

# Abbeydale Court Care Centre Care Home Service

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Hamilton  
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Telephone: 01698 536 200

**Type of inspection:**  
Unannounced

**Completed on:**  
5 July 2021

**Service provided by:**  
Abbey Healthcare (Hamilton) Ltd

**Service provider number:**  
SP2017012945

**Service no:**  
CS2017358108

## About the service

Abbeydale Court Care Centre is registered to provide a care service to a maximum of 109 older people. Within the 109 places, there can be up to a maximum of ten places for adults, aged 50 years and above with care and support needs associated with ageing.

The provider is Abbey Healthcare (Hamilton) Ltd.

Abbeydale Court Care Centre is in the town of Hamilton. The home is on four levels, three of which are for use by residents. Each of these floors has single occupancy bedrooms, with an en suite shower. Each floor has its own lounges and dining areas, which offers a choice to people living there.

There were 105 people living at the home at the time of the inspection.

The service states:

'Our residents are at the heart of everything we do, underpinned by the principles of compassion, trust and respect. Our mission is to provide excellent quality of care in a safe, secure environment, based on the principles of honouring individuality, promoting independence, enabling choice, caring with dignity and involving family and friends. We aim to provide a true home for life, allowing residents and their families the peace of mind, where residents receive the professional care they need and have a comfortable home they can call their own.'

## What people told us

An inspection volunteer supported this inspection; inspection volunteers are people who have first-hand experience of care services. They spend time speaking with people to gain their views.

The inspection volunteer telephoned relatives during the inspection. We also spoke with relatives who were visiting the home.

We spoke with people who live at the home and we observed staff interactions with people which we found to be positive.

Comments from people included:

'It is a very good home and I feel (relative) is being well looked after.'

'Staff are always pleasant.'

'The home dealt with an issue we raised immediately to our satisfaction.'

'Pleased with care and support given to family.'

'Frequent staff changes and staff always appear very busy.'

'Service has been amazing.'

'Right now, there are not enough activities.'

'Overall, the staff have done a marvellous job.'

## 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 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 well do we support people's wellbeing?

**3 - Adequate**

People who use care services should experience compassion, dignity and respect. We observed that staff were kind and considerate in their interactions with people. Relatives we spoke with said that this was also their experience and described staff as respectful, patient and caring.

Staff were knowledgeable about people's routines and preferences and the things that were important to them and were able to respond quickly and with good knowledge, when people needed assistance. This contributed to people feeling valued and safe.

Whilst we observed that people were well presented and this supported their dignity, we noted that staff did not always address people using their preferred name. It is important that staff use evidence based approaches to support people living with dementia to help maintain their identity and sense of personhood. Staff would benefit from training to improve their dementia care skills and knowledge. The manager told us they were commencing Promoting Excellence in Dementia Care, a framework to support staff to build their knowledge and skills to support people with dementia.

People who experience care should get the most out of life. People were supported to maintain contact with those important to them and we were pleased to see that indoor visiting had commenced, and the service were supporting meaningful contact in the home by following the "Open with Care" guidance.

People could move freely around each floor of the home and had access to outside space in an enclosed garden.

We were told that prior to the pandemic the home had a varied programme of activities. Opportunities for people to take part in meaningful activities to support their wellbeing had reduced. The wellbeing team had been deployed to support with visiting arrangements and we were advised that they would resume their role in providing activities within the next few weeks. As a consequence, for a period of time there had been less of a focus on structured and coordinated meaningful activities that this team delivered. Whilst care staff were providing some activities, these were inclined to be aimed at those who could take part in group activity. Staff acknowledged that they often did not have time to spend with residents outwith care tasks.

We observed long periods when people were sitting in lounges or alone in their bedrooms inactive. This was the main area where relatives told us improvements could be made and they were eager to see the good provision of activities recommence.

People's health should benefit from their care and support. We observed that assessments were being carried out regularly to identify risks for individuals and interventions were in place to mitigate these risks. The management team should ensure that interventions continue to reflect people's current needs.

