

# Abbey House Residential Care Home Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

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## About the service

Abbey House residential care home is a privately owned care home for older people located in a quiet rural setting near to the Angus town of Kirriemuir. The service is registered to provide care to a maximum of 15 people. Residents have access to a garden set in a lovely peaceful setting. Abbey House is set on a gentle hill and each room has view of the Angus hills and surrounding countryside. Their aim is to make residents stays an enjoyable experience by providing a safe and homely environment.

The service was registered with the Care Inspectorate on 28 August 2012.

## What people told us

This inspection was supported by an inspection volunteer. This is someone who volunteers to work with inspectors by speaking with people using services and their relatives or friends. Volunteers have experience of care by either using services or being a carer themselves.

Our inspection volunteer spoke with six residents and the inspector spoke with three people.

People's comments included:

- "They have a list of what I like but despite that they give me what I've told them not to give me". (relating to food)
- "Not much to drink at night time and they're always telling you to keep hydrated".
- "Not much to do here, I'm disappointed".
- "Quite happy here".
- "Well enough looked after".
- "Not looking for finery, so food is ok".
- "Girls very pleasant, awfully good at helping me".
- "I think I'm treated with dignity".
- "If things go wrong I will say so".
- "The two ladies on night shift are very good".

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

## How well do we support people's wellbeing?

**2 - Weak**

We have assessed that the service was reaching a weak level overall in relation to the question 'How well do we support people's wellbeing?' Whilst we identified areas of strength, these were outweighed by weaknesses.

During the inspection we saw people being treated with compassion and dignity. Staff evidenced their caring values during observations and when speaking with us. We heard staff talking with people about things of interest to them, it was clear that they knew people well. Residents were listened to and some choice was promoted and respected.

Staff sat with residents at mealtimes and promoted a sociable atmosphere.

One area where choices needed to be promoted more was provision of meals and snacks. Each day there was a main meal planned and if people did not want that then they could opt for an alternative. Staff did not always know what alternatives were available. We also noted that at one mealtime people were only offered a choice of three fizzy juices with no alternatives.

A risk assessment was in place to say that condiments were not to be kept in the dining room as some people may overuse these. Staff were to offer people choices of these at point of service. We did not see this happen and felt that this could have been managed better.

It is important that choice is promoted, this is to ensure that people can enjoy meals in their preferred way and from a range of drinks of different types.

The service previously had drinks and snacks available for people to help themselves to between meals, this was no longer in place which meant people had no free access to drinks and snacks. The management team were not sure why this had stopped. One person commented to us that drinks were not available at nights 'Not much to drink at night-time, and they are always telling you to keep hydrated'.

### See area for improvement one

During the inspection we found that one person left the care home grounds unattended when it was not safe for them to do so. We were concerned because this person was put at risk of harm as a result of this. We examined their care plan and found that this did not reflect the potential risks to the person. No specific risk assessment or care plan were in place to guide staff about how to keep the person safe.

We were told that the front door should have been either locked or if people were using the garden that a sensor beam was used to alert staff to people entering or leaving the building. There was no system in place to ensure that this was monitored by staff.

### See requirement one

Walking was very important for the person, we could only see three occasions over the previous six weeks that

they had been outside the home, this was for short walks to see the horses. We could not be confident that their social and recreational interests were being supported well.

People should be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. We found no evidence of any planning for activities. Any activities that took place were on an adhoc basis and dependent on other staff duties.

Whilst we saw some evidence of activities such as table top games and sing songs, there was a lack of records to show where these had worked well and who had benefited from these. People told us that they rarely had opportunities to leave the care service and would like some outings and for more options to be available in the home regularly rather than when staff had free time.

## See area for improvement two

People should be confident that any treatment of intervention is carried out safely. Medication records showed that mostly medication was managed well, and that people received these timeously.

However, we asked the service to review:

- Topical applications to ensure that these were given at the agreed intervals and that body maps accurately showed the expected frequency of application.
- That handwritten entries were completed following good practice guidelines.
- That environmental temperature checks were carried out regularly to ensure that medicines were stored at safe temperatures.
- That staff recorded actual dosages of medication given where there was a choice of dosage available. This should include protocols for staff to follow to guide them about the appropriate dosage.

The service had also introduced using homely remedies which the GP had agreed per individual person which enabled staff to administer medication not prescribed. However, staff did not have an understanding of how to use this and there was not stock of homely remedies (this was purchased during the inspection).

