

Abbotsford Care, Glenrothes Care Home Service

Strathburn Drive
Glenrothes
KY7 4UQ

Telephone: 01592 631333

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Abbotsford Care (Glenrothes) Limited

Service provider number:

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Service no:

CS2010248949

About the service

Abbotsford Care Glenrothes, Strathburn Drive, has been open for 25 years and provides care and support for up to 40 people including older people, people living with dementia, dementia related illnesses and people under 65 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. There are flat and accessible garden grounds around the home which are well used by the residents. Security and access to the gardens from each of the four units has recently been increased.

What people told us

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

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 the service. 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.

People's views about the care and support provided by the service were mixed. Comments from residents and relatives included:

"It's no bad here."

"I can get out into the garden myself."(wheelchair user)

"I would rather do more than sit in front of the TV."

"Staff are good, food not good. Not enough to keep my relative busy here."

"the food is not good, not a great experience for my relative."

"I like the girls, they are good to me."

"I think they are understaffed."

"some staff are very sensitive to my relative's needs, they try to involve us in their care."

"we don't have relatives meetings where our thoughts can be expressed."

Comments from speaking with staff during the inspection included:

"it's an okay service to work for."

"I don't always get to do the training I request and the manager doesn't explain why to me."

"the new deputy manager is very approachable."

During the inspection we observed the meal time experience for people living in the home using the Short Observational Framework for Inspection (SOFI 2). This tool is used to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views. From our observations we found that the meal time experience could be improved for residents through improved social interaction between residents and staff and additional staff support to ensure that meal preferences were provided along with hot or cold drinks of choice. We provided feedback regarding this observation at feedback with the management team.

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 staffing?	3 - Adequate
How good is our setting?	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

Through our observations, review of records and discussion with people using the service, we found the service to be performing at an adequate level regarding how the service supported people's wellbeing.

People who receive services should experience warmth, compassion and have trusting relationships with those who provide care and support. People told us that they liked the staff and they were treated well. We observed staff in each unit and they worked hard to meet the personal care needs of each resident. They also appeared to know the residents well including their choices, such as when they wished to get up in the morning. During the inspection, staff were mainly task focused when supporting residents in their bedrooms and communal areas.

This meant that there was limited social interaction between staff and residents observed during the inspection. We spoke with the management team about ways that social interaction could be improved, for example by staff speaking with residents when supporting them to enjoy their meals.

Most staff were aware of the health and social care standards and we saw that a copy of these were displayed in the lounge area of some units. To enhance the homeliness of the units, we spoke with managers about making pocket guides about the standards available to staff and removing the copies displayed.

We observed over meal times in two of the dining rooms. People we spoke with had mixed views about the quality and variety of meals provided. In the units for older people, we observed some residents eating in the lounge area of the unit and others in the dining room. This meant that there was limited opportunities for staff to spend time with residents over meal times due to their only being two staff on duty. We spoke with the management team about the benefits of encouraging residents to eat together to increase social interaction. Although there was a meal choice and staff helped residents to choose their meal, residents would benefit from accessible menus and more visual prompts when meals are being served.

People had mixed views about having things to do. They told us:

"there is nothing going on for my relative."

"I feel lonely here. I would rather do more than sit in front of the TV."

All care staff were involved in organising social activities and we spoke with the management team about developing the role of activities champion to support staff in organising a wider range of activities. There had been some progress in the range of activities available for people to lead an active life in two units. This included people from the Skye unit attending local community groups and people living in the Harris unit had weekly opportunities to go out into the community with support of one carer. However, we would expect to see further opportunities for people to participate in recreational, social and physical activities every day both within and outwith the home in the garden area and local community particularly within the units for older people. (See Area for Improvement 1).

People should expect that any treatment or intervention they experience is safe and effective. The home had well established links with local health professionals such as GP's and tissue viability nurses. This had led to improved health care outcomes for people using the service. An example of this was that to meet wound care needs of one resident, there had been regular contact with the tissue viability nurse and an agreed wound care plan was followed by staff in the home. The service had implemented weekly clinical management meetings in each unit and this had also improved health and social care outcomes for people by allowing regular discussion between staff and managers regarding changing needs of residents. An example of this was that one resident had a number of falls, this was discussed at the meeting and changes made to their care plan to manage the risk of further falls.

Areas for improvement

1. The service should ensure that an appropriate range of social events, entertainment and activities are provided each day to improve physical and mental health well being and so that residents' cultural needs are met.

This should take account of the Care Inspectorate good practice resource pack, Care about Physical Activity and to ensure that care and support is consistent with Health and Social Care Standards which state "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)

How good is our leadership?

3 - Adequate

During the inspection we found the service to be performing at an adequate level in relation to the leadership of the service.

People using services should expect that they are well led and managed and that this leads to development and ongoing improvement within the service.

