

## Abbotsford Care, Newburgh Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

14 November 2019

**Service provided by:**

Abbotsford Care (Glenrothes) Limited

**Service provider number:**

SP2010010867

**Service no:**

CS2010248944

## About the service

Abbotsford Care, Newburgh (Tayview) is registered to provide 24 hour care to a maximum of forty people, comprising of twenty eight older adults and twelve adults under the age of sixty five. People being cared for experience a range of care needs including physical and sensory impairment, mental health issues and learning difficulties.

Accommodation is provided in a single storey, purpose-built building set in an attractive riverside location. The home is structured as three units, with the adults unit being self-contained whilst the two other units are interconnected. Each unit has its own kitchen/diner and separate living room. An attractive, secure courtyard is accessible from the two older people's units whilst the larger garden grounds are directly accessible from the younger adults unit.

## What people told us

We spoke to a number of people living in the service and their relatives during the inspection. Some people spoke of their strong relationships with staff and the benefits they found living in the home. Relatives had lost a degree of confidence in the home over recent months and were anxious that previous levels of care and support should return. Where concerns were raised they focused on staffing levels, care and support and the quality of food.

## 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?	2 - Weak
How good is our setting?	not assessed
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 inspected the service in order to follow-up on a number of requirements made following the inspection of 9 July 2019. There had been a change of management within the home and the new manager was being supported by the senior manager of the organisation and additional administrative staff. The home have

experienced a number of staffing changes in recent months but we were reassured to find some loyal and dedicated staff remain within the team, providing consistency during changing times.

It is important that people's health benefits from their care and support and that they receive care which meets their needs. When people require medication it is important that this is done accurately and that medication is managed in a safe and effective way. We found that the service were not adopting best practice in medication management and this put people at risk. Our medication audit identified a number of errors, missed medications and inaccuracy of record keeping. We could not be confident the people were consistently receiving the correct medications and this concerned us. Processes to check staff practice were not highlighting errors in an effective way, which meant that existing issues were not always resolved. These issues were brought to the attention of the manager at the time of the inspection and we were made aware of the initial steps which would be taken in order to address them.

People should be able to choose healthy, well presented meals, snacks and drinks which reflect their dietary and cultural preferences. A previous requirement had been made regarding food and fluids but we were concerned by the lack of progress which the service had made since that time. A number of people within the service had lost weight over the preceding months and we could not be confident that weight loss was being consistently monitored. Where people had lost significant amounts of weight there was not evidence to show that the correct professional referrals had been made. This meant that all appropriate steps to help people to regain weight had not been taken and their health may have been affected as a result.

During the inspection we observed that some adapted meals were unsuitable for those who required them. This created a lack of confidence from relatives that their loved one was receiving adequate nutrition each day. Feedback from people living in the service reflected food which was not always to their taste or in keeping with their cultural preferences.

Staffing issues appeared to be impacting on the timing of people's first drinks of the day and fluid charts to record intake showed a poor daily intake for some people. It is important for people to stay hydrated, as a lack of fluid can create a variety of negative health effects.

A lack of structure around the mealtime experience meant that staff were not always aware of what they were serving and people could not therefore make an informed choice. At one mealtime all of the drinks were poured with the same juice prior to people's arrival. This showed a task orientated approach and a further lack of choice for those living in the home. It is important that people are treated with dignity and that their individuality is maintained throughout their care experience. We brought this issue to the attention of a senior staff member at the time of the inspection.

We found the service to be performing at a weak level in this key area, with strengths being outweighed by weaknesses. Such was our level of concern that the issues of medication management and nutrition have become part of the improvement notice issued to the service on 19 November 2019 (details can be viewed on our website [www.careinspectorate.com](http://www.careinspectorate.com)).

## How good is our leadership?

## 2 - Weak

The service have recently had a change of manager and are in a period of transition and change as a result. We were informed that there was a recruitment issue with senior carers and nurses which had created a lack of leadership at that level. The service was taking steps to address this issue at the time of the inspection and expected new staff to be in place within a short timescale. We found the service to be performing at a weak level

in this key area, with strengths being outweighed by weaknesses and improvement needed as a matter of priority.

