Bon Accord Care - Housing Support - 2
Housing Support Service

Marischal College
Broad Street
Aberdeen
AB10 1AB

Telephone: 01224 053 333

Type of inspection:
Unannounced

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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 875 people across 19 sheltered housing complexes. Around 200 people were receiving care and support from staff, this included support with personal care, medication and meals.

All of the 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 16 and 26 June 2025. 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 throughout the inspection year.

In making our evaluations of the service we:

- spoke with 55 people using the service and one of their family members
- spoke with 19 staff and management
- received written feedback from 24 people using the service, 11 friends/relatives of people who use the service, 10 staff and four visiting professionals.
- observed practice and daily life
- reviewed documents.

Key messages

Most people praised the care and support they received.

Staff were kind, caring and respectful to people.

Personal support plans did not always contain information about people's health and wellbeing needs and reviews were not always up-to-date.

Improvements were required to quality assurance processes to improve outcomes for people.

There was mixed feedback from staff about the support they received and some staff raised concerns about lone working.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
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? 3 - Adequate

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

We saw kind and caring interactions between staff and the people they supported. Staff knew people well which helped to ensure that care was carried out according to their preferences. Most people praised the care they received from staff and told us they were happy living there. One person told us "it's the best move I ever made" and a family member shared "the standard of care is second to none".

Feedback from external professionals was mixed. One said when they had spoken to staff in one complex they had not been very helpful, however on another occasion they had been. Another professional said that staff were responsive, were involved and "went above and beyond" for tenants.

We found there was a sense of community within some of the complexes. There was a calm and pleasant atmosphere, which helped people feel comfortable and relaxed within their surroundings. Most people told us they felt safe. Welfare checks were completed daily by a Tunstall telecare system.

Some people received support from staff with personal care. We received mixed feedback about this. One person told us "some staff go the extra mile " however they also said "some are really rushing", whilst another person told us they "are showered with kindness". This meant that people did not always feel they were treated in a dignified way.

We could not be confident that people's health and wellbeing needs were being met as some people's personal plans and risk assessments were not up-to-date. Details of how people's health conditions could impact on their wellbeing were not always documented, for example one person who had a complex medical condition did not have any information in their support plan about this. This meant staff were lacking critical information about how to support some people in the event of their health and wellbeing needs changing or deteriorating. (see 'What the service has done to meet any requirements made at or since the last inspection').

People were supported to access appropriate healthcare. The service worked closely with the organisation's reablement facilitators and made appropriate referrals to other professionals. One external professional told us that the service were good at making appropriate referrals when these were required and another told us that staff communicated well with them when there were any changes. This ensured people had the right support and equipment to meet their needs.

Staff identified when people's health had deteriorated and contacted medical and emergency services when required. One family member told us "staff are very intuitive and pick up issues".

People had access to technology to call for help if needed. People said they felt safe because they knew they could get support in an emergency if they needed it. One person told us "If it had not been for Bon Accord care I would not be here today" and another said, "When I have a bad day, they know and they really support me". However, some people said that response times were sometimes delayed which caused them stress and anxiety. External professionals also said that people sometimes had to wait for extended periods for responders to attend. Due to the nature of the responder service calls are prioritised when they are received which means people might experience delays in responder arrival times.

People had risk assessments in place in relation to falls management. We found when people had experienced a fall, their risk assessments were reviewed and updated. A weekly falls meeting meant management had a good oversight of reducing the risk of falls and ensured measures were in place to protect people. This helped to keep people safe and helped to reduce the risk of further falls.

Some areas of medication administration needed to improve. We examined a sample of medication records and found where people were prescribed a topical medication such as creams, topical administration records were in place. However, we found some were not fully completed and reflective of people's prescription. We also found some people's medication assessments were not accurate and reflective of the care and support needed. This meant people may not always receive the right medication at the right time with the potential to affect their health and wellbeing. The service should ensure that their quality assurance processes include regular review of the medication system and that any actions identified are completed in a timely manner. **(see key question 'How good is our leadership')**.

