

Blackwood Care - Raeden Court Care Home Care Home Service

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Telephone: 01224 326 331

Type of inspection:
Unannounced

Completed on:
17 July 2025

Service provided by:
Blackwood Homes and Care

Service provider number:
SP2003000176

Service no:
CS2003000232

About the service

Raeden Court is a care home for adults with physical disabilities, situated in a residential area of Aberdeen. The service is close to transport links, shops and community services. The service provides residential care for up to 15 people.

The service provides accommodation in single bedrooms on one floor, each with an en suite shower room. Bedrooms are of varying sizes. There is a large communal dining room to the front of the property and a smaller sitting room with kitchenette to the rear of the property. There is access to outside space which wraps around the building.

About the inspection

This was an unannounced inspection which took place on 16 and 17 July 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 11 people using the service and their families
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The improvement in the environment meant that people were more sociable within the communal spaces.
- People had a variety of opportunities to engage in meaningful activities within the home as well as within the local community.
- People were supported by a consistent staff team who were working well together.
- Support plan documentation needed more organisation and detail to ensure it was personalised to reflect people's needs.
- Staff were competent in their roles as they had a comprehensive induction in place and a variety of training available.
- Management oversight of all key areas in the service had improved.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated two quality indicators under this key question. We evaluated 1.3 as good, as there were several strengths which had made a positive impact on people's outcomes and outweighed any areas for improvement. We also evaluated 1.5 as very good, as there had been a significant improvement in safe infection prevention and control practices, which had contributed to people's health and wellbeing. The overall evaluation for this key question is therefore good.

There was a marked difference in the overall feel and presentation of the home since our last inspection. People told us they were happy and there was a lively, yet homely atmosphere, with plenty of activities. People told us, 'It's your own life. Anything you want to say, you say it' and 'I get input into what I'm doing. I like living here'. People were very much involved in their care, and this contributed to keeping them healthy and active.

People had support plans in place which detailed the basic care and support they required. Risk assessments were also in place with appropriate measures to reduce risk for people. People had access to external professionals where required. Services such as speech and language therapy and district nurses had been arranged for people where necessary. As a result, people had access to specialist input when necessary.

People were encouraged to enjoy meals together and there was a relaxed, unhurried atmosphere in the dining area. There were plenty of staff to assist, and where people needed assistance, this was done sensitively. There were nice, kind interactions and staff knew people well. A new menu board was in place, informing people of the meals for the day and we were told that people could ask for whatever they wanted, which meant people were able to make their own food choices.

There were lots of appetising hot and cold drinks available for people to help themselves in the dining room, which was being well used. People were making their own teas and coffees. The addition of a vending machine for additional snacks was seen as positive. There were plenty of appetising snacks offered throughout the day, such as fresh fruit and home baking. As a result, people's nutritional and hydration needs were being met.

There was an organised system in place for administration of medications which was audited regularly to ensure compliance, and identify any issues. Protocols in place for administration of 'as required' (PRN) medications required more detail. This would ensure that alternative strategies were attempted before medication was considered, to alleviate people's symptoms. The effectiveness of PRN medications wasn't always recorded, and this meant it was difficult for staff to evaluate the effectiveness of this medication. Covert pathways were in place where required, however, it would be beneficial if these were kept alongside the medication administration recording records, in order to guide staff appropriately. We discussed this with the manager and prompt action was taken to address these issues. We will follow this up at our next visit.

Activities had improved since our last inspection and people were engaged in a variety of meaningful activities such as visits from the therapist, artwork, baking and a ceilidh night. The home had a lively feel and tenants spoke positively about how much they were enjoying all the activities and trips that were organised. We were told, 'We had a magician in yesterday. He was great' and 'I get out and about more. I went to the Abba tribute night'. Regular transport had been sourced and we were told of recent trips out to

local cafes and to see the dolphins. People were involved in planning activities each week and those who preferred to stay in their rooms were enjoying one to one attention with staff for activities such as dominoes and board games. People were being supported to lead busy, active lives with activities that they enjoyed, which made a positive impact on their lives.

Where people required restrictive measures to be in place to maintain their safety, there were areas where this had not been managed appropriately. For example, one resident had bedrails applied to the bed which conflicted with the moving and handling assessment in place, which stated this was not required. A bedrail risk assessment was not in place, to highlight any potential risk factors. We discussed this with the manager regarding the potential associated risks with this practice and prompt action was taken to rectify this situation. **(See area for improvement two under key question 5 'How well is our care and support planned?')**

The home was visibly clean and tidy with cleaning protocols in place, and no intrusive odours. Infection prevention and control (IPC) stations were available for staff throughout the home and used appropriately. Alcohol hand rubs were also readily available for use. In en suite facilities, people's toiletries and other items were all stored appropriately in plastic, wipeable containers and all waste was disposed of appropriately. People could be confident that they were being cared for in a clean and healthy environment.

