

## Care service inspection report

# Abbotsford Care, East Wemyss

## Care Home Service Adults

Hendrie Lane  
East Wemyss  
KY1 4NZ

Inspected by: Beth Martin

Type of inspection: Unannounced

Inspection completed on: 31 January 2012



HAPPY TO TRANSLATE

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### Service provided by:

Abbotsford Care (Glenrothes) Limited

### Service provider number:

SP2010010867

### Care service number:

CS2010248948

### Contact details for the inspector who inspected this service:

Beth Martin

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	6	Excellent
Quality of Environment		N/A
Quality of Staffing	5	Very Good
Quality of Management and Leadership		N/A

### What the service does well

The service organises holidays of the resident's choice each year and this year the destinations chosen are Blackpool in April/May, chalets in Argyll in June and Shell Bay in September. Other residents will be enjoying a holiday at Disneyland Paris as this was part of the wish list.

### What the service could do better

The following area for improvement was highlighted during the previous inspection and remains outstanding:

Several responses to questionnaires highlighted the need for new carpets in the lounge areas; consideration should be given to improving this by the Provider. The service has employed a Housekeeper who has sent a request to Head Office. No action has been taken to date.

### What the service has done since the last inspection

The Service highlighted in the self assessment document last year that they intended to source alternative therapies for the residents. On the day of the inspection a therapist was in the home offering the residents a massage; this is now a weekly occurrence.

### **Conclusion**

Very good standards of care were evidenced at this inspection. Residents spoken with expressed their satisfaction with the service delivered. Regular meetings take place between the staff and residents and there was evidence that their views regarding service planning and delivery are taken into account.

### **Who did this inspection**

Beth Martin

# 1 About the service we inspected

Social Care and Social Work Improvement Scotland (SCSWIS) is the new regulatory body for care services in Scotland and is now known as the Care Inspectorate. It will award grades for services based on the findings of inspections. The history of grades that services were previously awarded by the Care Commission are also available on the Care Inspectorate website.

Before the 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from the 1 April 2011, this service was registered under the new body, SCSWIS now known as the Care Inspectorate.

Abbotsford East Wemyss is a purpose built home, situated in a residential area, registered to accommodate a maximum of 35 residents in the categories of Care of Older People and Care of People with Learning Disabilities. There were 34 residents living in the home on the day of the inspection. The home is divided into three distinct units, Arran, Barra and Coll, providing a small home feel. Consultation had taken place with the residents regarding the name of the service; they decided that they preferred to call it Abbotsford Castle Gait Manor.

The Care Home Manager and is responsible for the supervision of staff and the day to day running of the home with the assistance of the Deputy Manager; both were present on the day of the inspection.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 6 - Excellent**

**Quality of Environment - N/A**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - N/A**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.scswis.com](http://www.scswis.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### **What we did during the inspection**

This second unannounced inspection of 2011/2012 inspection year was carried out by Beth Martin Inspector on 31st January 2012. The inspection focused on the areas for improvement identified at the inspection in July 2011: the report of which should be read in conjunction with this report. Feedback was given to the Manager and Deputy Manager on the day of the inspection. As requested by us, the provider send us an annual return. The provider also sent us a self assessment form.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents:

- Observing how staff work
- Evidence from the service's most recent self assessment
- Personal plans of people who use the service
- Training records
- Observation of the environment and equipment used

We spoke with various people including:

- Residents
- Nursing and Care Staff
- Manager and Deputy Manager.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

### The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes

### Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

### Taking the views of people using the care service into account

Comments from people using the service included:

"I like it here; I was at Asdas last week and we went for a long walk yesterday"

"We're just away to watch Grease; it's my favourite film"

"I like it here; I like everything about it"

"I like the way the lassies speak to us it's braw"

"I like my fish and chips every week"

"We had a lovely Christmas; we had lovely food and a lovely party".

### Taking carers' views into account

The following note is from the daughter of one of the residents and was in the compliments folder:

"There aren't enough words to describe the staff and atmosphere at Abbotsford in East Wemyss but one that might somehow sum things up is fabulous. The care that is given is very good and the staff always seem to go that extra mile and nothing ever seems to be a bother to them if it will make a difference to the residents. The home itself is always nice and welcoming and there is a lovely homely atmosphere. Just knowing my Mum is so well cared for and her individual needs met by such lovely people makes such a difference to me; can't thank them enough".



## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 – Excellent

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

Every year the service makes a 'wish list'; residents are asked to name one thing they would wish to do and the staff support them to do it. Last years wish lists have included:

- Swimming
- A trip to Fife Animal Farm
- A trip to the theatre
- A trip to Anstruther for a fish supper
- Going to a local football match
- Clapping horses
- Shopping trips
- Going on holiday.

