Bon Accord Care - Housing Support - 3
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
22 May 2025

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 inspection which took place onsite between 12-15 May 2025. Three inspectors carried out the inspection from the Care Inspectorate.

We followed up on the three outstanding areas for improvement made at our last inspection and two that were made following an upheld complaint.

To prepare for the inspection we viewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- spoke with 36 people using the service
- spoke with 10 families
- spoke with staff and management
- received feedback from six visiting professionals
- held four focus groups with people experiencing care which were well attended
- reviewed online surveys sent out prior to the inspection. We received feedback from seven external professionals visiting the service, and 14 staff members
- observed practice and daily life
- reviewed documents.

Key messages

- We observed kind and pleasant interactions between staff and the people they supported.
- Medication practices were inconsistent and must be improved.
- Quality assurance and leadership oversight must be improved.
- We identified some significant concerns relating to areas of the environment and this compromised people's safety, health and wellbeing. We evaluated this as a grade of weak due to identified significant risk to people and we have made a requirement.
- Falls were well managed, and people could be confident there were measures in place to protect them
- Some people told us they had to wait a long time for care and support. This made some people feel anxious and distressed.
- We followed up on an area for improvement from an upheld complaint relating to consultation with people, staff and families/representatives. This area for improvement has been met.
- We followed up on an area for improvement from an upheld complaint relating to having appropriate assessments in place to support admission from hospital. This area for improvement has been met.

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?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 2 - Weak

We evaluated this key question as weak. Although we identified some strengths, these were compromised by significant weaknesses. We identified issues relating to the environment at our previous inspection. We made an area for improvement at our last inspection, and this has not been met. This area for improvement is no longer in place and has been incorporated into a new requirement under this section of the report. There had not been sufficient progress, and we continued to be concerned about areas of the environment and how this impacted on people's safety, health and wellbeing.

1.2: People get the most out of life
1.3: People's health and wellbeing benefits from their care and support
1.5: People's health and wellbeing benefits from safe infection prevention and control practice and procedures

We observed kind and pleasant interactions between staff and the people they supported. One person shared "the staff are kind-hearted" and another shared "they are very friendly". As a result, people were at ease. However, staff were clearly very busy, and some people told us that they had to wait for care and support. This caused some people anxiety and distress. We have made a requirement relating to this in section 3 of this report **(see requirement 1 in 'How good is our staff team'?).**

The complexes had a pleasant atmosphere. People received daily welfare checks. This helped promote people's safety.

Some people's social bonds had been strengthened. One person told us they "have made new friends since coming here". People told us they looked forward to their mealtime experience. We observed this to be a social and uplifting experience for most people. This enriched people's day and gave people a sense of community.

People benefited from a clear service agreement which set out what they can expect from their service and their support, including how their identified outcomes will be met.

People's health benefitted from regular access to health care professionals. One external professional told us "Staff are good at highlighting any concerns to us". This meant people's health benefitted from the right healthcare, from the right person, at the right time.

People's nutritional needs were being met. People received a three-course meal at lunchtime. Overall, people were complimentary about the food. The kitchen staff had a good overview of people's nutritional needs. This ensured people's meals were tailored to their needs and wishes.

Falls were well managed, and people could be confident there were measures in place to protect them. For example, the service held regular meetings to discuss falls and kept a tracker to identify any trends. People had access to falls pendants or wrist watches to alert staff if they required assistance. This helped to reduce the risk of further falls.

Medication practices were inconsistent and must be improved. We were not confident people always received their medication at the right time. For example, we heard from two people that their night time medication was not administered until very late, which caused increased pain and distress. One person shared "they were late in giving me my tablets, I was really sore". Visiting times should be carefully planned to ensure medications are administered effectively, minimizing discomfort for people. Where 'as required' (PRN) medication was administered, we found that PRN protocols were not consistently in place or fully completed. This may impact safe and effective administration of medication (see requirement 1).

The service had a medication policy in place. Despite this, there was a high number of medication errors. However, the provider followed a robust policy to manage and respond to incidents. People experienced some risk because of inconsistent medication practice, but the providers robust response helped deal with them promptly.

Staff demonstrated an understanding of when and how they should use Personal Protective Equipment (PPE). This helped reduce the risk of cross infection for people.