Domestic staff were very visible in the home and they were working hard to maintain the cleanliness of the home. Staff were knowledgeable regarding which products to use in the event of an outbreak and were aware of the National infection prevention and control manual (NIPCM) guidance to minimise cross infection.

Appropriate signage was in place to guide people regarding effective handwashing practices. Staff knew tenants well and were able to support them with handwashing, in order to keep them safe.

Cleaning records were in place and were reflective of the standard seen in the service. The senior team completed daily checks around the service to ensure all areas were compliant with infection prevention and control. Observations of staff practice were recorded and any areas for improvement identified, were discussed and actioned promptly. This ensured good governance and robust monitoring across all care areas.

How good is our leadership?

4 - Good

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

The manager was very visible around the home at the time of the inspection, as were the staff. Staff told us that the manager was approachable and that there was an open-door policy at all times for everyone. People were therefore confident that if there were any issues, they would be dealt with appropriately, and timeously.

A new quality support team were now in place and were developing a new process which would support services with quality assurance and stakeholder engagement, and this was seen as a positive development. We look forward to seeing how this supports the service to make improvements for people in the future.

Service improvement plans were in place both for regulatory and operational development. Plans showed that any issues identified through the services own audit processes, were included in the plans. There was a

variety of different ways being used to get feedback from people, however, this was not incorporated into the overall service plan. For example, at a recent meeting it was discussed that some tenants would like to be involved in interviewing new staff. This wasn't on the plan as an important development. We discussed this with the manager, who advised that people had started to be involved in interviewing and was therefore in progress, however, had not been added to the plan to capture how this was making improvements and developing, to improve outcomes for people. We will follow this up at our next visit.

Management and staff completed daily walk rounds to identify any issues in the service. Most issues were acted upon quickly, which meant the service were being proactive in their approach to identify and resolve concerns. However, it had not been identified that one person had bedrails in place which had not been assessed nor recommended. **(See area for improvement 1 under key question 5 'How well is our care and support planned?')**

Records of incidents and accidents evidenced that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

Complaints were well managed and clearly documented and there was a robust complaints procedure in place. People told us they were confident any complaints raised, would be actioned appropriately.

The management were receptive to any issues identified by us during the inspection and took prompt action to rectify. This gave us confidence that the service was committed to ensuring ongoing improvements were a focus.

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.

A comprehensive induction for all new staff was in place. Staff told us this had prepared them for their roles and had given them time to get to know the tenants. This gave people confidence that new staff had the right information relating to people's specific needs and outcomes.

A variety of training had been completed, and overall compliance was at a satisfactory level. Staff told us this had been beneficial in increasing their knowledge. Staff told us the manager was proactive at arranging training for staff when new tenants came into the home, with different conditions. Staff demonstrated values through their practice, which were in line with the Health and Social Care Standards. As a result, people benefitted from a competent, knowledgeable staff team.

Staffing arrangements were flexible around the needs of people in the service. A dependency tool was reviewed monthly and informed the basis of the staffing arrangements. Staff told us that there was enough staff to meet people's needs and that they had time to spend with people to do activities, or just sit and have a chat. People were therefore benefitting from a whole team approach to ensuring meaningful connection was embedded into practice.

Staff were happy and told us, 'I love it. It's a nice place to work, everyone is friendly' and 'I feel supported. I can ask for help and we work well together'. Morale was good, as staff felt listened to and supported by the manager, as well as being supported by colleagues. Staff told us that their wellbeing was also considered by the manager, and gave examples of times where they had been supported when experiencing challenges in

their personal lives. This contributed to staff feeling valued.

Staff told us that they received regular supervision and that their development and progression was discussed at these meetings. This supported staff to build confidence to consider development within the service if they wished.

Team meetings were being held on a regular basis, and it was evident from the minutes that staff were able to have input, and put their views across. Staff were aware of the service improvement plan and therefore were aware and involved in what was going on in the home, and what improvements were required for people.

Staff observations of practice had been completed regularly and covered a range of topics such as, correct use of personal protective equipment (PPE), infection prevention and control, moving and handling and mealtimes. Tenants were also asked to give feedback during observations. This meant that people had input into ensuring staff practices were safe and appropriate in order for them to deliver good care.

How good is our setting?

4 - Good

We evaluated this key question as good, as there was a noticeable improvement in the environment since our last inspection, which was having a positive effect on people living in the service.

The home environment had significantly improved since our last visit and felt more homely, bright and fresh. People had been involved in personalising their own space and had enjoyed personalising their own front doors.