Service supervisors were sometimes completing medication assessments for people where there had been a change in their support needs. However, the provider told us this was the responsibility of the Health and Social Care Partnership. The provider had been working with the local Health and Social Care Partnership to review medication procedures and assessment processes. The management team should continue to work with the Partnership to ensure that all people's assessments are up-to-date and reviewed when required. We will follow this up at our next inspection.

We found that infection prevention and control (IPC) procedures helped keep people safe. Personal protective equipment (PPE) was readily available and in good supply. Staff received infection control and prevention training as part of their mandatory training. We found alcohol hand gel was not readily available at the entrance to some complexes. We discussed this with the management team during the inspection so that this could be put in place to aid hand hygiene to minimise risk of infections.

We had concerns about the cleanliness of some of the complexes we visited. People we spoke to also said they were unhappy with the cleanliness of the communal areas and the lifts. The cleaning of the communal areas was the responsibility of the landlord. Whilst we found most communal areas to be clean we found some areas were not. For example, we found in one complex the communal area to be very dusty, and the floors were not hoovered. We also found poor infection prevention and control practices, for example wet mops were left in mop buckets. This put people at risk from infection and did not create a dignified environment. We spoke to the manager about enhancing their daily building checks to include oversight of cleanliness and to establish a process of highlighting issues or concerns with the relevant parties.

How good is our leadership? 3 - Adequate

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

The service benefited from having a structured leadership team which consisted of a registered manager, 2 assistant managers and service supervisors. Assistant managers and service supervisors had responsibility for identified complexes and the service operated a 'pod' model, this meant that one service supervisor was responsible for 2 or 3 complexes which were located nearby. This meant that leaders had identified responsibilities and management tasks were delegated.

There were regular meetings of the leadership team which included daily huddles and a weekly leadership meeting, providing consistent oversight and support. External professionals said the leadership team participated in relevant meetings and were responsive.

This engagement enabled effective multi-disciplinary collaboration to meet people's needs.

Quality assurance processes were not as effective as they could have been. There were some quality assurance tools available to help the leadership team identify and prioritise improvements. However, these were not always being used to good effect. For example, we found where an audit generated an action these were not always being actioned and closed off. This meant we could not be assured required improvements had been carried out. The service had an area for improvement made at our last inspection to review the tools and audits used see "What the service has done to meet any areas for improvement made at or since our last inspection". Whilst this area for improvement has been met the provider should now ensure that they review their quality assurance processes to ensure that people's care and support benefits from these. **(see area for improvement 1).**

Observations of staff practice took place during staff induction. The provider told us that they were introducing a more formalised process of cyclical observations of staff practice covering a variety of areas. The provider should ensure that observations of staff's practice are included as part of their quality assurance processes to ensure that the outcomes for people that use the service are being met. **(see area for improvement 2).**

Records of incident and accidents showed us that staff had taken the right steps to keep people safe and learn from events. The leadership team had a good oversight of accidents and incidents through discussions at a twice weekly meeting. This supported good outcomes for people and reduced the likelihood of repeat reoccurrence. We found the right people had been informed about significant events with included families, other professionals and the Care Inspectorate.

The service had an improvement plan in place which gave us confidence they were committed to driving forward improvement. We discussed with the manager about how this could be further developed to include the views of people who use the service and staff. We signposted the service to the Care Inspectorate's "Self-evaluation for improvement - your guide" to support the continuous improvement of the service.

The service had a complaints procedure in place. All complaints and compliments were logged on a tracker which recorded the actions taken as a result. Posters detailing the complaints procedure were on display within the complexes. However, a few people told us they did not know how to make a complaint. We spoke to the provider about regularly reminding people that use the service of the process as well as other key information.

Areas for improvement

1. 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).

2. 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).

