

Doocot View Very Sheltered Housing Support Service

St. Combs Court
Banff
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Telephone: 01261 455 570

Type of inspection:
Unannounced

Completed on:
23 May 2025

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2009236900

About the service

Doocot View is a purpose built one-storey very sheltered accommodation. The provider is Aberdeenshire Council. The service is registered to provide care at home to 30 flats including a respite flat. Doocot View is located in a residential area of the coastal town of Banff. The service is set within landscaped grounds. There are staff on site at all times. Meals are provided, and there is a laundry service on site. The complex is close to local amenities, including shops, churches, and cafes.

About the inspection

This was an unannounced inspection which took place on 20 and 21 May 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 12 people using the service.
- Spoke with 10 staff and management.
- Received 16 questionnaires from people using the service, 16 staff members and six external professionals.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People were happy with the quality of care and support they received.
- People felt safe, secure, and remained independent.
- Activities were varied, and people had a say in what activities they wished.
- People told us how helpful and kind the staff were.
- Quality assurance was managed well.
- Staff worked well together.
- Language in daily recording needed to improve.

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 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 shared how much they enjoyed living at Doocot View and how safe and secure they felt. People had direct access to the garden from their flats, and many personalised their small patio area with plants and flowers.

Communal areas were clean and welcoming, with areas throughout the building for activities and relaxation, for example, a pool table and a wellbeing area. This meant people could choose where to spend their day. There were comments from people about their flats, for example, windows potentially needing to be replaced. The service was aware of this and had highlighted this to the housing provider.

People's care and support were delivered in a person-led way. We observed staff being respectful of people, for example, ringing the bell before entering people's flats. People knew what time their support was taking place and should staff be running late, they were informed of the delay. This meant people were treated with dignity and respect.

Medication was well managed, with appropriate assessments in place, ensuring that people received the necessary level of support with medication. As a result, people received their medication with the right support. As and when medication protocols were in place, however, we could not see the recording of the outcome of this medication. We discussed this with the service and were assured this would be improved. This will ensure people's as and when medication remained right for them.

When people's health changed, we were able to see the action taken, for example, referring to GP and other medical professionals. This meant people were assured they would be referred to the most appropriate person.

People told us they enjoyed the activities available, for example, arts and crafts, exercises, and intergenerational activities with the local nursery. One person told us, 'there was always something to come to.' The service encouraged physical activity, for example, showing the step count to various parts of the complex and a walking group. This meant people could enjoy active lives.

The service had a 'shoppe' which was run by people using the service. This enabled people to buy sweets and toiletries, which was welcomed by people. One person told us, 'it's nice and handy.'

People enjoyed home-cooked meals and the social aspect of eating together, telling us, 'food was very good' and 'plenty of it.' There was the option of meals being taken to people's flats, thus respecting personal choice. Where altered diets were needed, clear instructions were available, ensuring people received good nutrition. People were involved in the menu planning and praised the catering staff for listening to their likes, dislikes and adapting the menu, for example, having more broccoli.

How good is our leadership?

5 - Very Good

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

The leadership team were visible, and people told us they felt comfortable raising any concerns with them.

The leadership team effectively oversaw the service, ensuring the quality assurance process operated well. The service improvement plan reflected the progress made in improving the service, for example, the replacement of flooring in the foyer, corridors and dining room. Due to this, people benefited from a continuous improvement ethos. The service plan would benefit from updating the action points that had been completed.

Regular audits were conducted, for example, environmental and medication. The medication audit was comprehensive and well-analysed, and displayed in an easily understandable format. This meant any medication errors were easily identified and rectified. It also allowed leaders to review areas for improvement against previous years.

Regular tenant meetings took place and were well attended. These meetings provided opportunities for people to put forward suggestions on service improvements and to keep people informed about changes, such as staff recruitment. The service was seeking feedback from people through a questionnaire, however, at the time of inspection, they had not completed the process. This meant people were involved in the development and changes to their service.

Staff took on champion roles, such as skin integrity, ensuring direct involvement in service improvements and fostering responsibility and accountability. Staff meetings incorporated lessons learned from complaints. We discussed with the manager as well as learning from complaints, instances of good outcomes for people should also be used for learning, for example, reablement success stories. Therefore, people would be confident of a service that was continually learning.

There was a comprehensive oversight of staff training, for example, palliative care and emergency first aid, supervision and registration with appropriate professional bodies, which meant people could be assured staff were trained, competent and able to reflect on their practice.

How good is our staff team?

5 - Very Good

We found significant strengths in staffing that supported positive outcomes for people, therefore, we evaluated this key question as very good.

People experienced kind and respectful care and support from staff. People told us staff were, 'great' and 'are very good.' We observed staff taking time to support people in a warm, caring way, and it was obvious staff knew people well.

The service used a dependency tool to continually assess whether there was sufficient staff to meet people's care and support. People's care plans did not clearly indicate how many staff were needed to safely meet people's needs. This information should be available to assist with planning of staff numbers. We raised this with leaders and were assured this information would be reviewed, ensuring the care plan accurately reflected people's staffing needs.

We observed that people's needs were met in a timely manner and that the staff team worked well together. For example, staff were flexible and readily adapted their work plan at short notice when a tenant or colleague needed assistance. This meant people received care and support from the right number of people.

Staff told us that, at times, they felt there was not sufficient staff to respond to people calling for assistance, specifically in the early morning. The manager was already aware of this issue and had informed the provider so that this feedback could be taken into account in the provider's staffing model redesign.

Staff told us they supported each other if issues arose during the day, they would all 'work as part of a team to get things back on track.' Therefore, people were being supported by staff who worked well together.

Training was well received, and staff felt they had the right training for their role, for example, medication management and elementary food hygiene. We observed staff applying their training in practice, for example, correct infection prevention and control procedures. As a result, people could be assured staff were skilled and competent.

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 all had a care plan. The plans reflected people's wishes and choices, and information on how their care should be supported. People were involved in writing their plans, for example, 'my reablement journey' which evidenced an individual's view on their experience and improvement. There was good information about altered diets, for example pictures of the food type which was not suitable. As a result, people's care plan was accurate and reflected their wishes and outcomes.

The language used in recording care notes needed to improve. There was use of formal clinical language and abbreviations, which not all people would understand, and should be written in plain language. Where people can voice how they are feeling, records should reflect their views and not only staff's perception, for example, 'appears fine.' Therefore, people's views are accurately reflected (**see area for improvement 1**).

There was a wellbeing folder which recorded any contact with other professionals, however, this was separate from the individual care plan, therefore we could not see any follow up in the notes if a concern had been raised. We were assured on reviewing the wellbeing folders that concerns were being followed up, however, it may be of benefit to streamline the documentation to ensure everyone has the same information.

Areas for improvement

1. To support easy to understand and person-led recording of people's health and wellbeing the provider should ensure that daily recordings are written in plain English and take account of people's views

This should include, but not limited to, avoiding terminology that may not be understood and capture people's views on their health and wellbeing.

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

'I receive and understand information and advice in a format or language that's right for me' (HSCS 2.9).

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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