

# Abbeydale Court Care Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 April 2022

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

**Service provider number:**  
SP2017012945

**Service no:**  
CS2017358108

## About the service

Abbeydale Court Care Centre is a purpose-built nursing home situated in a residential area of Hamilton. It has easy access to local amenities. The provider is Abbey Healthcare (Hamilton) Ltd, and the service is registered to provide support and care to a maximum of 109 older people. A maximum of 10 places are available for adults aged 50 years and above.

The home is on four levels, three of which are for use by residents. Each floor has single occupancy bedrooms with en-suite shower facilities. Each floor has communal lounges and a dining area for people experiencing care and their visitors to use. There is a large garden area to the rear of the home offering pleasant places to sit. There are good car parking facilities at the front of the premises. At the time of the inspection there were 102 people living at the home.

## About the inspection

This was an unannounced inspection which took place on 20 and 21 April 2022 between 09:30 and 17:30. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with people who live at Abbeydale Court
- spoke with relatives of people using the service
- spoke to staff and management
- observed practice and daily life
- reviewed documentation

## Key messages

- People appeared well presented and treated with kindness.
- We saw that opportunities for meaningful activity were provided.
- Improvements are needed to ensure that furniture, fixtures, fittings, and care equipment are clean and fit for purpose.
- An improved quality assurance system is required in order to support continuous improvement within the service.
- A review of risk management is needed around people leaving the building unaccompanied by staff.
- Improvements are needed to ensure that people's property is respected and valued.

## 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
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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?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. Whilst we identified some strengths these were compromised by significant weaknesses.

We observed a good level of engagement between staff and people experiencing care. Staff morale was good, and staff were attentive, treating people with kindness and compassion. We saw that staff and management spoke to people in a respectful manner and provided them with access to food and drinks whenever required.

We received positive feedback from people experiencing care and their relatives which demonstrated that people were treated with dignity and respect. People we spoke to were on the whole happy and content.

Families were supported to visit and keep in touch throughout the pandemic. Visiting was taking place in line with Scottish Government 'Open with Care' guidance and Covid-19 guidance. People spoke positively about the visiting arrangements which helped support them as well as their relative's wellbeing. One family member also told us that her father "has settled in really well, loves it here, staff can't do enough for him".

People experiencing care should be confident that they can feel safe and protected from harm. We raised concerns with the provider about the security of the home, in relation to people's ability to leave the premises unsupported. Whilst we appreciate that there are challenges in keeping people safe, we asked the provider to ensure that any risks to people were minimised as a matter of urgency. We were reassured by the immediate actions implemented by the provider to ensure people's safety; however we will continue to monitor this with the provider. (See Requirement 1).

### Requirements

1. By 30 June 2022 you, the provider, must ensure the safety and security of people experiencing care at all times. To do this, the provider must, at a minimum:

- a) review the current keypad and fire safety mechanisms in all areas of the home. To support you to do this, you must liaise with the relevant external agencies, including Scottish Fire and Rescue, and
- b) ensure that anyone at risk of leaving the premises unsupported has in place a current, up to date risk management plan.

This is in order to comply with Regulation 4(1)(a)(Welfare of users) and 5(2)(Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services ) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 'My environment is secure and safe.' (HSCS 5.17).

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

### Requirements

#### Requirement 1

By 21 March 2022 you, the provider, must improve the quality and content of personal plans. In order to achieve this, you must ensure:

- (a) care plans reflect current healthcare needs and management of COVID-19.
- (b) care plans are regularly evaluated and reflect the current needs of people being supported.

This is to comply with Regulation 4(1) (a)(Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

**This requirement was made on 24 January 2022.**

#### Action taken on previous requirement

People supported by the service had their own individual personal plans. Some of the plans provided good details around healthcare needs, choice and how to promote independence. Staff were knowledgeable on how to use the plans and we saw that some of the information was updated and evaluated regularly. We noted some improvement since the last inspection, however we continued to find a number of plans with conflicting information and gaps where more details were required. The provider recognised that there are still improvements to be made in relation to the personal plans and discussed plans to implement a new system within the next 2 months. Staff training in the new system had been planned and upgraded equipment was provided.