We would expect that quality assurance and improvement is led well and that leadership is evident and effective at all levels. Although we could see that staff were working hard we observed that the lack of staff structure and support was negatively affecting care. At times staff were adopting a task orientated approach and required supervision and guidance in order to move towards more person-centred care.

It was clear that although there were some processes in place with which to monitor and audit aspects of care, these were not effective in their current format. The manager was aware that the overview of care was slipping and planned to take immediate steps to address this. We could see that some key staff members had the skills to create improvement, given the correct support and adequate time. The service are currently working at a weak level in this key area. Although we could identify strengths these were outweighed by weaknesses at the current time. A requirement is made. See requirement 1.

## Requirements

1. In order to ensure that care and support is effectively delivered and that the manager retains a consistent overview of care, the provider must review how their quality assurance systems are operating and ensure that information gathered effectively contributes to service provision, developments and improvement, by 28 February 2010.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state ' My care and support is consistent and stable because people work well together' (HSCS 3.19) and '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 Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

## How good is our staff team?

### 2 - Weak

Abbotsford Newburgh benefit from a number of individual staff members who have provided consistency and experience within the home in recent years. These individuals are recognised by the manager and their contribution to the home is evident.

It is important that the skill mix, numbers and deployment of staff meet the needs of the people living in the service. Despite the individual skills of those working in the home we did not find that staffing levels and deployment were sufficient to meet people's basic needs. We observed that people were not receiving breakfast and drinks until late in the morning and some people remained at tables within the dining room for long periods following their meal. This meant that people were isolated and in an un-stimulating environment and we could not be confident that they were receiving adequate support for periods of the day.

We observed that staffing levels were impacting on the time which staff could spend with people out with basic care tasks. This situation had contributed to staff adopting a task orientated approach in order to meet care needs. We had concerns that the level of supervision which could be ensured for individuals requiring additional care was not sufficient. This had led to incidents where people had become fearful of others and staff were not

confident that they had the staffing levels to ensure people's safety. We could see that in some cases people's safety had not been maintained and this concerned us.

We found the service to be performing at a weak level in this area, with strengths being outweighed by weaknesses. Such was our level of concern regarding staffing levels and deployment that this area has been included in the inspection notice issued to the service on 19 November 2019 (details are available at [www.careinspectorate.com](http://www.careinspectorate.com)).

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**2 - Weak**

Care plans should be effective in outlining care needs and directing care, with regular updates if and when needs change. We sampled a number of care plans and found that some progress had been made in improving the levels of detail regarding the care of some individuals. This meant that clearer guidance was available to staff and more consistent care could be provided.

On examining respite and new admission care plans we found that documentation was incomplete and that there was insufficient information to guide care. In some cases the care outlined in the care plans was not that which we observed in practice and this caused us concern. Care planning for wounds and pressure area care was inconsistent and, at times, incomplete. We could not be reassured that pressure area care was being safely managed. Wound assessments had not been updated and documentation was unclear and, at times, absent. A lack of clear guidance in this area of care can lead to delayed healing and increased chance of infection, creating a threat to health and well-being.

The service was performing at a weak level in this area, with strengths being outweighed by weaknesses and improvement needed as a priority. Such was our concern that this area was included in the improvement notice issued to the service on 19 November 2019 (details are available on our website [www.careinspectorate.com](http://www.careinspectorate.com))

## 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 the quality of food is sufficient to meet the dietary needs and preferences of all people living in the home the provider must:

- ensure that staff practice and knowledge reflects current best practice guidelines for adapted and specialised diets
- show evidence that people have been supported to participate in menu planning and

that their choice is reflected in the meals provided

- ensure that fresh fruit and vegetables are available daily and prepared and presented in a way which makes them suitable to everyone living in the home by 6 September 2019

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning' (HSCS 1.33) and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37) and in order to comply with Regulation 4 (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 9 July 2019.**

### Action taken on previous requirement

We were disappointed to find that no progress had been made towards this requirement. People within the service reported continued issues with the quality of food. We observed poor presentation and consistency of adapted foodstuffs and poor practice during the mealtime experience.

