

## Bon Accord Care - Housing Support - 2 Housing Support Service

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Unannounced

**Completed on:**  
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**Service provided by:**  
Bon Accord Care Limited

**Service provider number:**  
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## About the service

Bon Accord Care Housing Support 2 provides care at home and housing support to individuals living within sheltered housing complexes across Aberdeen city. The service also provides the responder service which is a 24 hour city-wide response service to unplanned and urgent support for people living in sheltered housing or in their own home with a community alarm.

At the time of inspection the service was supporting approximately 850 people across 19 sheltered housing complexes and the responder service. Around 175 people were receiving care and support from staff, this included support with personal care, medication and meals.

All of the sheltered housing complexes are close to local amenities. Each complex has communal areas which tenants can access.

## About the inspection

This was an unannounced inspection which took place between 7 and 15 April 2026. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 48 people using the service and three of their relatives
- spoke with members of staff and the management team
- spoke with one visiting professional
- received survey responses from five external professionals and 15 staff members
- observed practice and daily life
- reviewed documents.

## Key messages

- People experienced kind, respectful and responsive care which helped them feel safe and valued.
- People's health and wellbeing needs were being met, and the service responded flexibly to changes to people's needs, ensuring timely support and positive outcomes.
- The service had made some improvements since the last inspection, however further improvements were required in medication management and quality assurance processes to strengthen oversight and improve outcomes for people.
- Staff said they felt supported and got the training they needed to carry out their roles.
- Personal support plans had improved since the last inspection and were now regularly reviewed and updated.

## 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?	3 - Adequate
How good is our staff team?	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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People received support depending on their assessed and agreed needs. This included support with personal care, medication, meals, housing support, welfare checks and the responder service.

People experienced kind, respectful and responsive care which helped them feel safe and valued in their own homes. Staff interacted positively with people, and people appeared relaxed and comfortable with staff. People told us they trusted staff and felt reassured by the support provided. One person said staff were "very approachable", while another told us they "find the service amazing, it can't be faulted". External professionals also told us people experienced care delivered with compassion, dignity and respect. They said staff encouraged independence and choice, promoted confidence and responded appropriately to changes in people's wellbeing.

The service provided reliable and consistent support with personal care, medication and meals. Staff used an electronic system which clearly identified daily care and support tasks. Visiting times were generally maintained and adjusted when required to respond to changes in people's needs. People told us care was delivered at their own pace and that they were not rushed, which helped them feel comfortable and respected.

People reported timely responses when they pressed their alarms for help and from the responder service. This was especially reassuring following falls or in emergency situations. One person told us "its reassuring to know that they are there".

Staff encouraged people to participate in their own care whenever possible. This helped people maintain independence and confidence. External professionals confirmed this, telling us that "communication was clear and supportive" and helped people feel involved in decisions about their care. They also said risks were "appropriately balanced with promoting independence", enabling people to make progress safely.

People's health and wellbeing benefited from the care provided. The service was able to adjust care levels in response to changes in people's conditions, demonstrating a responsive and flexible approach. Staff worked well with external professionals and sought advice when required. External professionals said that staff communicated well with them about people's needs, which supported positive health outcomes for people.

Procedures were in place to support people to received the right medication at the right time. However we found inconsistencies across some complexes. For example, medication audits were not being completed in line with the provider's own standards in one location. While staff received medication training, observations of practice were not consistently completed annually. People who required medication support had medication support plans, though the level of detail varied. Some plans clearly outlined arrangements for the ordering and delivery of medication, while others did not. We also found that there had been some recent medication errors, however details were not available at the time of inspection. This meant we could not be assured these errors had been managed appropriately or whether notifications had been submitted as required. As a result, we could not be fully assured that medication support was consistently safe. (see area for improvement).

People had falls risk assessments in place. When people experienced a fall, assessments were reviewed and updated. Weekly falls meetings provided management with good oversight of trends and actions to reduce risk. This helped protect people and reduce the likelihood of further falls.

### Areas for improvement

1. To support people's health and wellbeing, the provider should strengthen medication documentations, processes and audits to ensure safe, consistent and effective practice across the service.

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

'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 leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service benefited from a clear and structured leadership team, made up of the registered manager, assistant managers and a team of service supervisors. Assistant managers and supervisors had responsibility for specific complexes. Regular management meetings took place which provided regular oversight and support to the team.