The absence of accurate care planning and reviews of people's needs meant that some personal plans were inconsistent and lacked detail. This placed people at risk of their needs not being identified or met.

We concluded that this requirement was not met and have therefore extended the timescale to 16 September 2022.

**Not met**

#### Requirement 2

By 21 March 2022 you, the provider, must have a plan in place to review each resident's personal care plan in consultation with the individual and/or their families or representative when their needs change and at least once in each six-month period.

This is to comply with Regulation 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12).

**This requirement was made on 24 January 2022.**

### Action taken on previous requirement

Since the previous inspection we could see that reviews had been taking place, families had been involved either face to face or via telephone. There were still a few outstanding however there were plans in place to address this with the majority of reviews having taken place. We discussed the need to ensure these reviews continue to take place at least every six months in line with current legislation.

### Met - within timescales

## Requirement 3

By 21 February 2022 you, the provider, must ensure that the nutrition and hydration need of those service users identified as being at risk of malnutrition or dehydration are being regularly assessed and adequately met.

In particular, you must ensure:

- a) a robust system has been implemented to monitor the care of service users who are at risk of malnutrition to ensure they are being effectively supported;
- b) charts used to monitor food and fluid intake are fully completed and the information used to inform the planning of care and support.

This is to comply with Regulation 4(1)(a)(Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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).

**This requirement was made on 24 January 2022.**

### Action taken on previous requirement

The provider had an electronic system in place for staff to record any intervention ranging from personal hygiene to diet and fluids. Staff had access to handheld devices where they could record any support provided. From the records we sampled we could see that staff were not recording these consistently, resulting in staff being unable to provide evidence of the support given. Management audited the records regularly and had identified the need for improvement, however gaps in recordings continued to occur. Coaching was being prepared to focus on completion of charts, nutritional screening and staff responsibilities following incidents and significant events.

Over the next two months the service plans to transfer these charts onto a new electronic system which will alert staff and ensure that people's needs will be addressed promptly.

We concluded that this requirement was not met and have therefore extended the timescale to 30 June 2022.

**Not met**

#### Requirement 4

By 21 February 2022 you, the provider, must put in place an effective audit system to ensure all mattresses and furniture remain fit for purpose. To achieve this, you must:

- (a) Carry out a thorough audit of mattresses;
- (b) Carry out regular audits of furniture and furnishings within the service;
- (c) Remove any damaged items to ensure the environment remains safe and reduce the risk of infection for those living there.

This is to comply with Regulations 4(1)(a) and (d) (Welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.22) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This requirement was made on 24 January 2022.**

#### Action taken on previous requirement

The service had implemented regular mattress checks carried out by staff, supplemented by weekly audits carried out by team leaders as well as observational checks of the environment. We found some chairs which were badly stained and difficult to clean. New chairs had been purchased for the ground floor and the provider discussed plans to replace the remaining chairs throughout the rest of the building. We discussed our concerns about the delay in replacing these items and the provider informed us that these replacements had just been ordered.

The checks implemented to review mattresses, furniture and furnishings in the service were not always effective and the service had not removed some damaged items since the last inspection. This meant that people being supported did not experience an environment that is safe, clean, and well maintained. We raised concerns with the manager in relation to the management of continence, due to the high level of contaminated seat coverings and cushions we found in the laundry.

We concluded that this requirement was not met and have therefore extended the timescale to 30 June 2022.

**Not met**

## Requirement 5

By 21 February 2022 you, the provider, must ensure quality management and assurance systems are in place that improve the continuous management of people's care, including infection prevention and control. This must include:

- a) Developing and implementing regular audits and follow up on findings to bring about improvements;
- b) Outcomes of audits should be included in a service development plan;
- c) Audits should be in place to monitor the cleanliness and condition of the environment, equipment and the decontamination of reusable care equipment between each use and at regular predefined intervals;
- d) A review of the domestic hours available in the service should be carried out to ensure there are enough to meet the enhanced cleaning infection, prevention and control measures.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice.' (HSCS 4.11).

**This requirement was made on 24 January 2022.**

### Action taken on previous requirement

The manager had implemented a range of audits and there was some evidence of actions and outcomes. There was also a service development plan in place however it was unclear how this linked into the audit system to provide evidence of continual improvement.

