good quality care and support to people.

Observations of practice were completed regularly. Observations covered a variety of practice skills, including personal care delivery, medication management, and infection prevention and control. Staff were provided with feedback, both at the time of the observation and at professional supervision, with actions taken where improvement was necessary. This contributes positively to building a skilled workforce.

Opportunities were taken in team meetings to discuss development opportunities and to provide policy and procedural updates. This included information about updates to national guidelines and best practice information.

New team members completed comprehensive induction training which included shadowing more experienced team members. This ensured that they had the right skills and knowledge and were confident to provide care and support to people experiencing care.

3.3 Staffing arrangements are right and staff work well together

Information from people's needs assessments and personal plans informed staffing arrangements and we saw that people were being supported with their preferred routines and meaningful activities. The service regularly reviewed the level of people's dependency in line with guidance using a tool that covered all aspects of people's needs. This ensured that as people's care needs increased, staffing levels could also increase.

Staff were visible in all areas of the home and people and their visitors did not have to search for staff when they needed attention. Call bells were answered quickly for people receiving care in their rooms, meaning that people were less likely to experience distress. Staff breaks and handovers were planned and managed in a way that did not negatively impact upon the needs of people experiencing care and staff ensured that there were sufficient staff at all times to provide observation for people in communal areas.

Staff were very busy but did not appear rushed or stressed. We saw staff take time to support people to mobilise at their own pace, with a focus on independence and reablement rather than rushing to finish tasks.

When we spoke with staff they confirmed that it was highly unusual to be short staffed. They told us that leaders made efforts to ensure cover was available even where there were short notice absences.

Consideration had been given to skill mix and effective leadership to direct care routine. As a result, people received care in line with what had been described in their personal plans.

How good is our setting?

4 - Good

We evaluated performance of this key question as good. There were a number of important strengths in the environment which had a positive impact on people's experiences and outcomes. However, some improvements are necessary to maximise wellbeing and ensure people consistently have experiences and outcomes which are as positive as possible.

The home had a welcoming atmosphere; it was bright, clean, and free from intrusive noises and smells. Wide corridors and open plan communal areas ensured that people could be safely and unobtrusively observed by staff. They had plenty of space and a variety of areas to choose to spend their time and we saw that further improvement was underway.

Spending time in nature promotes and improves general wellbeing. People were able to freely and safely access outdoor spaces and, while we did not observe this during the inspection due to severe weather, we saw and heard evidence that supported that people spent time outside.

The environment was clean and generally decorated. However, some general wear and tear was seen where care equipment caused minor damage to walls, door frames, and skirtings. Some of the cabinets in the kitchenette areas had slight damage and small holes in walls where previous fixtures and fittings had been and had remained unfilled. This is unsightly but can also present as a risk for effective infection prevention and control.

Communal areas were set up in a way that supported people to engage with each other and some seating was provided in corridors where people could rest while mobilising through the home or spend time alone if they wished. We saw people happily strolling through different areas of the home, engaging with staff and fellow residents. People did not appear to be restricted or distressed by their environment.

Lighting was good, signage directed people to different areas of the home, and visual prompts helped people recognise where they were.

Overall, people's bedrooms were clean and tidy. However, we did find some minor issues with some of the beds. We found some linen, bed frames, and mattresses to have staining, food residue, and skin flakes on them and two mattress covers were compromised. The provider rectified this during the inspection. While regular checks were being completed, staff were reminded to be vigilant when supporting people to ensure compliance between quality assurance checks.

Storage in people's bedrooms was limited and we frequently saw items being stored at height on top of people's wardrobes. Staff were reminded of the risk that this presents and were discouraged from doing this.

We saw that there was a variety of assistive technologies in use, including door contact alarms on bedroom doors. It is important that such items are assessed on an individual basis. We would expect to see an outcome-focussed assessment which contained an analysis of risk to the individual, with a resulting support plan. This should be monitored and regularly reviewed (see area for improvement 1 in 'How well do we support people's wellbeing?').

Waste was being managed well within the home and there was no cross-contamination between clinical and general waste. However, external clinical waste storage was not in line with guidance. The clinical waste bins were unlocked and the gate to the store was stuck. We were provided with evidence that this had been reported and was waiting repair. Staff were reminded of the risk to the environment and the wider public when clinical waste is not kept securely.