We identified the following improvements since the last inspection:

- clinical management meetings had been implemented on a weekly basis in each unit. This had led to improved outcomes for residents. An example of this was that one resident had displayed a number of distressed reactions over recent weeks and the meetings ensured that staff working with the resident were able to identify a consistent approach to support and manage their stress.
- accidents and incidents records were discussed at the clinical meetings and used to inform changes to the care plan. One example was that a resident who had experienced a number of falls had changes made to their care plan to manage risk of further falls.
- a log of complaints and concerns was kept by the manager. This identified what the concern was and how this had been addressed by the service. The management team planned to use this information to analyse issues raised to improve the service and avoid concerns being raised in the future.
- the management team had carried out an assessment of the environment using the Kings Fund environmental self assessment tool "Is your care home dementia friendly?" This had identified a number of improvements to the environment including improved signage throughout the home.

The home had a suitable quality assurance system in place to provide the management team with an overview of the service. Management audits should be effective and support improvement and change for people using services, however there was limited evidence that audits carried out informed changes to how care and support was delivered. An example of this was when we examined care plan audits. Some audits identified that records were missing but did not record action to be taken, for example when six month reviews had not happened. Another example was that one care plan audit identified that there was no consent in place for the use of a wheelchair lap strap with no action noted. (See Area for Improvement 1).

The management team still had to develop a service improvement plan which would identify the improvement journey in all aspects of the care and support provided. This should be developed in consultation with residents, relatives and staff so that their views and ideas for improvement and change were reflected in service improvements. To help with this, a strategy for consulting with and gathering the views of residents, relatives and staff could be developed including the opportunity for relatives' meetings. We will review progress with this plan at future inspections. (See Area for Improvement 2).

Areas for improvement

1. Quality assurance systems should support improvement and change within the service.

This is to ensure that care and support is consistent with Health and Social Care Standards 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. The service should develop a service improvement plan to ensure that everyone involved with the service can improve the quality of care in a planned and structured way.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I can be meaningfully involved in how the organisation that support and care for me work and develop" (HSCS 4.6) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8)

How good is our staff team?

3 - Adequate

From speaking with people who use the service, the staff team and reviewing records, we found that the service was performing at an adequate level in relation to staff working within the home.

People who use services should expect that staff have the right skills and knowledge to support them in an individual way based on their personal care plan. Staff we spoke with during the inspection were overall happy working within the home and told us:

"it's an okay service to work for."

"training is okay but I don't always get to do the training I have requested and not sure why."

From our conversations with staff and reviewing records, we found that staff received an appropriate range of mandatory training to carry out their role such as first aid and adult protection. The service had a good system of reflective practice and staff records showed that reflections were completed following training. This was good practice and allowed staff to consider how they would improve their practice following training events. One member of staff told us that they were more aware of different types of abuse following training and were more informed about how to report abuse if they encountered this in their work place.

Supervision and staff appraisal helped to support staff and keep their skills and practice up to date. The management team had recently carried out reflective performance reviews with all staff and there was evidence of staff being involved in identifying where they would like to develop their skills in future. We spoke with the management team about the need to allow further opportunities for staff to undertake training which would allow them to develop their skills and interests and so that they could take on a leadership role within the staff team. One particular area was to develop the "champion" role for activities.

Care services should have the right number of staff with the necessary skills to meet people's needs at all times. Each of the four units within the home had a staff team of two with some additional support available as requested by the team, for example over lunch time in the two units for older people. Due to the layout of the units and the lack of meaningful activities observed during the inspection, we were concerned about the deployment of staff throughout the home. Although a dependency tool was used, this did not seem to be effective in identifying the number of staff needed to support residents throughout the day. An example of this was that we observed one resident in a unit for older people sitting on their own, facing the wall for most of the morning. (See Area for Improvement 1).

Areas for improvement

1. In order that people who use the service are supported by appropriate staffing levels and skills mix, the provider should ensure that there is an effective system in place to manage the deployment of staff throughout the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "my needs are met by the right number of people" (HSCS 3.15) and "people have time to support and care for me and speak to me." (HSCS 3.16)

How good is our setting?

3 - Adequate

From our observations and talking with people during the inspection, we found that the service was performing at an adequate level in relation to the setting of the home.

People using services should experience an environment which promotes their independence and is safe and well looked after with clean, tidy and well maintained premises, furnishings and equipment. Overall the home was generally clean and tidy and had a bright and welcoming reception area to greet visitors and for residents to use as an informal meeting area. During the inspection we found a number of staff only rooms were not locked including store cupboards and sluice rooms. We asked the management team to ensure that these rooms were locked when not in use.

There was evidence of recent re-decoration in the units and shower rooms had been upgraded. Staff we spoke with told us that these changes had improved facilities for residents to have their personal care needs met. Due to the limited space available in the shower rooms, residents and staff should be involved in a review of these facilities to get their views about any further improvements necessary.

The garden grounds were extensive, generally well kept and secure. The fence surrounding one part of the garden was not secure and we asked the management team to review security arrangements for that part of the garden. We also discussed how the outside area could be developed to encourage residents to use this as a social and recreational area as well as being active in maintaining the grounds. One example of this was that residents were able to smoke in most areas of the garden and this could impact on how people who did not smoke made use of the garden.

