

Abbotsford Care, Glenrothes Care Home Service

Strathburn Drive
Glenrothes
KY7 4UQ

Telephone: 01592 631333

Type of inspection:

Unannounced

Completed on:

10 July 2018

Service provided by:

Abbotsford Care (Glenrothes) Limited

Service provider number:

SP2010010867

Service no:

CS2010248949

About the service

Abbotsford Glenrothes provides care and support for up to 40 people including older people, people living with dementia, dementia related illnesses and people under sixty five who have mental health conditions. The care home has four units, Harris, Lewis, Mull and Skye.

The home is centrally located beside local amenities and a local bus route. The home has a flat and well tended garden around the building which is well used by the residents. During the inspection, the manager told us about plans to increase security and access to the garden from each of the four units.

The home will celebrate twenty five years of being open on the 20th of July 2018.

What people told us

Residents, relatives and staff had the opportunity to comment on their experience of the home through the Care Standard Questionnaires which were returned to us prior to the inspection.

Overall, people agreed that they were happy with the quality of care received. Comments from residents and relatives included:

"most of the staff are extremely caring and compassionate and my relative receives excellent physical care. There are not enough staff in each elderly unit to meet the complex and demanding needs of people."

"relatives can visit anytime and are welcomed. I can address any issues with the staff as they arise."

"more activities if possible and more outings."

"the home is nice and clean and tidy."

"more activities and stimulation required."

"equipment such as chairs in lounge areas, cups, mugs etc are of poor quality and not dementia friendly."

An inspection volunteer supported this inspection. An inspection volunteer is a member of the public who volunteers to work alongside the Care Inspectorate inspector during the inspection process. They have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. Their role is to speak with people using the service, their family, carers, friends or representatives and gather their views. In addition, the inspection volunteer make their own observations from their perspective as a recipient of care and these may be recorded.

During this inspection we spoke with ten residents and three relatives. Comments they made included:

"I can get out for a cigarette, the nurse takes you out. I can go and feed the ducks."

"I don't know what activities are happening. I used to like darts, and I like sports."

"the manager chats now and again, everybody is very friendly,"

"Some staff try to help you. Others not interested."

"I read the paper and like to walk about."

"Don't like it here, someone was shouting, I don't like that."

"I would like to be busier, would like to do more."

"Staff and the manager are fine, easy to approach. (relative)"

"I like the food."

"I am well enough looked after but would like to be home."

"It's better because someone is looking after my relative, although I would prefer they were at home."

Staff members were also given the opportunity to complete a Care Standard Questionnaire prior to the inspection and we received two completed questionnaires. Staff who responded said that they had regular supervision with their manager, they were given the opportunity to meet with other staff to talk about their day to day work and they were asked for their opinion on how the service could be improved.

Self assessment

A self-assessment was not required to be completed at this inspection, however, the service spoke about their goals and aspirations for the forthcoming year. The management team had identified strengths and areas they wanted to develop through their service development plan (see Quality Theme, Management and Leadership)

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We assessed the service to be performing at a weak level in relation to the care and support offered to residents. We found this following a review of care plans, speaking with the manager and staff and our observations of the care and support provided.

The service benefits from a single storey building surrounded by well tended gardens. Staff told us about the development of the garden so that there was now an area for bowling and putting. The manager had put forward a plan to increase the access and security of the garden to allow residents could be more independent when accessing this area. Residents we spoke with were clearly interested in the garden and told us that they would like to spend more time outdoors. During the inspection we observed staff supporting residents to access the garden, wearing appropriate sun protection.

We would expect that people were able to engage in meaningful activities throughout the day. Although some care plans we reviewed contained details of previous hobbies and interests such as one resident who enjoyed being in the kitchen, we saw only a few residents being given the opportunity to be involved in activities meaningful to them. Residents told us that they would like more to do and although the service did have a weekly activity planner, we asked the management team to make this more accessible to residents so they were aware of options for activities and events available to them.

Whilst the service met the staffing schedule, from our observations, feedback from staff and people using the service, staffing levels were stretched. This was due to the changing needs of residents. We discussed this with the management team and were confident that deployment of staff throughout the unit would be reviewed.

It is important that residents benefit from care planning which meets health and social care needs and manages specific individual risks. Residents benefitted from good links with local health staff to manage their day to day health needs and to ensure medication was regularly reviewed. We found evidence of positive health outcomes as a result of these links, for example, a reduction in diabetes medication for one person due to staff managing blood sugar levels. We spoke with the manager about areas for improvement related to personal care plans including the need to develop a more personalised plan and avoid use of terminology such as "wandering" or "demanding" when referring to residents. We were satisfied that the service had plans to improve care planning through the introduction of a new electronic system.

People should have confidence that their medications are being delivered in a safe way. Although we were confident that this was taking place, we discussed a number of best practice issues with the manager.

In some personal plans we found concerns relating to wound care which presented a risk to the health needs of individuals. These related to:

- skin care assessments not being fully completed
- no plan of wound care being identified
- referral to health colleagues not being made
- pressure relieving equipment not being ordered as required

We brought these concerns to the attention of the manager and although action was taken to address these risks a requirement was made. (see requirement 1)

In one personal plan we found a potential risk of harm to a resident which related to a choking incident. Although this had been recorded on daily handover notes and an accident form, the manager was unaware of the incident. There was no reference to this risk in the care plan and an appropriate risk assessment and update to the plan had not been completed. We made the manager aware of this risk of harm and what action was necessary to protect the individual. (see requirement 2)

Requirements

Number of requirements: 2

1. The provider must make proper provision for the health, welfare and safety of service users by ensuring:
 - a) would management practice must be based on best practice in wound management and pressure area care. This should include access to pressure relieving equipment where necessary.
 - b) the service must ensure that wound management is reviewed regularly by the management team.