Personal plans we sampled were person centred and contained a good level of information necessary to guide the support staff delivered. Anticipatory care plans informed staff of people's wishes should they become unwell. The management team should continue to review systems to assess the quality of information recorded and address gaps in record keeping. We have repeated an area for improvement from a previous inspection. See area for improvement 1.

The service had good links to health professionals and it was clear that staff were proactive about accessing specialist support and advice in response to people's changing health care needs. This helped ensure that people continued to receive the right support. Families told us that they were kept updated about changes in their relative's care.

Mealtimes are an important part of every person's day. During our visit, the meals we observed were well presented and looked appetising. We saw that people had regular access to drinks and snacks throughout the day and were supported if required to enjoy these.

## Areas for improvement

1. The service should ensure that accurate and contemporaneous records are kept for all documents that support and inform the care plans. This must include, but not be limited to food, fluid and pressure care charts.

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

'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.' (HSCS 1.15); 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).

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

**3 - Adequate**

This was a focus area of the Covid-19 inspection in October and follow up inspection in December. We reviewed infection prevention and control practices and if staffing arrangements were responsive to the changing needs of people experiencing care. Strengths were identified; however, these just outweighed weaknesses.

Infection control practices should support a safe environment for people experiencing care and staff. The home environment and furnishings looked clean. However, on closer inspection we identified that more deep cleaning was required in some bedroom areas. Immediate action was taken at the time of the inspection to clean these areas and replace soiled items.

A planned maintenance programme was in place and improvements were being carried out to the dining area and outside area during our visit.

A supply of personal protective equipment (PPE) was available at locations throughout the home. We asked the manager to review the location of pedal bins for the safe disposal of PPE. The manager should ensure that soap and paper towels at hand washing sinks and alcohol-based hand rub dispensers are always replenished in order to promote handwashing and help prevent the spread of infection.

There was a good supply of cleaning equipment and products which were used according to guidance. Cleaning schedules had been enhanced to increase infection control.

Routine weekly staff testing for Covid-19 took place in line with current guidance, as well as testing for personal and professional visitors which assisted with the continued protection of people and staff.

The laundry facilities promoted the safe management of linen and clothing. However, during our visit, we observed staff not following correct procedures when transporting soiled laundry. See area for improvement 1.

Staffing arrangements are responsive to the changing needs of people experiencing care. During the inspection, we found sufficient staffing arrangements in place to meet people's care needs.

The manager should review the number of housekeeping staff available in order to ensure adequate levels are in place to complete the enhanced cleaning and regular deep cleaning to maintain a safe environment.

Social distancing could be further promoted and encouraged within the home to maintain a safe distance whenever possible, to help reduce the risk of the spread of infection.

We were told staff had completed infection prevention and control training and Covid-19 training. A new eLearning system had been introduced and we found some training records incomplete. We observed some staff to not be following infection prevention and control guidance and we shared examples of this with the manager at the time of the inspection. Oversight of staff practice is required to ensure standards are improved and maintained to reduce the risk of infection. We have repeated three areas for improvement made at previous visits in relation to staff training. See areas for improvement 2, 3 and 4.

The service had quality assurance processes in place; however, these had not identified the areas of concern we found during our visit. More detailed audits were required to identify areas for improvement. See area for improvement 5.

## Areas for improvement

1. The service provider should ensure infection prevention and control guidance is followed when soiled laundry is being transported, to reduce the risk of potential cross infection.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

2. The service provider should ensure all staff complete mandatory training in accordance with their own staff induction and training policy.

This is to ensure 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).

3. The service should ensure that all domestic and care staff are trained in the use of chlorine-based products for the cleaning of blood.

This ensures that care and support is consistent with the Health and Social Care Standards which state:

'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).

4. The service provider should ensure when staff have not attended mandatory training within an agreed timescale, this is discussed and recorded in supervision with follow up actions agreed.

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

'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).

5. The service provider should have in place detailed audits so that any issues or areas of concern are quickly identified and improved upon.

