

## Abbotsford House Care Home Service

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Bearsden  
Glasgow  
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Telephone: 01419 429 636

**Type of inspection:**  
Unannounced

**Completed on:**  
22 March 2021

**Service provided by:**  
Morrison Community Care Limited

**Service provider number:**  
SP2003000208

**Service no:**  
CS2003000786

## About the service

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 advisors from the Care Inspectorate.

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 ensuite 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

Residents we met during this brief follow-up inspection were happy and relaxed. We observed that staff interacted with residents in a kind, respectful and nurturing manner.

## 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?	4 - Good
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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?

4 - Good

This was a follow-up inspection at which we evaluated one area for improvement and one outstanding requirement we made at our last full inspection of Key Question 7 on 12 February. We found that the provider had fully met our requirement and fully implemented our area for improvement. Please refer to the sections 'Outstanding Requirements' and 'Outstanding Areas for Improvement' for details of the improvements made. To reflect the effectiveness and quality of the improvement action taken by the provider, we changed our evaluation for key indicator 7.2 to very good.

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

### Requirements

#### Requirement 1

Infection prevention and control procedures must be improved and maintained to comply with current guidance to protect the health and welfare of people experiencing care. To do this the provider must, by 12 March 2021:

- ensure the management and disposal of all clinical waste fully complies with current guidance
- ensure all furnishings and equipment are sufficiently cleaned and disinfected in line with current guidance
- ensure additional clinical waste bins are provided within the home to allow staff to safely dispose of used PPE closer to the point of care
- ensure all staff consistently adhere to appropriate hand hygiene measures as outlined in current national guidance
- ensure all staff use the correct type of PPE for the work they carry out as outlined in current national guidance

This is to ensure care and support is consistent with Health and Social Care Standards which state:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22), 'My environment is secure and safe' (HSCS 5.17), and '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).

Regulation 3 - Principles; Regulation 4(1)(a)(d) - Welfare of users and Regulation 15(a)(b)(1) - Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 12 February 2021.**

#### Action taken on previous requirement

We found that the provider had fully met this requirement. Our observations, interviews and the documented evidence we took into account showed that the service had made clearly measurable improvements, based on a detailed and robust action plan.

Managers had put great emphasis on keeping all staff informed and involved throughout the improvement work. We therefore found that staff at all levels and across all job roles had a very good understanding of

the improvement work and their own role within it. Regular briefings and meetings were used to share information about what needed to be done, as well as what went well and what needed to be improved further.

Staff and managers were able to provide us with numerous examples of positive outcomes achieved through the improvements made to meet this requirement. We were particularly encouraged by examples of practice that demonstrated how managers and staff used their own motivation and awareness to further develop their practice.

The management of clinical waste had been reviewed and improved through a number of measures. These included extra bins outside to ensure that clinical waste is properly covered at all times. New, purpose-made clinical waste bins were placed alongside PPE stations along the corridors and in other key areas, like staff rooms. This greatly improved their accessibility and made it easier for staff to safely dispose of and change PPE, close the point of use.

The provider had installed new, wall-mounted, contactless dispensers for alcohol-based handrub (ABHR) along the corridors. This increased the availability of ABHR for staff close to the point of use. The new dispensers were also appreciated by some of the residents who found them easy to use when they wanted to disinfect their hands.

Clear posters with information and instructions for the correct use of PPE were displayed in key areas and staff felt confident and well-trained in the use of PPE and hand hygiene. We saw several very good examples of how senior staff used formal observations of practice to evaluate and increase staff awareness and competency. This had led to the review and change of some work processes to make them safer and had reduced the risk of cross infection. Senior staff who carried out observations of practice showed a very good understanding of how observations of practice could be used in a positive way as a coaching tool, as well as for evidence-based quality assurance.

## 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

Robust quality assurance systems are vital to the overall effective management of infection prevention and control. The manager should review the service's quality assurance systems to improve and develop existing audits. These should clearly record findings, any actions required and detail progress on implementing improvements.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'My environment is secure and safe' (HSCS 5.17), 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22) and 'I benefit from a

culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19).

**This area for improvement was made on 12 February 2021.**

#### Action taken since then

We found that the provider had fully implemented the necessary improvements. Our observations, interviews and the documented evidence we looked at showed that managers and senior staff had a clear understanding of how they could use quality assurance to drive ongoing improvement.

Staff at all levels appreciated the importance of checks, audits and observations of practice and saw them as useful tools that helped to build competence and to keep everybody safe.

We saw that managers used a variety of quality assurance tools to measure progress with the implementation of a detailed action plan. This meant that improvements were evaluated or initiated based on evidence-based information.

We found that a particular strength of the service was the way in which observations of practice had been used in a targeted way to evaluate important processes from the point of infection prevention and control. Examples included the delivery of clean laundry to people's rooms or the checking in of food deliveries. This demonstrated a high degree of understanding and motivation. It also led to examples of improvement that increased the safety of residents and staff.

## 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 good is our care and support during the COVID-19 pandemic?	4 - Good
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	5 - Very Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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