The domestic hours had been reviewed and during our visit we observed that there were sufficient domestic staff on duty.

People should experience an environment which is well looked after with a clean, tidy and well-maintained premises and equipment. We observed inconsistent standards of practice in relation to the upkeep of the environment. Whilst we saw a few examples of good practice, we had concerns about the cleanliness of some equipment and furnishings around the home.

We saw a number of wheelchairs which had not been cleaned and we were informed that the wheelchairs were due for disposal.

Some shared and individual furniture, equipment and toilet facilities had not been effectively cleaned and there were gaps in cleaning logs for some items such as hoists. Several emergency cords in toilet areas were not accessible to support people to summon staff assistance. We made suggestions for improvement to management staff, some of which were actioned during our visit.

We found some improvement in the standards of infection prevention and control since the previous inspection; however we were not confident that the current quality assurance system is effective. The manager needs to review the current audit processes including clear management oversight of deficiencies and shortcomings.



We concluded that this requirement was not met and have therefore extended the timescale to 30 June 2022.

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

The service should develop, implement, and evaluate individualised activity plans for every resident.

This will ensure that each person has some level of stimulation; and for the service to create better opportunities for people to enjoy themselves and participate in activities that are meaningful to them.

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

**This area for improvement was made on 24 January 2022.**

#### Action taken since then

Since our previous visit staff have further engaged with people to develop life stories with information on past and current interests. Staff engaged well with people throughout the day and making good use of the communal areas and garden.

Given the recent challenges for the service due to Covid-19 it was encouraging to see a programme of activities and outings starting to take place again. We look forward to seeing how this continues to develop.

**This area for improvement has been met.**

#### Previous area for improvement 2

The service should further develop their contingency plan to include details about how they would manage care and support for people they support in the event of a significant outbreak of infection. This should include the steps they will take to ensure the home has sufficient staff to meet the needs of residents in the event of staff absences due to illness.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15).

**This area for improvement was made on 24 January 2022.**

## Action taken since then

The service had updated its emergency contingency plan and we saw that there were steps in place to manage people's support and care in the event of a significant outbreak. We were satisfied that the plan had sufficient detail about staffing and arrangements to limit the spread of infection.

**This area for improvement has been met.**

## Previous area for improvement 3

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 12 April 2021.**

## Action taken since then

This area for improvement was reviewed during an inspection on 24 January 2022.

We looked at the mandatory training overview and also the number of staff who had attended training. Overall, over 90% of staff had attended mandatory training outlined by the service.

We were not provided with the plan for ongoing training to ensure staff have been signed up for any outstanding mandatory training.

This area for improvement was repeated.

We looked at the training overview and calendar for April-June 2022. Overall, between 82-100% of staff had completed the allocated mandatory training.

The training calendar did not make clear which staff would be attending specific sessions and which topics would be prioritised. We were informed that planning of staff training was still ongoing.

**This area for improvement has not been met and we will follow this up at a future inspection.**

## Previous area for improvement 4

Home Management should have a system in place to ensure that staff are checking residents are wearing well-fitting clothes that are their own.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

**This area for improvement was made on 23 April 2021.**

## Action taken since then

This area for improvement was reviewed during an inspection on 24 January 2022.

We saw that an inventory of clothing was included in some paper files for residents.

However we were concerned with the amount of clothing untagged remaining in the laundry. We acknowledge that this issues has increased during lockdowns with clothing left with the service unlabelled and families unable to look through laundered clothing. However, the service should look at how this situation can be resolved. Ensuring that residents are wearing their own clothing that has been purchased for them.

This area for improvement was repeated.

During the inspection we did not see people wearing ill-fitting clothes and relatives we spoke to did not raise concerns about the laundry service.

The service had clothing inventories in place, recorded on admission, however some of these records were several years old. On visiting the laundry, we saw that there was still a large number of items which could not be identified as belonging to people using the service. We acknowledge that it has been difficult for the service to address this issue fully due to visiting restrictions. The service discussed how they plan to resolve this now restrictions have been lifted.

**This area for improvement has not been met and we will follow this up at a future inspection.**

#### Previous area for improvement 5

The Manager should ensure that there are written records of all complaints made about the service and how these were addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

**This area for improvement was made on 23 April 2021.**

#### Action taken since then

This area for improvement was reviewed during an inspection on 24 January 2022.