How good is our staff team? 3 - Adequate

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

During the inspection, we met and shadowed staff. We observed that staff treated people with dignity and were respectful when working in people's homes. Staff were visible and responded to people's needs in a timely manner. People were generally not rushed, and staff took their time to support people. Whilst one person told us there was too much to do in the allocated 15 minutes visit, most people were satisfied with the care provided. People told us that staff were generally on time and if they were to be late, they would call ahead.

Staff arrangements were based on the assessed needs of people receiving care. The service were able to 'step up or step down' the amount of support required if people's needs changed with authorisation from people's care manager.

Staff rotas were held electrotonically and were planned in advance. The service had a pool of relief staff which was used to fill in gaps in the staff rotas, which meant there was a positive emphasis on building as much continuity as possible when planning cover.

People told us that they valued consistent teams of staff, they were complimentary about the core staff working within the service. One person told us "all the regulars are great" and another said "you couldn't get better carers". However, we heard mixed feedback about staff they were less familiar with such as relief staff, they said "Its concerning when you're sitting in the chair and you're thinking who am I getting tonight or in the morning". This meant care and support provided was not always consistent.

In some complexes staff worked alone and were responsible for responding to alarms and telephone calls. This meant that staff could be interrupted by calls when they were providing support to someone. This meant people were not always being treated with dignity and respect and their care was not always the main focus of their attention.

Some staff had concerns about lone working arrangements. One staff member said it was manageable working on their own if they knew people and everything went to plan. However, if something unplanned happened, or they were not familiar with people's needs, this impacted on people's support. It also could result in delays in people receiving care. Other staff told us they didn't feel safe travelling between the complexes out of hours. We spoke to the provider during the inspection about ensuring that lone working procedures and risk assessments identified and mitigated risks as far as possible and that these included the views and input of staff. One staff member told us that there was limited phone range within a complex they worked in. This should also be considered in the lone working procedures and risk assessments. **(see area for improvement 1)**

There were clear points of contact should staff need support at any time through the use of an on-call phone. A team of "responder" staff were also on call to provide additional unplanned care and support when required.

Safer recruitment procedures were followed. The leadership team carried out regular checks to ensure staff were registered with the appropriate professional body. This meant people could feel reassured that they were being kept safe.

Staff were trained to support people. Staff completed training in various areas including SVQ qualifications, adult support and protection, fire safety, first aid, health and safety and medication administration. Additional training was also available on areas such as challenging stigma and supporting people with dementia. Staff told us that their induction and training prepared them for their role. This meant people could be assured that staff received the right training to do their job and that this helped to ensure a competent and confident workforce.

Staff meetings were held regularly. This provided staff with the opportunity to discuss how things were going, to feel involved and to share information.

Internal audits had identified that staff supervision was not happening as regularly as the organisation's policy stated. We also heard mixed feedback from staff about whether they felt supported. The provider should ensure that there are regular opportunities for staff and their line managers to meet and formally discuss practice and learning opportunities as well as any concerns. **(See area for improvement 2).**

Areas for improvement

1. 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).

2. 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).

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

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

Personal plans were not always up-to-date. As reported under section 'How well do we support people's wellbeing', information about people's health and wellbeing needs was missing from some plans that we sampled. This could lead to poor outcomes for people as staff did not have always have access to up-to-date information about people's care and support needs.

The service had an outstanding requirement which had not been met at the last inspection regarding people's personal plans and ensuring that these reflected people's outcomes and wishes. **Please see "What the service has done to meet any requirements made at or since the last inspection".**

People's personal plans did not always show how the person or their family members had been involved in the planning processes and they lacked detail about the care and support that was being provided. Personal plans were hand written and available in people's homes. However, details about support visits and the tasks that staff supported people with were recorded on an online system. There was limited text available on the online system to record how people would like to be supported which meant staff had to refer people's written plans for this detail. This could lead to important information being missed about people's preferences and wishes if they didn't have time to read the personal plan.