The management team had recently completed the Kings Fund environmental self assessment tool "Is your care home dementia friendly?" This had identified a number of ways to improve the environment including adjustable lighting, improved signage on bedroom doors and "black out" curtains in bedrooms. Based on this assessment, an action plan to improve the environment should be developed as part of the service improvement plan. (See How Good is our Leadership).

How well is our care and support planned?

3 - Adequate

From speaking with people and examining records, we found the service to be performing at an adequate level in relation to care and support planning.

People using services should expect to have a personal plan which sets out how their needs will be met as well as their wishes and choices. We would expect people to be fully involved in the assessment, development and review of their personal plans. We were pleased to hear that the service had developed a new care plan process and this would be implemented within the home in the near future.

We identified a number of strengths regarding care planning which meant that individuals needs were identified and helped guide staff to provide their care and support. These included:

- assessment tools used in relation to areas of need such as nutrition and wound care.
- evidence of regular contact with social and health care professionals such as GP's and tissue viability nurses.
- personal hygiene and bathing preferences were identified and evidence through grooming charts that peoples' choices were being met.
- risk assessments and risk management plans were in place for example, where there was a risk of choking and where individuals required the use of equipment such as bed rails.

We also identified areas where care planning could be improved and discussed these with the management team during the inspection. these included:

- Where there was a risk of choking this should be detailed within the appropriate plan of care.
- there was limited evidence that protocols and risk management plans were reviewed regularly so they reflected the residents' current needs and risks.
- consent for use of equipment such as bed rails and wheelchair lap straps should be in place and reviewed regularly.
- protocols should be person centred and identify the outcome desired for the individual. An example of this was an "absconding" protocol in one care plan which was not specific to the person.

Care plans should be reviewed regularly to take account of people's changing needs. Since the last inspection the service had implemented six monthly reviews although not all reviews had taken place as planned and no reason evident for this. Some records provided good details of the care plan having been reviewed and needs updated involving the resident, however most records contained limited or no detail of what was discussed, or how the resident was involved with their review. (See Area for Improvement 1).

We will review progress with implementation of the service's new care planning arrangements at future inspections.

Areas for improvement

1. To improve personal planning, the service should fully involve individual and where appropriate their representative or families, in their assessment of need, development and review of their personal plan and make personal plans accessible and available to the individual at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I am fully involved in developing and reviewing my personal plan which is always available to me" (HSCS 2.17)

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

Requirements

Requirement 1

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 wellbeing, 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.

This requirement was made on 10 July 2018.

Action taken on previous requirement

Accidents and incidents recorded. Evidence in care plans that these inform changes to plan of care. Clinical meetings held weekly - good practice in sharing information between management/staff.

Met - outwith timescales

Requirement 2

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

This requirement was made on 10 July 2018.

Action taken on previous requirement

a) communication - improvements evidenced in relation to clinical management meetings. This element met outwith timescale.

b) quality assurance systems in place however lack of evidence that they supported improvement. Kings Fund assessment - no action plan identified. This element not met - area for improvement made at most recent inspection.

Met - outwith timescales

Requirement 3

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

This requirement was made on 10 July 2018.

Action taken on previous requirement

Review schedule in place. Review paperwork - limited detail. Limited involvement of residents/families evident. Further area for improvement made at recent inspection

Met - outwith timescales

Requirement 4

By 28 February 2019, the provider must ensure that where people who use the service require support, assistance and supervision with their personal hygiene needs, that there are appropriate choice of facilities and equipment to ensure someone can bathe or shower safely. In addition the provider must ensure that personal hygiene care plans reflect a person's choices and wishes relating to personal hygiene and that staff record that these instructions have been followed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards My support my life Standard 1.15 which states "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." It is also necessary to comply with regulation 210 of the Social Care and Social Work Improvement Scotland Regulations 2011

This requirement was made on 10 July 2018.

Action taken on previous requirement

Evidence in care plans that residents' choice of personal hygiene care is respected and carried out.

Met - outwith timescales

Requirement 5

By 29 April 2019 the provider must ensure that correct food safety practices are maintained. This is particular to taking and recording of food temperatures to ensure that people who use the service have their food serviced and maintained at the correct temperatures.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27) and to comply with Regulation 219 of the Social Care and Social work improvement Scotland Regulations 2011.

This requirement was made on 5 March 2019.

Action taken on previous requirement

Recording in place. Food probed at mealtimes.

Met - within timescales

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

The provider should ensure that there is a comprehensive record of all complaints and concerns made at a service level. This should clearly record, but is not exhaustive, date, time and person making the complaint/raising the concern, who investigated, the outcome of any investigation and any action taken. There should also be a clear audit trail of correspondence with the person who has made the complaint/concern where there is a named person.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement with the organisation having a robust and transparent quality assurance processes." (HSCS 4.19)

This area for improvement was made on 5 March 2019.

Action taken since then

Manager now keeps records of all complaints/concerns raised at a service level. Discussed how this system could be further improved to facilitate auditing/review of nature of concerns received.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health 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 levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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