

## Abbotsford House Care Home Service

41 Drymen Road  
Bearsden  
Glasgow  
G61 2RL

Telephone: 0141 942 9636

**Type of inspection:**

Unannounced

**Completed on:**

17 January 2020

**Service provided by:**

Morrison Community Care Limited

**Service provider number:**

SP2003000208

**Service no:**

CS2003000786

## About the service

Abbotsford House provides 24 hour care for a maximum of 34 older people and is situated within the Bearsden area of Glasgow.

The premises are situated close to public transport links and there is parking available within the grounds. The provider is Morrison Community Care Limited.

The care home is a traditional sandstone villa which has in the past been extended to provide additional single room accommodation with en suite facilities. There are also six twin rooms available.

Abbotsford House stands in large, private well maintained grounds which are accessible to people living in the home.

There are three separate lounge areas and a bright and airy communal dining room which looks onto an internal courtyard.

## What people told us

As part of our inspection we spoke to people who use the service. We spoke to people through face-to-face interviews, telephone discussions and questionnaires. The feedback we received was generally positive, and included:

'I am content with the staff they look after me, they show me dignity and respect'

'the staff are very good making arrangements for someone who can't see'

'I am well looked after, and I enjoy all the lovely food'

'all the staff are very kind'

'the staff are helpful and work well as a team'

'staff work well as team and are very approachable'

'leadership is good within the care home'

'it is a good organisation and well managed by staff and everyone involved in the service'

'I feel involved in decisions'

'we need working TV's in all reception rooms'.

## 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?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed

How well is our care and support planned?	5 - Very Good
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Further details on the particular areas inspected are provided at the end of this report.

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

**5 - Very Good**

People experienced positive outcomes from the care and support. Many residents and their families had developed trusting relationships with staff and expressed confidence in the recently appointed manager. A relative told us 'I feel the new manager is a better fit and there is more dignity.' A resident said the staff, 'work well together, we can have a laugh with them, and they are very supportive. We observed staff committed to ensuring people experienced safe and compassionate care.

The care home was welcoming with a range of comfortable furniture and fittings. One resident would like improved access to the internet. We had previously suggested the service also consider the addition of some settees to enable people to sit together. Married couples and relatives may welcome this as it helps to provide a sense of physical closeness.

People were encouraged to get the most out of life and had several opportunities to engage with activities and outings. The activities co-ordinator demonstrated a notable approach to the role. Staff were seen to take every opportunity to support residents to spend time the way they chose. For example, we observed a group of residents playing cards together, others engaged in exercise and staff spending time 'one to one' with people. One person said, 'I would like more activities as I can get quite bored.' We encouraged the service to consider how they might extend this support to include more evenings and weekends.

Residents had access to a secure outside space normally used with staff supervision. A few residents appeared frustrated as the locked doors prevented them doing what they wished. Residents who requested or displayed a desire to go outside were quickly assisted by staff who were responsive to their requests. If safe and independent access was further developed this increase the sense of freedom and independence for some residents. One person told us, 'I feel I would like to go out more with everyone.' We signposted the service to the Mental Welfare Commission's good practice guidance 'Rights, risks, and limits to freedom'.

Hostess staff set up the dining areas with tablecloths, condiments and place settings. This provided familiar prompts to help residents with mealtimes. Overall the dining experience was calm, relaxed and very well managed. We saw people with special dietary needs received dignified support and residents we spoke to told us they enjoyed the food. Additional drinks and snacks were offered between meals and during planned activities. We suggested access to freely available snacks and drinks may help to ensure some people had additional opportunities to access nutrition and hydration between meals. A relative we spoke to was disappointed about the relocation of one of the homes regular chefs as he had always provided exceptional home baking.

The care home facilitated regular placements for occupational health and nursing students. The learning culture supported good practice and had been very positive for residents, students and staff. We encouraged the service to regularly assess the impact of hosting students. This was to ensure residents did not find the potential level of activity overwhelming in their home.

People received support with their medications at the correct time, in the prescribed dose to ensure their health was maintained and improved. Staff undertook safe administration of medications in line with good practice

guidance and had also successfully introduced an electronic Medication Administration Records (eMAR) software system. We observed medication administration and felt staff demonstrated they were safe and competent. The service received pharmacy support and carried out regular audits. This meant people who needed help with medications were fully supported.

An employee's practice recently fell below the customary high standard of care provided. We were generally satisfied with the management of this incident. We spoke to relatives and residents who told us they had no concerns about the quality of care and support provided in the service. Overall staff, residents and relatives benefited from a service well led by a caring team. We signposted the service to the new 'Self-evaluation for improvement' resource. This was to help support continued improvement planning and target efforts around desired improvements.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**5 - Very Good**

The service used an electronic software system for care and support planning and review. This stored residents' key information and captured the range and frequency of staff interactions. Staff told us the software managed for example, daily notes and important alerts, improved communication, recordings and reduced duplication. This meant staff had increased time to spend with residents. We felt the electronic care plans were based on good practice models, tools and guidance.

The care plans continued to support and promote effective care delivery. We saw the content of plans reflected agreed actions as well as goals and outcomes. One resident told us 'my family can come to visit me when they like, and they give staff information about what I like and dislike. This information can be put into my support plan, on the best way to support me.' This helped to ensure people were treated as individuals and their personal preferences respected. We saw the care plans were up to date and regularly reviewed.

Future needs were anticipated as part of regular assessment and review. One resident said, 'I am grateful to be here, the staff help me, and they are very friendly.' Staff demonstrated sound knowledge and effective management of complex and long-term conditions. Relatives told us they had monthly reviews and regular access to staff and the manager. This provided opportunities to address and discuss any areas of concern.

People's health benefited from the input and assessment provided by a range of visiting allied health professionals. The enhanced General Practitioner (GP) service ensured time and support for a consistent and sensitive approach to anticipatory care planning (ACP). This was exceptional and meant people's plans were right for them including outcomes desired at end of life. Staff felt this approach benefitted their understanding when planning care, enabling them to recognise people's wishes and choices. One relative we spoke to was positive about their access to the GP to discuss any element of their relative's care. People experienced increased peace of mind as a result of this early planning.

There was a consistent approach to maintain staffing at a level to provide safe and responsive person-centred care. A few residents we spoke to told us sometimes they had to wait for support. Care delivery at times focused on established routines, tasks and staff allocation processes. We observed how some residents were assisted to rise in the morning, by the night staff. We suggested the service consider undertaking a 'rise and retire' survey. This would help to ensure people's preferred routines were reflected in the care delivery.

Staff and residents benefited from an organisation committed to improvement. There was evidence observed staff practice in relation to key areas of practice, for example, moving and assisting, the dining experience and the administration of medications. These audits were regularly reviewed by the management team to inform staff development and improvements in order to meet people's desired outcomes. Established roles in operational, clinical and human resource management provided additional support for improvement.

Staff demonstrated an increased understanding of their responsibilities to protect individuals from harm. Additional training enabled staff to feel proficient and positive about their role. Residents and families told us they had regular care reviews and were comfortable to give feedback to the service, even when things went wrong.

There was a short period where we noted delays in 'notifications' to the Care Inspectorate about changes to people's care and support. We discussed the importance of notifications and shared good practice guidance.

## 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good

1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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