## See area for improvement three

Two residents were seen sitting in wheelchairs for extended periods of time. We asked staff about this, and they confirmed that they should have been supported to move to comfortable chairs. Sitting for long periods in transit wheelchairs can lead to breakdown of skin.

## See area for improvement four

### Requirements

1. The provider must ensure that people are kept safe from risk of harm. This must include by **30 July 2019** ensuring that clear up to date care plans about how to keep people safe and associated risk assessments are in place. This must also include that staff are aware of the guidance and follow this.

**This is to ensure that care and support is consistent with the Health and Social Care Standards 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) and 'My care and support**

meets my needs and is right for me'. (HSCS 1.19). In order to comply with The Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011. SS1 Regulation 5 - Personal Plans

### Areas for improvement

1. In order to ensure that people have meaningful choices in relation to meals, drinks and snacks the management team should review catering provision. They should also ensure that staff promote choices and make sure these are available to people at all times.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that 'I can choose suitably presented and health meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'I can drink fresh water at all times'. (HSCS 1.39)**

2. The service should ensure that activities are planned and carried out in a meaningful way. They should ensure that provision of a range of activities to meet individuals needs and these should be both indoors, outdoors and in the local community following people's preferences.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors'. (HSCS 1.25)**

3. The service should review medication management to ensure that all aspects of their own policies and good practice guidance is followed.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that 'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)**

4. The service should ensure that people are supported to change their position and seating on a regular and planned basis to ensure that they are comfortable and that their skin is kept healthy.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'My care and support meets my needs and is right for me'. (HSCS 1.19)**

### How good is our leadership?

**2 - Weak**

We have assessed that the service was reaching a weak level overall in response to the question 'How good is our leadership?'.

Residents should expect that their experiences are continually evaluated so that they are provided with the right care and support. Key issues we identified have the potential to lead to poor outcomes for people.

For example, the service failed to ensure that one resident was kept safe when they were able to leave the building alone when this was unsafe for them. Through discussion with staff and examination of care plans we found that there was a lack of guidance for staff about how to safeguard this person. Not all staff were familiar with expectations for securing the front door. The services quality assurance processes were not used effectively and this meant that the management team could not be confident that people were kept safe.

The service had a limited range of environmental risk assessments in place and where these were in place they were not adequate and missed key areas such as radiator safety, kitchen and garden safety. It is important that services carry out these assessments to help them identify potential risks to people and to put in place measures to reduce identified risks. These should be reviewed on a planned basis or when there are any changes.

A range of audits had been introduced, however, these were not effective in identifying where the service needed to improve. We discussed the benefits of carrying out meaningful audits to help maintain and improve standards in the home.

**See requirement one** (and requirement one made in Key Question 4 How Good is our Setting)

We expect that notifications are made to us when there is a significant event in a care service. This had not always been carried out.

The management team need to ensure that they follow Care Inspectorate Publication 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Publication date February 2012).

**See requirement two**

We discussed with the management team the benefits of a development/improvement plan to help them prioritise and action areas for improvement. They agreed to take this forward taking account the findings of this inspection and the outcomes of their own quality assurance processes.

## Requirements

1. In order to ensure that the quality of the service improves outcomes for service users, the provider must by **30 November 2019** ensure that the organisation's quality assurance systems are fully implemented and areas for improvement identified are actioned.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI Regulations 3 and 4 (1)(a)**

2. In order to ensure the health, wellbeing and safety of service users, the provider must by **30 July 2019** ensure that the Care Inspectorate are notified timeously of specific events as per publication 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

**This is to ensure that care and support is consistent with the Health and Social Care Standard which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23) and to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI Regulation 4 (1)(a) and SSI 28 4 (1) Notifications and Returns**

## How good is our staff team?

**3 - Adequate**

We assessed the service to be reaching an adequate level in relation to the question 'How good is our staff team?' This evaluation applies where there are some strengths but these just outweigh weaknesses.

Residents should expect that their care needs are met by the right number of people who have time to support, care and speak to them and to also be responded to promptly when they ask for help. We were reassured by residents and staff that staffing levels were adequate. Residents told us that staff responded to them promptly when they needed assistance. They also said that staff spend time with them. We saw many positive interactions between residents and staff. It was good to see staff sit with residents at mealtimes, these occasions were sociable and relaxed.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We saw staff training had taken place which led to some positive outcomes for people.

For example some staff had been trained to support people living with dementia. We saw that they supported people well by ensuring that they were included well in conversations and by valuing residents' views. Staff allowed people to be involved at their own pace.