This requirement has been escalated and is now included in the improvement notice issued to the service on 19 November 2019

**Not met**

## Requirement 2

In order to ensure that the level of staffing is adequate to meet the health, well-being and safety needs of people experiencing care at all times the provider must:

- demonstrate that dependency assessments include aggregated information of the physical, social, psychological and recreational needs and choices in the relation to the delivery of care for all individuals
- take into account the physical layout of the building, staff training and supervision needs when allocating and deploying staff by 30 September 2019.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that 'My needs are met by the right number of people' (HSCS 3.15) and in order to comply with Regulation 15 (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 9 July 2019.**

### Action taken on previous requirement

Although the service have reviewed their dependency tool we did not see evidence that adequate progress had been made with this requirement.

This requirement has been escalated and is included in the improvement notice issued on 19 November 2019

**Not met**

**Requirement 3**

In order to ensure that people experience a high quality, safe environment the provider must:

- maintain the environment to a standard appropriate for the care service
- ensure adequate processes are in place for the prevention and control of infection (including safe storage of food stuffs)
- provide suitable facilities, resources and staffing to ensure clean and well maintained private and communal areas within the home, by 30 September 2019.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state 'I experience an environment which is well looked after with clean, tidy and well maintained private and communal areas within the home' (HSCS 5.22) and in order to comply with Regulation 10 (2) (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

**This requirement was made on 9 July 2019.**

**Action taken on previous requirement**

At this inspection we found the environment to be generally clean, although some areas of the home would benefit from some cosmetic attention. Food storage appeared to be safe and cleaning schedules show that tasks are being completed.

**Met - within timescales**

**Requirement 4**

The provider must ensure that all resident's personal plans document how needs are identified and illustrate a clear plan of how they will be met. In order to achieve this the provider must:

- demonstrate that written information about care arrangements for residents is accurate, clearly guides practice and is up to date
- demonstrate that outcomes for care have been identified and that the plan of care is focused on achieving these
- ensure that all care related information is regularly reviewed and audited

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which states 'My personal 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 Regulation 210 4 (1) (a) and 5 (1) (Requirements for Care Services) of the Social Care and Social Work Improvement Scotland Regulations 2011

**This requirement was made on 26 June 2018.**

**Action taken on previous requirement**

Although we saw some progress at this inspection care planning remains a concern. This requirement has been escalated and now forms part of the improvement notice issued to the service on 19 November 2019

**Not met**

**Requirement 5**

In order to ensure good outcomes for people experiencing care, the provider must ensure that staff are supported to gain appropriate skills and knowledge to enable them to provide people with the care and support they require. The provider should consider the aims and objectives of the service and tailor training to suit these

and the health and wellbeing needs of the people experiencing care. Competency assessment following training should be integral to the training process. The provider must submit their training plan, with timescales for completion, to the Care Inspectorate by 01 October 2019.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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. This is in order to comply with: Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 1 August 2019.**

### Action taken on previous requirement

Although progress had been made towards meeting this requirement the high staff turnover meant that a number of new staff were just beginning their training progress with the company. We will continue to monitor progress in this area at the next inspection.

**Not met**

## 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

In order to ensure that people are empowered and enabled to be as independent as possible the provider should consider making improvements to the facilities in order to provide opportunities for people to maintain and develop life skills.

This is to ensure that care and support is consistent with Health and Social Care Standards which state 'I get the most out of life because the people and organisation who support me have an enabling attitude and believe in my potential' (HSCS 1.6)

**This area for improvement was made on 9 July 2019.**

#### Action taken since then

The service have begun to make plans to develop the kitchen area with Rassay Unit in order to promote independence in cooking and life skills. Some improvements have been made to the outside area of Rassay unit in order to encourage people to spend time outside and participate in gardening activities.

## 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
1.3 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?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	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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