External professionals told us working relationships with the leadership team were positive. They described the team as "accessible and easily contacted". Other external professional feedback described leadership as "clear, supportive and focused on delivering high-quality person-centred outcomes." They told us managers encouraged open communication, reflective practice and continuous improvement which supported staff confidence and contributed to positive outcomes for people.

An up-to-date service improvement plan was in place and we saw examples of the service seeking feedback from people, including through tenant's meetings, drop-in sessions and suggestion boxes. However, it was not always clear how this feedback was being used to shape priorities within the service improvement plan. At the last inspection, we signposted the manager to the Care Inspectorate's self-evaluation guidance and discussed with them during this inspection how the updated draft guidance could further support this work.

There were a range of quality assurance processes in place. However, we could not consistently see how these were linked to the improvement plan and some audits were overdue. An audit compliance calendar had been introduced, but this was still being adapted to better suit the service and was not yet being completed. (see what the service has done to meet areas for improvement we made at or since the last inspection).

There was oversight of accidents and incidents through twice weekly management meetings which covered incidents, complaints and medication errors. This meant the management team had regular oversight of risk, could identify themes or emerging concerns, and take timely action to reduce the likelihood of reoccurrence and improve people's safety.

The service had introduced regular, formal observations of staff practice covering key areas. (see what the service has done to meet areas for improvement we made at or since the last inspection).

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing arrangements were based on people's assessed needs, and rotas were planned in advance. Shift cover was discussed at daily meetings which helped ensure rotas were covered. People told us staff were generally on time. Staff said they were able to respond to people's needs in a timely manner and most staff said they had enough time to care and support people without rushing.

Each complex had a core group of staff who knew people well. The service was able to increase or reduce support when people's needs changed. Staff worked in teams and provided cover across nearby complexes, which promoted continuity and ensured people were supported by staff familiar with their needs. The service had identified the need to improve consistency across complexes and other services so systems were familiar for staff working across services. This had been informed by recent staff survey feedback.

Team meetings took place across each complex, however the minutes we reviewed contained limited detail. We spoke to the manager during the inspection about how strengthening these records would help better reflect staff discussion, views and learning.

Arrangements were in place to ensure staff could access advice and support at all times through the on-call system. The responder team and out-of-hours staff were also available to provide unplanned support when required. The service had reviewed and updated their lone working procedure and risk assessment since the last inspection (see what the service has done to meet areas for improvement we made at or since the last inspection).

Staff training records showed staff had access to a range of training relevant to their roles. However, completion rates for some training, such as food hygiene and first aid, were lower than the provider's standard. The service acknowledged that recent changes to the online training system had impacted on this and we discussed with the manager about how this should be given priority and will be followed up at the next inspection. Most staff told us their induction prepared them well for their role and that they had received the training needed to do their job effectively.

Staff received regular support and supervision and systems were in place to support staff development and performance. (see what the service has done to meet areas for improvement we made at or since the last inspection).

The service had introduced a staff award scheme, which recognised staff achievements and helped staff feel valued.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from having a designated key worker who coordinated delivery of their personal plan. This

promoted consistency and supported people to build trusting relationships with staff who knew them well.

The service had an outstanding requirement from the previous inspection to ensure people's health and wellbeing needs were effectively reviewed, assessed, managed and monitored. Our findings in relation to this are reported under 'what the service has done to meet any requirements made at or since the last inspection'. This requirement has been met.

We found that the quality and level of detail in personal plans varied across complexes. We discussed this with the manager during the inspection and identified opportunities where they could strengthen oversight to ensure all plans met a consistent standard, supporting safe and effective care.

Information about people's legal representatives, including guardianship or power of attorney arrangements and the specific powers held, was clearly recorded in personal plans. This meant staff understood who should be involved in decision-making and care reviews, supporting person-centred practice.

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

### Requirements

#### Requirement 1

By 22 January 2024, the provider must ensure that people living in the service have their health, wellbeing, and safety needs effectively reviewed, assessed, managed, and monitored. To do this, the provider must at a minimum:

- a) Have clear, detailed care plans that inform staff what people can and cannot do independently, alongside any strategies to support their health and wellbeing needs.
- b) Ensure all relevant risk assessments and support plans are fully completed and monitored effectively to identify changing needs.
- c) Complete six-monthly reviews in a person-centred manner and used to inform people's care plans.
- d) Ensure that where outcomes have been identified, there is clear documented evidence of the support being provided to assist people to achieve their desired outcome and the progress being made.
- e) Where people's care needs have changed, formal reviews have been arranged and all relevant adjustments to care plans are completed.