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

'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); and

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

## 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

To ensure that service users experience safe handling of their medications that are prescribed on an 'as required basis' the service should:

- i) Use as required protocols for each prescribed medication.
- ii) Consistently record when an as required medication has been administered, including the outcome from this.
- iii) Instructions give clear guidance on the frequency of administration and include the maximum dose per 24-hour period.

This ensures that care and support is consistent with the Health and Social Care Standards which state: '

Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

**This area for improvement was made on 20 June 2019.**

#### Action taken since then

Medication records for 'as required medication' that were sampled corresponded to protocols in place. Medication was consistently recorded via the electronic MAR recording system. The outcome following administration could be improved with more detail about the efficacy of the medication given to help inform the review of medication. Instructions for frequency were clear; however, the instances where medication should be administered needs to be more detailed to ensure that the approach of staff is consistent. We suggested that protocols direct staff to stress and distress plans where people are prescribed medication for agitation and anxiety.

This area for improvement had been met.

#### Previous area for improvement 2

The service should ensure that accurate and contemporaneous records are kept for all documents that support and inform the care plans. This must include, but not be limited to food, fluid and pressure care charts.

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

'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.' (HSCS 1.15); 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).

**This area for improvement was made on 27 October 2020.**

## Action taken since then

Support plans, clinical assessments and observations were recorded on the electronic system. Some gaps were noted in the recording of positional change charts for two people. When we queried this, we were later advised that they need not be on a positional change chart; this meant that they were receiving an intervention that they did not require.

There were some gaps in the recording of topical medicine administration records. Where care plans indicate the need for weekly weight monitoring, this was taking place. Fluid and food charts were in place for people who required these. Care plans were in date with relevant information and informed by ongoing assessment.

This area for improvement is not met.

## Previous area for improvement 3

The service should ensure that all domestic and care staff are trained in the use of chlorine-based products for the cleaning of blood.

This ensures that care and support is consistent with the Health and Social Care Standards which state:

'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).

**This area for improvement was made on 15 December 2020.**

## Action taken since then

Training for all domestic and care staff in the use of chlorine-based products for the cleaning of blood had not taken place. The domestic and care staff we spoke with confirmed this. During our visit, staff training to cover this area was planned.

This area for improvement is not met.

## Previous area for improvement 4

The service should ensure that it completes its programme of reviewing the storage of personal protective equipment (PPE) across all bedrooms to ensure that it is stored free from potential contamination.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings to meet my needs, wishes and choices.' (HSCS 5.22).

**This area for improvement was made on 15 December 2020.**

## Action taken since then

Wall mounted stocked PPE stations were located throughout the home. Sealed storage containers were available within the home if required for people's bedrooms.

This area for improvement had been met.



**Previous area for improvement 5**

The service provider should ensure they communicate effectively with relatives and/or advocates of people experiencing care when there are any significant events effecting a person's health and wellbeing.

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

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.' (HSCS 3.13).

**This area for improvement was made on 9 June 2021.**

**Action taken since then**

Relatives we spoke with said that the service was generally good at keeping them informed about events such as changes in the health of the resident. There were records within people's files to indicate that conversations had taken place with relatives where it was considered necessary to pass on information.

This area for improvement had been met.

**Previous area for improvement 6**

The service provider should ensure when staff have not attended mandatory training within an agreed timescale, this is discussed and recorded in supervision with follow up actions agreed.

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

'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).

**This area for improvement was made on 10 June 2021.**

**Action taken since then**

The training records we viewed did not contain the most up-to-date information and we were therefore unable to confirm that this area for improvement had been met. We will review the progress of this at the next inspection.

This area for improvement has not been met.

**Previous area for improvement 7**

The service provider should ensure all staff complete mandatory training in accordance with their own staff induction and training policy.

This is to ensure care and support is consistent with 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).

**This area for improvement was made on 10 June 2021.**

## Action taken since then

Staff told us they thought training available had improved. However, the training records we viewed were incomplete and did not contain information to evidence that all staff had completed the required training. We were therefore unable to confirm that all staff had completed mandatory training in accordance with the service's induction and training policy.

This area for improvement has not been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

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

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