Notes of visits were recorded online which provided oversight to the leadership team.

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

We viewed people's support plans. In some of the plans we sampled, records were not up-to-date and they lacked key information about people's health and wellbeing needs. Some people's reviews were also overdue. Supervisors had completed audits of some people's support plans. Whilst these were detailed and identified actions to be completed some of these actions had not yet been completed. **(see key question 'How good is our leadership').**

An electronic system provided information to staff on the daily care and support tasks that people received. However, this information was not reflected in people's personal plans.

There were documents in place to record when support plans had been reviewed and whether actions had been identified however these lacked some key information which would provide better oversight for the leadership team.

This requirement has not been met and we have agreed an extension until 30 September 2025.

Not met

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 is.

An information leaflet about Bon Accord Care is also provided.

The service told us that they are planning to develop a leaflet for each complex which will provide more local and building specific information. Whilst plans are in place this has not yet been developed.

This area for improvement has not been met.

Previous area for improvement 2

To ensure people benefit from effective quality assurance, the provider should review the tools and audits used. These should focus on people's experiences and result in improved outcomes for people.

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 12 November 2024.

Action taken since then

Quality assurance tools and audits have been reviewed by the provider.

We viewed recent audit documentation for three complexes. These used a traffic light system to identify risks and compliance and were aligned with health and social care standards.

The provider told us that they are now reviewing their quality assurance processes.

We saw that there were various audit tools in place however we could not see how people's experiences and outcomes were improved as a result of these tools and we could not track when actions had been completed. **See area for improvement under key question 'How good is our leadership?'**

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure service users who are living with dementia live in a safe and enabling environment that promotes their health, independence, and wellbeing.

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 experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This area for improvement was made on 13 October 2023.

Action taken since then

The service have set up a Compassionate Buildings project to support people who are living with dementia. This work has involved working with both internal and external professionals and tenants at particular complexes. Training has also been completed by staff and tenants.

People with a sensory, dementia or other cognitive impairments were supported through the provision of signage to aid orientation in one building and various activities have been arranged to promote engagement between tenants and networking.

The service has identified that they would benefit from completing The King's Fund dementia-friendly environmental assessment tools to identify improvements which can be passed to the landlord for consideration. This has been included in their service improvement plan. We will review progress on this at the next inspection.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure they are implementing and embedding an outcome-focussed approach to care which encourages and supports people's independence and wellbeing.

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 experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This area for improvement was made on 13 October 2023.

Action taken since then

We viewed people's support plans, reviews and daily records. Whilst individual support plans in people's personal plans had an outcome section, there was limited information and little reference to outcomes being discussed in reviews. People's personal plans and reviews were not always up-to-date **(see key question 'How good is our care and support' and 'What the service has done to meet any requirements made at or since the last inspection').**

Recording of outcome focussed care training is available for staff.

This area for improvement has not been met however is included under the outstanding requirement **(see 'What the service has done to meet any requirements made at or since the last inspection').**

Previous area for improvement 5

To support people's health and wellbeing, the provider should ensure staff have the knowledge and resources to support with addiction needs.

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 13 October 2023.

Action taken since then

Training is available for staff on 'challenging stigma'. Training has been focused at supervisor level and above and in relevant areas.

The manager also told us that they have developed good links with local third sector organisations and have information available to signpost people to. This meant that they information and advice was available when it was required.

This area for improvement has been met.

Previous area for improvement 6

To ensure staff are following up-to-date legislation and guidance, the provider should ensure that all policies and procedures are reviewed and updated.

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 based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This area for improvement was made on 13 October 2023.

Action taken since then

The provider has a process in place to ensure policies and procedures are reviewed.

All staff have access to policies and procedures on the employee website. Staff are kept informed of any new policy or a change to existing policy via company wide communications. Policies are also discussed at staff meetings as part of a "policy of the month" agenda.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.3 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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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