However, we did not always see that staff had understood all aspects of the training. For example not all staff demonstrated an understanding of adult protection procedures.

The management team should review how they confirm that staff have understood training. This is to ensure that training has been effective.

We were concerned that three staff we spoke with had not heard of the new 'Health and Social Care Standards' which were introduced in April 2018. It is important that staff are fully supported to read, understand and implement these new standards as these set out what people using care services should expect. These standards seek to provide better outcomes for everyone using such services.

## Areas for improvement

1. The provider should review the effectiveness of training provided to staff and ensure that all staff are familiar with the Health and Social Care Standards and the importance of these to their role.

**This is to ensure that care and support is consistent with the Health and Social Care Standards 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 setting?

**2 - Weak**

We assessed that the service was reaching a weak level overall in response to the question 'How good is our setting?' Whilst we identified areas of strength, these were outweighed by weaknesses.

The home was clean and free from odour. We saw that some people had personalised their rooms with personal items from home. Residents were mostly positive about the setting, people liked their rooms and many people commented on the wonderful views from their rooms towards the fields and horses.

People could sit in the garden to the front of the home and we spoke with one family who were enjoying sitting in the garden. However, the garden was on different levels and was not secure from the car park or road. Some areas of paving needed attention to ensure that it was even for people walking on.

This meant that many residents could not access the garden independently without staff support.

Environmental risk assessment and audits would have helped identify some of the issues in this report and would have allowed the provider to take steps to keep the environment safe and protect people using the service.

Areas we identified included:

- Radiators (fixed and free-standing) which posed a risk of burns and/or a trip hazard) to people
- Garden safety (differing levels, access to road)
- Exit door safety
- Access to kitchen (hot water boilers, AGA cooker, knives)
- Infection control – no soap in two dispensers, swing bins and unnamed toiletries in communal bathrooms.

These areas posed risks to vulnerable people.

**See requirement one**

## Requirements

1. The provider must undertake full assessments on all environmental issues which may potentially cause harm to service users. Appropriate action must then be taken to reduce any potential risk to service users by **30 September 2019**.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'My environment is secure and safe' (HSCS 5.17) and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) (Scotland) Regulations 2011. SSI Regulations 3 and 4(1)(a)**

## How well is our care and support planned?

**2 - Weak**

We assessed that the service was performing at a weak level overall in response to the question 'How well is our care planned?' Whilst we identified areas of strength, these were outweighed by weaknesses.

Residents should expect that their care plans are right for them because they set out how their needs will be met, as well as their wishes and choices.

Care plans were not always completed fully or in place at all for respite residents. This meant that there was potential that people would not receive the care and support they needed.

We found that not all care plans were outcome focused. Care plans did not provide enough guidance for staff to support people to be independent or to guide staff about how best to support a person in different aspects such as nutritional support, how to communicate effectively or social preferences.

We were concerned that some health assessments were not completed on a regular and planned basis. This included pressure ulcer assessments and manual handling assessments which were often undated or signed.



Whilst most people were weighed monthly which helped to monitor people's nutritional status, one person at high risk of under-nutrition had not been weighed regularly. Efforts made to carry this out should always be recorded.

It is important that health assessments are carried out regularly and in a planned way. This helps to identify and significant changes to a person's health and wellbeing.

**See requirement one**

## Requirements

1. In order to ensure people's health, welfare and safety needs are being met and reviewed regularly the provider must by **30 September 2019** develop personalised, outcome focused care plans with a plan in place to ensure six monthly reviews are held.

**This is to ensure that care and support is consistent with the Health and Social Care Standard 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) and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) (Scotland) Regulations 2011. SSI Regulation 4 (1)(a)**

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

## Requirements

### Requirement 1

In order to ensure that staff are safe to be employed in the care service the provider must by 30 June 2018 follow good practice guidance in relation to safe recruitment practices and not employ any person in the provision of a care service unless that person is fit to be so employed. This must include (but is not limited to)

- ensuring that all staff are suitably registered with the relevant professional body.
- ensuring that PVG safety checks are completed prior to employment.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

It is also necessary to comply with Regulation 9(1) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Reference is also made to 'Safer Recruitment Through Better Recruitment'. A Scottish Social Services Council and Care Inspectorate publication November 2016.

This requirement was made on 2 May 2018.

## Action taken on previous requirement

We examined a sample of recruitment files of staff recently employed. We were satisfied that recruitment practices had improved to a safe standard

**Met - within timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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