The service was clean and tidy in all areas, and free from intrusive odours and noise. People had single, en suite rooms and had been encouraged to personalise these spaces with items from home.

People were supported with a choice of where to spend their time. People's choice to have privacy and spend time in their room was respected. The improvement in the communal areas such as the dining room, had encouraged these spaces to be more social and people were now starting to socialise there together. Staff noted this to be a positive development for the tenants, as they appeared happier and were spending more time out of their rooms.

People had access to fresh air in the grounds surrounding the home, which could be accessed freely via the dining room. The gardens were well maintained and fully enclosed and offered pleasant areas to sit, including a shaded area in the gazebo. Several people were taking advantage of the good weather and were sitting outside at the time of our inspection. It was good to see people enjoying being outside in the sun. The tenants were looking forward to a new project in the garden, to start a mural on the wall. Staff had contacted a local graffiti artist and the local college to assist, and everyone was looking forward to working together on this project.

People told us of being able to get out and about more in the local community. Transport had been sourced and a minibus was booked for all trips, which was enabling people in wheelchairs to also be included. The service was exploring the possibility of joining with local schools, to facilitate visits from schoolchildren to the home. We look forward to seeing how this intergenerational work has progressed at our next visit.

People had been consulted regarding their home environment. For example, people were fully consulted regarding the refurbishment of the dining room. People were involved in choosing colours and fabrics for

their rooms and communal areas. People were listened to and this meant they were able to influence any changes and upgrades.

The senior team were completing regular walk rounds, to ensure the environment was maintained and that any issues were reported to the maintenance person, promptly. We discussed that people with visual impairment and cognitive difficulties, may benefit from clearer, bolder signage around the service to aid their orientation. We discussed that resources from The King's Fund may be helpful as guidance. We will follow this up at our next inspection.

Maintenance records were in place and up to date. A process for reporting faults and repairs was in place, and all repairs were completed timeously. People felt reassured that the maintenance of the service was upkept, to maintain their safety.

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.

An electronic system was being used for people's support plans, however, this system did not support consistency of information nor had the capacity to store all the information required for people. This meant that people's documentation was stored in several different places, which made it difficult to evaluate. We discussed this with senior management who advised that a new system had been sourced and would be implemented soon. We will follow this up at our next inspection.

Risk assessments were in place and were reviewed regularly to ensure effectiveness. Support plans did inform of how to meet people's basic needs, however, these lacked specific details about people's individual specifications and therefore needed to be more person-centred. **(See area for improvement one.)**

Support plans reflected how staff promoted people's independence and how they encouraged people to be actively involved with all aspects of their care. This gave people confidence in their abilities and promoted enablement.

Where people's needs had changed, support plans and assessments had been reviewed regularly to ensure any changes were added to people's plans. This ensured people's care remained right for them.

People and their significant others had access to all support plan documentation through the 'clever cogs' system and could view this at any time. This gave people ownership and the ability to direct their own care.

People's care was being reviewed within the regulatory timescales and involved appropriate people. This ensured people received the care and support they needed and wanted.

Daily care notes were very basic and did not reflect what people had achieved each day. We heard of several positive outcomes being achieved by people in the home and therefore there were missed opportunities to record this in people's plans. We discussed this with the manager who is working with staff to improve on this. We discussed the possibility of the new quality team working alongside staff to improve this process, in order for the daily notes to be evaluative and capturing people's positive outcomes. **(See area for improvement one.)**

Where legal powers were in place, this was clearly documented in people's plans. For example, copies of power of attorney were in place, advising staff who to consult where required.

People had anticipatory care plans in place. These plans reflected people's individual needs and wishes. This meant people's specific wishes and preferences could be attended in the event of a person's condition deteriorating.

Where people required restrictive measures to be in place to maintain their safety, there were areas where this had not been managed appropriately. For example, one resident had bedrails applied to the bed which conflicted with the moving and handling assessment in place, which stated this was not required. A bedrail risk assessment was not in place, to highlight any potential risk factors and there was no documentation regarding consent evident. **(See area for improvement two.)**

Areas for improvement

1. The provider should ensure an appropriate system for support plans is in place to aid consistency and easy access of all people's information. Support plans should be detailed and person-centred to reflect people's daily routines and personal specifications. To capture people's outcomes, daily care notes should be informative and evaluative.

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).

2.

Where it is deemed necessary and appropriate to restrict a service user's freedom of movement, choice and control, for safety reasons, through the use of bedrails, you should ensure that the reasons for such restrictions are clearly documented, that people and their appropriate others are consulted and that consent is discussed and clearly documented. You should ensure such decisions are made in accordance with the Mental Welfare Commission good practice guide on 'Rights, risks and limits to freedom'.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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