This year's wish lists are being developed and to date include:

- A visit to Edinburgh Zoo to see the pandas
- A visit to the Metro Centre in Newcastle
- A visit to Celtic Football Club and to meet the players
- A visit to Rangers Football Club and to meet the players
- A holiday at Disneyland Paris.

The staff were in the process of making these wishes come true. The residents each have a photograph board of them fulfilling their wishes outside their bedroom doors. One of the staff members in Coll Unit has acquired a specially made wooden wishing well for the sitting room and the residents each have their photograph on it alongside their wish lists.

The service organises holidays of the resident's choice each year and this year the destinations chosen are Blackpool in April/May, chalets in Argyll in June and Shell Bay in September. Other residents will be enjoying a holiday at Disneyland Paris as this was part of the wish list.

The Service highlighted in the self assessment document last year that they intended to source alternative therapies for the residents. On the day of the inspection a therapist was in the home offering the residents a massage; this is now a weekly occurrence.

The service also highlighted in the self assessment document it's intention to source more affordable transport for the resident's outings. The service now utilises MY BUS; an organisation which specialises in lower cost transport for people in the community. MY BUS also puts on events such as a lunch club each Tuesday, Thursday and Friday at their premises (includes transport) which the residents at Abbotsford Castle Gait Manor have been attending. MY BUS also plans to commence crafts classes and pottery classes which the residents will be able to benefit from if they wish.

Residents have monthly meetings to discuss service issues such as activities and meals; recently the residents requested that the pork be replaced with haggis which has been done. They also suggested having a variety of entertainers to the home instead of one; they now have three on a rotational basis.

### **Areas for improvement**

The service should carry on with the resident's wish lists.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

We ensure that service user's health and wellbeing needs are met.

### **Service strengths**

The following area for improvement was highlighted during the previous inspection:

Questionnaires returned to the Care Inspectorate had highlighted that some people were unaware of the services complaints procedure and their ability to complain to the Care Inspectorate. Although this information is readily available to residents and visitors the Manager stated that she will reiterate this.

There was evidence that this information had been cascaded to residents and visitors during their meetings. The complaints procedure and contact details for internal complaints and complaints to the Care Inspectorate were on the notice board in the foyer. The same information was also in each residents care plan which is signed by the resident or their advocate.

Questionnaires returned to the Care Inspectorate highlighted that some people were unaware that residents have a written agreement. The Manager stated that she will reiterate this also. The Inspector did note however that the questionnaires refer to written agreements and the service refers to residency agreements; this may have led to confusion.

There was evidence that every resident had a residency agreement in their care plan which had been signed by the resident or their advocate.

The Inspector was informed on the day of the inspection that the service had been attempting to increase their links in the local community.

### **Areas for improvement**

The service should continue to increase their links with the local community.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 6**

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provide.

### **Service strengths**

The following area for improvement was highlighted during the previous inspection:

The service had written information on the process for leaving the service should either party wish to terminate the agreement. The Manager described good practice in assisting a resident to move to another care setting should they wish to do so. However this information was not readily available to residents in written format. The Inspector was informed that the new documentation in the care plans will rectify this. However, in the interim consideration could be given to making residents and their families aware of their rights to choose other care provision and how the service would support them to do so.

The organisation has introduced a new care plan system which does inform residents that they will be given support from staff if they wish to move to another residence.

Since the previous inspection the staff have worked closely with other professionals to enable one resident to move into her own tenancy. On the day of the inspection another resident was in the process of moving toward a tenancy with the support of the staff.

### **Areas for improvement**

The service should continue to work closely with other professionals to enable and support residents to move on if they wish to do so.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment - NOT ASSESSED

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

### Service Strengths

The service has employed three members of staff including a relief worker since the previous inspection. All residents were asked if they wished to participate in the recruitment process. Three residents expressed their wish to participate and sat on the interview panel and gave feedback on their preferred candidates. The successful applicants were asked to visit the home to meet all the residents prior to a final decision being made.

Residents have the opportunity to discuss their satisfaction with staff during community meetings and monthly 1:1 meetings with their Key Workers. All residents spoken with during the inspection had nothing but praise for the staff and some referred to them as "friends" or "family".

The following note is from the daughter of one of the residents and was in the compliments folder:

"There aren't enough words to describe the staff and atmosphere at Abbotsford in East Wemyss but one that might somehow sum things up is fabulous. The care that is given is very good and the staff always seem to go that extra mile and nothing ever seems to be a bother to them if it will make a difference to the residents. The home itself is always nice and welcoming and there is a lovely homely atmosphere. Just knowing my Mum is so well cared for and her individual needs met by such lovely people makes such a difference to me; can't thank them enough".