Keeping the complex clean, tidy and well maintained was a shared responsibility. The landlord is responsible for the cleaning arrangements, and the provider responsible for the identification and escalation where improvements are required. Whilst we found most communal areas people accessed were clean and free from intrusive noises and smells. We had concerns that the current systems in place by the provider to check the cleanliness of the complexes were not effective. We found some areas of the service were not clean or well maintained. For example, one complex contained a hairdresser's salon. We found this to be very dusty, dirty and contaminated with people's hair which put people at risk from infection and did not create a dignified environment.

Standard infection control precautions were not always followed. For example, we found mop heads that were left in water in mop buckets. This increased the risk of bacterial growth and cross-contamination. We raised with the manager, and we were informed that cleaning was not a responsibility of staff employed by the provider, but by the landlord. However, leaders in the service should have improved oversight of practices that may place people using their service at risk of harm (see requirement 2).

Some furniture and fixtures within the service showed signs of wear and tear, which compromised the integrity of surfaces and made cleaning difficult, increasing the risk of infection. Additionally, various building repairs were identified, including stained carpets and holes in the ceiling. Some of these issues have been longstanding. While the service indicated that the landlord is responsible for repairs and replacement of furniture, improvement is needed in the reporting and escalation processes. The lack of timely repairs affected infection prevention measures and reduced the overall cleanliness of the environment (see requirement 2)

During the inspection we had significant concerns about the cleanliness and condition of a hospital discharge room. We found a chair, mattress and bed rails to be badly stained with bodily fluids. The flat was very malodourous. Some furniture/fixtures were either broken or were not intact. This was fed back to the provider, who immediately took this flat out of use until the work required to ensure a clean and comfortable living environment had been completed.

We also found similar concerns in interim flats. Whilst these appeared clean, flooring and fixtures were damaged. This put people at risk of infections and falls (see requirement 1).

Requirements

1. By Friday 18 August 2025, the provder 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 prescribed

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).

2. By Friday 18 August 2025, the provider must ensure people experience care in an environment that is safe, well maintained and minimises the risk of infection.

To do this, the provider must, at a minimum:

a) Engage with the landlord to ensure that the premises, furnishings, communal areas and equipment are clean, tidy, and well maintained.

b) Robust process of audit and escalation for fixtures, fittings, and equipment to ensure they are clean, made of cleanable material, and intact for effective cleaning.

c) Have a clear process for the escalation of identified repairs and issues ensuring that an appropriate response and plan of improvement actions is agreed with the landlord.

d) Ensure that processes such as cleaning schedules are robust, being followed and regular quality assurance checks of the cleaning is jointly undertaken by the provider and landlord.

This is to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) 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 states that:

'My environment is secure and safe' (HSCS 5.19).

How good is our leadership? 3 - Adequate

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

Quality assurance and leadership oversight must improve. Whilst some quality assurance processes were in place; significant areas of practice such as medication management and environmental concerns were not identified through these processes. We were not confident quality audits were always being carried out effectively. For example, leaders conducted daily walk rounds to monitor service standards; however, these visits were not documented. As a result, several environmental concerns went unnoticed and unaddressed, placing the service at risk of further decline in standards. This area requires additional development and oversight to ensure that people experience good outcomes and remain safe. We have made a requirement (see requirement 1).

The provider had an improvement plan in place. We recommended this is developed as a dynamic tool that is regularly discussed, reviewed, and updated with staff, residents, families, and other stakeholders. This will support the continuous improvement of the service.

Complaints were well managed. The service had a complaints procedure in place, which was on display within each complex. When things didn't go as expected, complaints were well documented making it easy to track both the investigation process and outcome. This process supported people to feel heard and supported. However, some people were unsure who to contact if they needed to raise an issue or concern. The provider had identified this issue and put plans in place to address it. We will follow this up at our next inspection.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported outcomes for people and reduced the likelihood of repeat occurrence. We found the right people had been informed about significant events which included families, guardians and the Care Inspectorate.

There was not a robust system in place to safeguard people's finances. We found occasions where staff were supporting people with their finances. For example, using a person's bank card to purchase personal items from a local shop. The management team were unaware of this, and as a result there were no procedures or oversight in place to safeguard people's funds (see requirement 1).