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).

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).

**This requirement was made on 27 November 2023.**

## Action taken on previous requirement

Across the service, a newly introduced electronic system improved staff access to people's personal plans, with paper copies also available in people's homes. Personal plans included personalised information and, in some cases, detailed life histories that helped staff understand what mattered to each person. For people who received housing support only, abridged plans were in place.

Personal plans identified people's outcomes, demonstrating that the service recognised what people wanted to achieve from their care and support. Daily records were completed electronically. However, they were mainly task focused and did not routinely capture people's views, feedback, or progress towards their outcomes. This limited the service's ability to evaluate the effectiveness of support and understand people's day to day experiences. We recognised that, for some people, support was limited to specific tasks, which may account for the reduced level of detail recorded.

Review meetings were held within required timescales, and people told us they felt listened to during these discussions. Tracking systems were in place to support monitoring of personal plans and reviews.

Risk assessments were completed and clearly identified actions to reduce risks, which helped keep people safe.

(see key question 'How well is our care and support planned?')

## Met - outwith timescales

## 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

Improvements should be made to the information available to people on moving into their new home. This information should be informed by current tenants and what they felt would have been beneficial to know when they moved in.

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 organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6);

and

'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10)

**This area for improvement was made on 12 November 2024.**

**Action taken since then**

Aberdeen City Council housing officers are responsible for providing information to people when they move in. Tenants receive a copy of the jointly produced "moving into sheltered housing" leaflet. This provides information about what the housing officer is responsible for and the role of Bon Accord Care's staff. An information leaflet about Bon Accord Care is also provided.

The service had been planning to develop leaflets for each complex to provide more local and building specific information however, this had not yet been progressed.

This area for improvement has not been met.

**Previous area for improvement 2**

To ensure people's care and support benefits from effective quality assurance processes the provider should ensure these are carried out regularly and where areas for improvement have been identified, clear action plans are developed which are signed off as complete once achieved.

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).

**This area for improvement was made on 26 June 2025.**

**Action taken since then**

A range of quality assurance procedures and processes were in place, however we identified that some had not been completed within the service's own timescales, and we could not always see when actions were identified that these had been captured and updated when completed. This meant that we could not be assured that processes had led to improvements within the service. (see key question 'How good is our leadership').

This area for improvement has not been met.

**Previous area for improvement 3**

To ensure that people can be confident that staff supporting them are competent and skilled, the provider should introduce formal observations of staff practice to support staff to understand how their training and development impacts on practice and to improve outcomes for people who use the service.

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).

**This area for improvement was made on 26 June 2025.**

**Action taken since then**

The service had introduced regular, formal observations of staff practice covering key areas. A tracker document was in place which provided the management team clear oversight of when observations had taken place. During the inspection we spoke with the manager about how this document could be further

developed to provide further assurance that observations were consistently covering all key areas of practice and contributing to improved outcomes for people. This included more clearly recording which specific area of practice had been observed.

While we identified some gaps in relation to medication observations, the manager demonstrated a commitment to addressing this and we were confident that action would be taken. (see key question 'How well do we support people's wellbeing?').

This area for improvement has been met.

## Previous area for improvement 4

To support safe staffing arrangements, the provider should ensure that lone working procedures and risk assessments identify and mitigate risks, so far as possible, and that these include the views and input of staff.

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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 26 June 2025.**

### Action taken since then

The service had reviewed and updated their lone working procedure and risk assessment. The risk assessment identified a range of actions and demonstrated that the service had considered potential risks to staff working alone and put in measures to reduce these.

Risk alerts were clearly documented to support staff safety and ensure they were aware of essential information. This provided staff with important guidance to help manage risks effectively and promote safe practice.

This area for improvement has been met.

## Previous area for improvement 5

The provider should ensure that people are cared for by a well-supported staff team. To do this the provider should ensure that staff have regular support and supervision, which is recorded, appropriate to their role. This should include, but not be limited to, reviewing practice, wellbeing, training, development and performance.

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).

**This area for improvement was made on 26 June 2025.**

**Action taken since then**

Staff received regular support and supervision and systems were in place to support staff development and performance. Staff said they felt supported in their roles and a tracker document was in place to ensure supervisions were completed on time. This helped to ensure a competent and confident workforce. (see key question 'How good is our staff team?')

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](http://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
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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