We looked through the complaints log compiled by the service. We found a lack of recording to show any actions taken to resolve complaints. There was no response to the complainant filed to show that the complaint had been resolved in a satisfactory manner. The service should continue to improve how it records resolutions to complaint activity.

**This area for improvement was repeated.**

We examined the complaints log kept by the service. One complaint had been recently logged, following which the manager had provided written responses within the required time frames.

The outcome detailed the action that would be taken as a result of the complaint, however we found that this had not been followed through.

During our visit we also became aware that other concerns had been discussed with the service which were not logged in the complaints log.

We concluded that not all concerns raised with the service are being correctly logged and followed through

to the satisfaction of the complainant. The service should continue to improve to ensure that all concerns and complaints are logged.

**This area for improvement has not been met and we will follow this up at a future inspection.**

## Previous area for improvement 6

In order to support good outcomes for people experiencing care, the manager should develop robust systems to be able to demonstrate that people's property is respected and valued.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.' (HSCS 4.4).

**This area for improvement was made on 15 June 2021.**

### Action taken since then

The service had introduced a new process to manage new belongings brought in by relatives. We saw that an inventory of clothing was included in some of the paper files for residents, however these had not been updated. No additions had been made to record any new clothing or other items purchased.

We suggested to the manager that they review the role of key worker to include regular updating of people's inventories of possessions.

**This area for improvement has not been met and we will follow this up at a future inspection.**

## Previous area for improvement 7

The service should ensure they respond promptly when instructed to make changes to any prescribed medication.

This is to ensure care and support is consistent with Health and Social Care Standard 4.18: I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

**This area for improvement was made on 15 June 2021.**

### Action taken since then

Staff were able to describe the process they followed when there was a change to a prescribed medication. We could see evidence of this in the care plans with details of discussions with GP surgeries, pharmacy, and relatives.

**This area for improvement has been met.**

## Previous area for improvement 8

The service should ensure people experiencing care and their relatives' rights are protected. Systems should be improved to ensure important and required information is shared with relatives, as appropriate to individual resident's needs, preferences and legal status.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

**This area for improvement was made on 15 June 2021.**

#### Action taken since then

This area for improvement was reviewed during an inspection on 24 Jan 2022.

We found that staff were recording communications with families and advocates. Families were being informed of both positive outcomes and significant events occurring in the day-to-day life of their loved one.

However, we found that information on legal status was not always recorded accurately in care plans. This area should be reviewed by the provider.

**This area for improvement was repeated.**

We saw that there was a management tool in place which tracked a range of information for people experiencing care, including details of their legal status. This was also documented in the care plans which we sampled.

**This area for improvement has been met.**

#### Previous area for improvement 9

The service should ensure appropriate notifications are submitted to the regulatory body in accordance with the guidance.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 15 June 2021.**

#### Action taken since then

This area for improvement was reviewed during an inspection on 24 January 2022.

The service regularly sends through notifications to the care inspectorate. However, we were not notified of an incident where a person receiving care required hospital assessment.

The service should refer to the guidance "Records that all registered care services (except childminding) must keep and guidance on notification reporting" to ensure information is sent to the care inspectorate in line with this guidance and within expected timescales.

**This area for improvement was repeated.**

The service regularly sends notifications to the care inspectorate. We examined records maintained by the service and saw that appropriate notifications were sent.

**This area for improvement has been met.**

## Previous area for improvement 10

To ensure good outcomes for people experiencing care, the service should ensure they keep accurate records of all personal belongings when a person experiencing care is admitted to the service. In addition, the service should ensure they keep accurate records of all personal belongings the person takes away when discharged from the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience care and support where all people are respected and valued.' (HSCS 4.3).

**This area for improvement was made on 17 September 2021.**

### Action taken since then

The service has introduced a new process to manage new belongings brought in by relatives, however inventories of people's belongings were not being updated.

We suggested to the manager that they review the role of key worker to include regular updating of people's inventories of possessions.

**This area for improvement has not been met and we will follow this up at a future inspection.**

## 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 and wellbeing benefits from their care and support	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak

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