Requirements

1. By Friday 18 July 2025, the provider must ensure that people's health and wellbeing benefits from robust quality assurance systems to improve aspects of care delivery

To do this, the provider must, at a minimum:

a) Ensure there are effective audits of key areas such as medication management, people's personal plans, people's finances, infection prevention and control and the environment

b) Ensure there are clear oversight and accountability by management for identifying and addressing areas of concern.

c) Ensure there are actions plans which are outcome focused, time-bound, and regularly reviewed.

d) Ensure there is a robust and transparent system in place to safeguard people's finances.

This is in order to comply with Regulation 4(1) (a) – Welfare of users, and Regulation 3 – Principles of the Social Care and Social Work Improvement Scotland (Requirements for Care Services). Regulations 2011 (SSI 2011/210), which required services to be provided in a manner that promotes quality and continuous improvement in the support of service users' wellbeing.

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? 3 - Adequate

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

3.2: Staff have the right knowledge, competence, and development to care for and support people
3.3: Staffing arrangements are right, and staff work well together.

Staff were up to date with mandatory training. A training matrix provided an overview of training completed. This ensured leaders in the service had an oversight of priorities. However, staff would benefit from specific training which is responsive to the needs of people who use the service. For example, Autism and communication. This is to ensure that staff have the right knowledge competency and development to care and support for people. We have made an area for improvement (see area for improvement 1).

Leaders observed staff practice to evaluate their competence and knowledge. This helped to highlight good practice as well as areas for improvement. This helped keep people safe.

Staff handovers were robust and took place daily. Key areas of people's care and support were identified and discussed. This helped inform staff with the right information to care for people safely and effectively.

Staff described their colleagues and managers as supportive and approachable. There were clear points of contact should staff need support at any time. Systems were in place to support staff development which included supervision sessions. This helped ensure a competent and confident workforce.

Staff meetings were taking place regularly. This meant staff were provided with the opportunity to share ideas, views and to support communication across the organisation. One staff member told us "I feel listened to, and you get time to raise anything you want".

Staff were welcoming, warm and working with the best intentions to meet people's needs. We observed staff working hard to support people and staff worked well together as a team. This created a calm and relaxed atmosphere for people experiencing care.

Staffing arrangements were based on the assessed hours of need for people receiving support. A dependency tool helped to inform the staffing arrangements for the service. Rota planning was done in advance. At the time of the inspection, the service had a high number of staff vacancies. The service was relying on agency staff and staff from the pool to fill gaps in the rotas. The provider tried to have a consistent approach when booking agency staff. We received mixed feedback about agency staff. One person shared "they are great" and one person shared "sometimes the staff don't know me as well, and it can make me anxious". People told us that they weren't always cared for by a consistent team of staff.

Following a service redesign, additional staffing has been identified to fill the current staff vacancies. This included the addition of an assistant manager to each complex. There were proposed changes to the staff rotas to ensure staff availability reflected the needs of people using the service. However, this was still in its early stages and had not yet been fully established.

We were concerned that some people told us they had to wait a long time for care and support. For example, one person told us that due to the long waiting times, it caused them to be incontinent, and they told us "It is humiliating". Another person shared that if they have had a laxative, extended waiting times cause them anxiety and distress. We have made a requirement (see requirement 1).

People's safety was protected as staff had been recruited following safer recruitment practice guidance. The service had an outstanding area for improvement regarding pre-employment recruitment checks. We assessed that this has been met. We reported our findings under the following sections of this report: **'What the service has done to meet any areas for improvement made at our since the last inspection.'**

All new staff had a probationary period which allowed the manager to assess competence for the role and identify any issues or training needs. New staff undertook a clear induction plan and were given the opportunity to shadow experienced staff to learn about people's support needs. One staff member shared that they had a "really good and useful induction". This meant staff had the necessary information to undertake their role.

Requirements

1. By Friday 18 July 2025, you must ensure people experience safe and responsive care that meets their health, safety and wellbeing and needs and preferences. In particular you must ensure that:

a) Ensure sufficient staff are available to respond to people promptly.

b) Ensure staff are deployed appropriately to enable them to respond flexibly when people's needs fluctuate.

This is in order to comply with Regulation 4(1)(a), and Regulation 4(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. To support good outcomes for people the provider should ensure staff access training appropriate to their role and the needs of the people they support.

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).

How well is our care and support planned? 3 - Adequate

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

Everyone had a care plan in their homes which contained some guidance on how to support each person. Information was handwritten which made it some plans difficult to read. We found support plans for people who received 24-hour support lacked sufficient person-centred detail to enable staff to deliver effective and consistent care. Whilst regular staff knew people well, there was a risk that new staff would not have enough information to ensure people were receiving the right support at the right time (see requirement 1).