### Areas for improvement

The service should continue to enable residents and visitors to participate in assessing and improving the quality of staffing.

The following area for improvement was highlighted during the previous inspection and remains outstanding:

Residents are able to express their views about service delivery during meetings. It was noted however that questionnaires were not offered to residents. Consideration could be given to this as not all residents may wish to express their opinions vocally and may prefer anonymity. Previously questionnaires were sent to residents and Carers from Head Office but this practice stopped. Consideration could be given to the service developing their own method of enabling Residents and Carers to express their views anonymously if they wish to do so.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

#### Service strengths

At present the Manager is responsible for highlighting training needs via supervision and observation of practice. The organisation's head office keeps a note of all training records and flags up any mandatory training due.

Training which has taken place since the previous inspection includes:

Cancer and Palliative Care - six day course over three months with NHS Fife  
Managing Falls & Fractures in Care Homes for Older People  
Wound Care  
Adult Protection Awareness  
Advanced Care Planning  
Anaphylaxis refresher course  
New Care Plan Format Training  
Topical Medicines and Maintaining Medication Records - delivered by Boots the Chemist  
Safe Needle Practice - delivered by Boots the Chemist  
Safer Administration of Medicines - delivered by Boots the Chemist  
Death, Dying and Bereavement - delivered by NHS Fife  
Accountability - delivered by NMC (Nursing and Midwifery Council)  
Dementia: Support for the Person - delivered by NHS Fife  
Fire Safety  
Moving & Handling  
Hand Hygiene & COSHH (Control of Substances Hazardous to Health)  
Bacteria Bite Business - Food Standards Agency training pack.



On the day of the inspection 14 members of staff had attained an SVQ level II certificate. Four members of staff had attained an SVQ level III certificate and one member of staff was undertaking the training. The service employed four Nurses. The Manager held an SVQ level IV in Health & Social Care, an HNC in Social Care and has also achieved the Registered Manager's Award. The Deputy Manager held an SVQ level IV in Health & Social Care, an HNC in Social Care and had achieved the Team Leader Award.

### Areas for improvement

The service should continue to update the skills and knowledge of the workforce.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

### Service strengths

The service has received no complaints since the previous inspection. Meetings had been held with all staff this month to ask them their opinions about the aims and objectives of the service in the forthcoming year. Priorities for the staff were:

- To improve and maintain their very good and excellent grades awarded by the Care Inspectorate during the previous inspection.
- To carry on making the resident's wish lists become reality
- To continue to resource activities in the local community and maintain their links.

One of the staff members had been to one of the local Community Centres to enquire about activities which may be suitable for the residents. The centre holds Zumba classes and the information was to be shared with the residents at one of their meetings to gauge interest.

The organisation requests nominations from residents, relatives and staff for the 'employee of the month' award. The recipients receive flowers and money/gift vouchers as a thank you for their commitment. The organisation also holds an annual awards ceremony to celebrate the achievements of staff. The achievements include:

5 - 9 years service  
10 - 14 years service  
15 - 19 years service  
20 plus years service  
Trainee of the year  
Employee of the year  
Home of the Year.

The Deputy Manager received the 'Employee of the Year' award at the 2012 ceremony and she and the Home Care Manager were the recipients of the 'Special Recognition' award. The Home Care Manager was also one of the five finalists at the National Care Awards in London held by the Caring Times.

### **Areas for improvement**

The following area for improvement was highlighted during the previous inspection and remains outstanding:

Several responses to questionnaires highlighted the need for new carpets in the lounge areas; consideration should be given to improving this by the Provider. The service has employed a Housekeeper who has sent a request to Head Office. No action has been taken to date.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

**Quality Theme 4: Quality of Management and Leadership - NOT  
ASSESSED**

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

A valid insurance certificate verifying liability insurance cover.

A staffing schedule agreed with the Care Inspectorate as a condition of registration.

A valid registration certificate.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Statement 6	6 - Excellent
<b>Quality of Environment - Not Assessed</b>	
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Statement 4	5 - Very Good
<b>Quality of Management and Leadership - Not Assessed</b>	

## 6 Inspection and grading history

Date	Type	Gradings
13 Jul 2011	Unannounced	<div>Care and support</div> <div>6 - Excellent</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>Not Assessed</div>

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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[www.scswis.com](http://www.scswis.com) or by telephoning 0845 600 9527.

### Translations and alternative formats

This inspection report is available in other languages and formats on request.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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