Health and Social Care Standards: 3 - I have confidence in the people who support and care for me: 3.21 - I am protected from harm because people are alert and respond to signs of significant deterioration in my health and well being, that I may be unhappy or may be at risk of harm.

This is to comply with the Social Care and Social Work Improvement Scotland (requirements for care services) Regulations 2011 /210 Regulation 4(1)(a)

Timescale: to commence immediately and complete by 17 August 2018

2. The provider must make proper provision for the health, welfare and safety of service users by ensuring:
 - a) support plans are reviewed following incidents and accidents and contain up to date risk management strategies to meet the health needs of service users.

Health and Social Care Standards:

3 - I have confidence in the people who support and care for me: 3.21 - I am protected from harm because people are alert and respond to signs of significant deterioration in my health and well being, that I may be unhappy or may be at risk of harm.

4 - I have confidence in the organisation providing my care and support: 4.14 - My care and support is provided in a planned and safe way including if there is an emergency or unplanned event.

This is to comply with the Social Care and Social Work Improvement Scotland (requirements for care services) Regulations 2011 /210 Regulation 4(1)(a)

Timescale: to commence immediately and complete by 17 August 2018

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of environment

This quality theme was not assessed.

Quality of staffing

This quality theme was not assessed.

Quality of management and leadership

Findings from the inspection

We assessed the service to be performing at a weak level in relation to the quality of management and leadership.

People should benefit from premises which have been adapted, equipped and furnished to meet their needs. We found evidence of improved cleaning schedules which meant that the home was clean, tidy and uncluttered. One unit had been re-decorated in consultation with the residents. The manager had identified other improvements to the environment in the service development plan including plans to develop outdoor facilities.

However, the home generally looked tired and in need of re-decoration and refurbishment. There was limited signage in communal areas and on bedroom doors to support people living with dementia to find their way around the home. We spoke with the manager about this and were satisfied that they planned to use the Kings Fund self assessment tool, "How dementia friendly is your environment?" to consider improvements to the environment.

We would expect the service to have a range of management audits in place to ensure high quality care and support based on best practice guidance was provided. Although the service had a suitable quality assurance process in place, we did not find that the manager used this process to develop an overview of the care provided and to support improved outcomes for people. We were not confident that the manager and senior staff communicated effectively to ensure the health and wellbeing of the people they supported. We found this when we examined wound care records and risk assessments (see Quality of Care and Support) and management audits. (see requirement 1)

The manager had developed a service development plan which outlined the strengths of the service and what improvements were planned. The service held regular meetings with staff and residents to involve them in developments and improvements. The plan would benefit from evidence of involvement and feedback from residents and relatives about what action the management and staff team would take to achieve improvements.

The manager also made monthly contact with relatives to discuss any care or support issues. Although this was good practice, people using services should be fully involved in developing and reviewing their personal plan on a planned and regular basis. Care plan reviews were carried out in one unit, however, this was not the case in other units. We discussed this with the management team and confirmed that care plans must be reviewed at least once every six months. (see requirement 2)

Requirements

Number of requirements: 2

1. The provider must make proper provision for the health, welfare and safety of service users by ensuring:
 - a) Communication within the service effectively supports care planning to meet the needs and personal outcomes of service users.
 - b) Quality assurance systems are effective and support improvement and change within the service.

Health and Social Care Standards:

4 - I have confidence in the organisation providing my care and support: 4.19 - I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes

This is to comply with the Social Care and Social Work Improvement Scotland (requirements for care services) Regulations 2011 /210 Regulation 4(1)(a)

Timescale: to commence immediately and complete by 24 August 2018

2. The provider must ensure that personal plans are reviewed at least once in every six month period.

Health and Social Care Standards:

1 - I experience high quality care which is right for me: 1.12 - I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

2 - I am fully involved in all decisions about my care and support: 2.17 - I am fully involved in developing and reviewing my personal plan which is always available to me.

This is to comply with the Social Care and Social Work Improvement Scotland (requirements for care services) Regulations 2011 /210 Regulation 5(2)(b)(iii)

Timescale: schedule for review of care plans to be implemented by 21 September 2018

Recommendations

Number of recommendations: 0

Grade: 2 - weak

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The content of care plans should be further developed to better reflect the reasons for living in a locked environment and detail any actions needed to achieve the best care outcomes possible for each individual. The service should ensure that care plan reviews are carried out with health and social care professionals and identify risk enablement and risk management strategies which develop the potential of the individual.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (a) and (c) and take account of the National Care Homes for Older People, Standard 6 - Supporting Arrangements

Timescale - within six months of receipt of this report.

This requirement was made on 24 July 2017.

Action taken on previous requirement

The service had introduced 1-1 support for residents living in the Harris Unit which provided an opportunity to go out once per week ie for lunch, shopping or to an event. Also evidence that reviews with other professionals were happening on a regular basis.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service should set out a programme of replacement for furnishings and bed linen throughout the home.

This is to comply with the National Care Standards, Care Homes for older people 4 Your environment: You can expect that the rooms and corridors are kept in good decorative order and the home and furnishings are well maintained.

This recommendation was made on 24 July 2017.

Action taken on previous recommendation

Action plan in place for replacement of furnishings and bed linen - although this has not yet been met throughout the home, satisfactory progress made.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
29 Jun 2017	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
7 Mar 2017	Re-grade	Care and support Not assessed Environment 3 - Adequate Staffing Not assessed Management and leadership Not assessed
1 Jun 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
15 Apr 2015	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
17 Apr 2014	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
11 Apr 2013	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
12 Apr 2012	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good

Date	Type	Gradings	
30 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 5 - Very good
28 Jul 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
22 Mar 2011	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed Not assessed

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