The service needed to improve systems for monitoring and supporting people who experienced stress and distress. One external professional shared "some staff don't seem fully equipped for more complex service users". "ABC" charts were in place to help staff understand people's changing needs and reduce risks to them. However, these charts were not always being completed consistently. This meant there were missed opportunities for staff to better understand how to alleviate some people's distress and provide appropriate support (see requirement 1).

Most care plans had been reviewed within the regulatory timescale. There were tackers in place to ensure leaders in the service had oversight of this. This ensured people's care and support was tailored to their needs and wishes.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This ensured staff were clear about their responsibilities and how to support people with any related decisions.

Some people had a hospital passport in place. This meant if a person were admitted to hospital, staff would be provided with essential information to treat and support the person more effectively.

Daily recordings of care and support were mostly task orientated. The notes did not reflect people's views or feedback. This meant they lacked information that would contribute to the review and evaluation of people's care and experiences. We also observed that important information about a person's presentation was not always recorded (see requirement 1).

Requirements

1. 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).

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

By 19 August 2024, the provider should ensure the environment enables people to be, and to feel, safe in all areas of the building.

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

'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

This area for improvement was made on 2 May 2024.

Action taken since then

We had significant concerns about areas of the environment, and this compromised people's health/ wellbeing and placed people at risk of harm.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question one see section '**How well do we support people's wellbeing'?**

Previous area for improvement 2

By 19 August 2024, the provider should ensure all recruitment checks and records are in place and recorded before anyone starts work.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 2 May 2024.

Action taken since then

People were being supported by staff who had been safely selected and recruited. We reviewed recruitment files and confirmed the service had completed pre-employment checks prior to staff commencing in post.

This area for improvement has been met.

Previous area for improvement 3

By 19 September 2024, the service should ensure that people's plans accurately reflect their preferences for care and support. These plans should be taken into account when scheduling staffing arrangements and guide staff to ensure these needs and preferences are met.

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 area for improvement was made on 2 May 2024.

Action taken since then

An electronic system provided information to staff on their daily tasks and support they were required to undertake. This supported personalised care.

We sampled people's personal plans and found these to be detailed with personalised information which reflected the preferences of the person.

We observed people's preferences being met when care and support was being provided. For example, people were able to have showers on their preferred days.

This area for improvement has been met.

However, we identified that further improvement is required with people's personal plans. We have made a requirement. See section 5 '**How well is our care and support planned'**? section for further details.

Previous area for improvement 4

The service should ensure that service users have been fully assessed prior to discharge from hospital to ensure their needs can be safely and comfortably met. Care plans should be reviewed as part of this assessment, demonstrating a person-centred approach to health, safety, and wellbeing.

This is to ensure care and support is consistent with Health and Social Care Standards 1.15: 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.

This area for improvement was made on 11 December 2024.

Action taken since then

The service received a copy of the hospital discharge letter when someone was discharged from hospital. This detailed the care and support a person had received and any changes required to a person's care.

We found people's care plans were reviewed within the regulatory timescales or sooner if a person's care and support needs changed. For example, when people had experienced a fall, their multifactorial falls risk assessment had been reviewed and updated with actions to be taken to mitigate further risk.

This area for improvement has been met.

Previous area for improvement 5

The service should ensure that service users and staff can contribute towards the development of new policies and processes. The service should ensure that new processes work effectively and support positive outcomes for service users.

This is to ensure care and support is consistent with Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions

This area for improvement was made on 11 December 2024.

Action taken since then

Some staff were given the opportunity to contribute to the development of new polices and processes. These were reviewed at sub-groups which included a service expert and representation from the quality assurance team, senior leadership and other staff. Examples of polices reviewed were, adult support and protection and pressure care. As a result, the polices and processes were more inclusive and included a wide range of perspectives.

Some people experiencing care were given the opportunity to attend the Sheltered Housing-wide committee. Discussions took place regarding changes that may impact tenants. The guidance for supporting people to move into a sheltered home was shaped by those with lived experience leading to a more effective process.

The provider informed us about further developments and improvements that are currently underway. People experiencing care will be invited to join tenants' panels to support recruitment of new staff. This will support people to feel included, valued and involved in shaping their community.

This area for improvement has been 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?	2 - Weak
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	2 - Weak

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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