There were systems in place for the reporting and tracking of repairs and we saw that staff identified and reported issues quickly. The service was somewhat dependant on the landlord for the speed at which some of these repairs were completed and it was difficult to track waiting times as tradesmen regularly did not record when they completed jobs.

There was some difficulty for the service in evidencing safety certification for the property and it is noted that the provider is not the landlord of the service. However, there is an expectation that the service has responsibilities and oversight of appropriate health and safety standards and ensuring that these are maintained. All safety certification should be easily accessible. This had also been highlighted as part of the fire safety assessment (see area for improvement 1).

We saw that staff had completed relevant training in relation to infection prevention and control and use of equipment. Staff appeared to be good at identifying issues that may be of risk and escalating concerns. There were sufficient supplies of personal protective equipment (PPE) and chemicals for cleaning and we saw staff donning and doffing PPE in line with guidance.

Areas for improvement

1. To promote environmental safety for people experiencing care, the provider should ensure that they track compliance of and have access to relevant environmental safety certification.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.23); and 'My environment is safe and secure' (HSCS 5.19).

How well is our care and support planned?

4 - Good

We have made an evaluation of good for this key question. There were a number of important strengths identified. The strengths had a positive impact on the way in which people's care and support was planned, however some improvements are needed to ensure that people consistently have outcomes and experiences which are as positive as possible.

The provider used a paper format for the assessment and personal planning of people's care needs. Plans were kept in good order and were easy to navigate. People's plans were kept in their rooms giving them and their representatives easy access. This ensured that people were kept engaged in and informed about care delivery.

People benefitted from holistic needs assessments which helped direct the care and support required to meet people's individual needs. There was a focus on enablement, plans evidenced engagement with other professionals with an aim to ensure that people maintained and, where possible, regained lost skills.

Individual care plans were accompanied by relevant risk assessment and management plans, which were written in such a way that did not restrict people but enhanced their experiences while considering the risks presented.

We found some inconsistencies in the quality of information recorded in people's plans. Some plans were very person-centred, providing good detail of the way in which people wanted their care and support to be delivered. While others contained statements of needs and how these should be met. As a result, some plans seemed generic and absent of any personalised approaches to care delivery (see area for improvement 1).

Where people's behaviours had changed, or they displayed episodes of stress and distress, the service kept records of observations to help establish the antecedent and consequence of behaviours. However, there was no clear plan in place to manage this or analyse the results of the observation, meaning that for some people no effective conclusion was reached.

In one plan, we saw evidence of clinical concerns about skin integrity had been identified and, while we found that information had been discussed in the safety huddle, the records did not robustly reflect actions taken or a conclusion to the concern (see area for improvement 2).

Where people were no longer able to make decisions or fully express their wishes and preferences, information and contact details for legal proxies were available. However, it was not clear from the records what discussions, if any, had taken place around care equipment that could be seen as restrictive, for example door contact alarms (see area for improvement 1 in 'How well do we support people's wellbeing?').

Areas for improvement

1. To support the delivery of person-centred care, the provider should ensure that people's personal plans reflect their rights, individual choices, and personal preferences.

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

2.

In order to promote people's overall wellbeing and to uphold their rights, the service should ensure that where people experience changes in physical or psychological presentation, and clinical data is required to be collected, that this should be:

- a) time-limited;
- b) planned and recorded in line with best practice; and
- c) that information is analysed effectively and final outcomes clearly recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention I experience is safe and effective' (HSCS 1.24); and 'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how long it is used' (HSCS 2.7).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing and improve the quality of their care, the provider should evaluate the effectiveness of people's medication which is prescribed without consent.

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).

This area for improvement was made on 10 October 2024.

Action taken since then

The provider had completed a significant improvement work around medication management in the service. People had relevant legal frameworks in place to support the administration of medication where they were no longer able to consent to treatment. Where people required to have medication administered covertly, relevant discussions had taken place with the prescriber and people's representatives with associated documentation being completed. Where people had received 'as required' medication, staff had recorded the effectiveness of the medication.

This area for improvement has been met.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.4 Staff are led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.