

Abbotsford Care, Methil Care Home Service

Laird Avenue
Methil
Leven
KY8 4NZ

Telephone: 01333 425946

Type of inspection:
Unannounced

Completed on:
2 March 2021

Service provided by:
Abbotsford Care (Glenrothes) Limited

Service provider number:
SP2010010867

Service no:
CS2010248943

About the service

Abbotsford Care, Methil is a purpose-built, single storey care home located in a residential area of Methil. The home provides 24-hour care for a maximum of 28 older people and ten people with mental health and personal/physical care needs. Accommodation is provided in three inter-connecting units, each with its own living room and separate kitchen/diner. The home benefits from a secure, enclosed courtyard, easily accessible from the units, as well as larger garden grounds surrounding the property. Local amenities are close by, many within walking distance of the home.

What people told us

We spoke with a small number of people during the inspection. Comments included:

'I'm settling in well'

'I'm fine'

'They all look after us'

'I've plenty to eat and drink'

Relatives were contacted by telephone in order to gather views about the care service. Comments included:

'very good communication'

'so glad we chose Abbotsford Methil'

'communication has been excellent'

'we feel fortunate she's being well cared for'

'can't fault the care home at all'

'nothing's an effort'

Overall relatives were happy with the level of care and support their loved one received.

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
--	--------------

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

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. This inspection was carried out by inspectors and advisers from the Care Inspectorate and Healthcare Improvement Scotland.

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

The focus of this inspection was to evaluate the care and support which people have received during the COVID-19 pandemic. We wanted to explore whether people's rights have been respected and whether their physical, mental and emotional health has been promoted. We also considered the ways in which people have been supported to stay connected with their loved ones and to maintain relationships. We found that the service was performing at a good level.

The service had developed good relationships with family members and kept in contact and communication with relatives each week. We found that family and friends could contact their loved ones through telephone calls and video chats as well as making use of social media to view photos and share news. Relatives we spoke with said the staff had kept them informed and up to date with all aspects of their loved one's wellbeing.

The way people spend their day should promote wellbeing and a sense of purposefulness. To achieve this staff had identified people at particular risk of isolation and made sure that they were able to spend time with other people each day. People who chose to spend time in their rooms were monitored regularly and we saw people receiving support in a warm and compassionate way.

The service continued to be responsive to people's healthcare needs during the pandemic. There was good evidence that relatives had been consulted about care decisions and changes to care were made promptly in response to changing needs. Management had an overview of key areas including, weight monitoring, falls and skin integrity which alert staff to significant changes in people's health. Food and fluid documentation was incomplete at times, making overview difficult. We brought this to the attention of the manager.

Medication records demonstrated that people were promptly supported with the administration of prescribed items. This provided assurance that people received the treatment they needed.

People's care plans contained enough detail to inform staff of how to best meet people's needs. We could see that plans had been reviewed regularly and in response to changing needs. This meant that people were receiving care that was appropriate to their needs, promoting their health and wellbeing.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We found the performance of the service, in relation to infection control practices to support a safe and clean environment, to be adequate.

We found the service had good supplies of personal protective equipment (PPE) and staff knew how to access it. The PPE was situated at PPE stations throughout the home. We saw that all staff were wearing masks however, some staff masks were poorly fitted, resulting in staff touching masks frequently. We suggested staff are encouraged to support each other to check masks were well fitted to reduce the risk of transmission of air borne infections. (See area for improvement 1).

We saw staff performing hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand hygiene before and after providing care to individuals and before tasks such as serving meals. We did not see hand hygiene performed after touching individuals to help them or touching items within their rooms. This is required to break the transmission of infection between individuals. (See Area for improvement 1).

People should experience an environment which is well looked after with a clean, tidy and well maintained premises, furnishings and equipment.

We found level of cleanliness in the home to be adequate. The bedrooms, en-suite facilities and communal areas were found to be generally clean, although some items required further cleaning. There were some worn store room carpets, furniture varnish, window sills and skirting boards and some bare wood shelves that would prevent effective cleaning. (See area for improvement 2).

All sanitary ware and care equipment such as hoists, inspected was clean and free from contamination. There was a good supply of cleaning equipment, products and solutions including chlorine releasing agents which were suitable for a range of cleaning purposes in line with national guidelines.

We saw that laundry was clean and organised and waste including clinical waste was managed appropriately.

Government guidelines and processes provide regular testing for staff. Health Protection Scotland had issued practice guidance that all social care providers must follow to protect the safety and wellbeing of all people experiencing care and staff. The service was testing according to this current national guidance.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We found the service performance in relation to staffing to be good. This evaluation applied to performance that demonstrated several important strengths which, taken together, clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

Staff told us that they had received computer-based training in infection control and COVID-19. This included donning and doffing of personal protective equipment (PPE) and handwashing. Staff who were not involved in providing direct care for people had also received this training. As a result staff were able to describe how they were supported to keep themselves and people who use the service safe. Some learning was being confirmed via spot checks on practice and workbooks.

Staff described regular meetings where the manager shared and discussed new information including any changes to current guidance. This had helped to ensure staff knowledge and practice was up to date. We heard that not all staff roles were included in these meetings or that they had not happened as regularly as previously. We suggest that these meetings could be formalised and scheduled for all members of the team to attend. This would ensure that people were cared for according to the most recent guidance, in order to keep them safe.

Staff told us that they felt safe at work and were well supported by their peers. There was supportive and visible leadership within the staff team that enabled them to voice their concerns, share ideas and explore ways to promote resilience. This helped to build a staff team that were consistent in the support they provided for people.

Staff were able to describe the care and support that each resident required or chose and had a good knowledge and understanding of those they cared for. We heard of several, very person-centred, initiatives that had been undertaken, or were planned, and this showed us that staff were listened to and able to be creative in how needs and wishes were met. One such initiative included creating a temporary 'shop' for residents to purchase favourite grooming products. This means that residents could exercise choice and control over what they purchased and achieve outcomes of independence and wellbeing.

Staff told us that social distancing was always promoted where possible. We acknowledged the difficulties this presented due to the physical layout of the environment. Staff described techniques that encouraged social distancing such as the layout of dining room furniture and distraction if residents moved towards physical contact. Staff were clear about the reasons to promote social-distancing as a means of preventing infection transmission.

Areas for improvement

1. In order for people to be kept safe the provider should ensure that staff use the PPE that is provided correctly and that hand hygiene is performed at every opportunity.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 organizational codes' (HSCS 3.14)

2.

In order to promote good infection prevention and control the provider should ensure that all maintenance issues including damaged surfaces are reported and repaired in a timely manner.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience and environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.