

Abbeydale Court Care Centre Care Home Service

138 Strathaven Road
Hamilton
ML3 7TN

Telephone: 01698 536 200

Type of inspection:
Unannounced

Completed on:
5 May 2023

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 home service to a maximum of 109 older people with physical and/or sensory and/or mental health needs. Within the 109 places there can be up to a maximum of 10 places for older adults aged 50 years and above with care and support needs associated with ageing. The service is provided by Abbey Healthcare (Hamilton) Limited.

The service is purpose built and is situated in a residential area of Hamilton, South Lanarkshire. It is within easy access to local shops, amenities and transport links.

The home is built on four levels, three of which are occupied by residents within single occupancy rooms with en-suite shower facilities.

There are communal bathrooms and bathing facilities on each floor as well as communal dining rooms and lounges. There is also a hairdressing salon and quieter lounge spaces within the units for people to use as an alternative to the busier areas.

There is parking available to the front and side of the building as well as access into a spacious, enclosed garden area offering a pleasant space for residents and their visitors to use.

At the time of the inspection there were 87 people living at the home.

About the inspection

Following an inspection in March 2023 we identified serious concerns regarding the care and support people were receiving. We issued an Improvement Notice to the provider on 9 March 2023. We carried out an unannounced follow-up inspection on 2 and 3 May 2023 to monitor progress with seven requirements. We found that two requirements relating to safe recruitment and the maintenance of the environment had been met. However, the other five requirements were not met and we extended the timescale to give the service more time to make the improvements. These relate to quality assurance, reporting of serious incidents, medication management, staff training and the management of planned and unplanned restraint.

The inspection was carried out by three 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 13 people living in the home and eight of their relatives.
- Spoke with 20 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- Residents told us that they liked the staff and said they were kind to them.
- We saw some kind and caring staff interactions which residents responded positively to.
- The provider must ensure staff are trained and competent in understanding the meaning of the use of planned and unplanned restraint to ensure peoples' safety and dignity.
- The provider must continue to review and improve the quality assurance systems in order to support continuous improvement within the service.
- The provider must ensure that safe practices are adopted when managing medication to ensure peoples' health and wellbeing.
- The provider must review notification guidance to ensure all incidents are reported to all governing bodies timeously and consistently.
- Staff must be supported to attend training with a continued focus on medication management as well as specific health and mental health conditions in order to care for people safely.
- The service has met two of the seven requirements issued in an Improvement Notice on 9 March 2023.

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

Requirements

Requirement 1

Outstanding Requirement to Improvement Notice issued 9 March 2023

By 10 July 2023, extended from 1 May 2023, you must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust investigations when serious incidents occur and transparent communication with other governing bodies. This must include, but is not limited to:

- Ensure all staff recognise and report incidences of harm or potential harm;
- Conduct thorough investigations following serious incidents;
- Liaise with all other governing bodies; and
- Submit notifications to the Care Inspectorate as required by our notification guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is in order to comply with regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210)

This requirement was made on 9 March 2023.

Action taken on previous requirement

Since our previous visit there had been a noted improvement in the content and detail within the notifications received from the service. Communication from the management team had improved which resulted in an increase in the number of notifications and updates we received.

However, despite this improvement, we continued to find some inconsistencies between the reports we received compared to other governing bodies. Work is still needed to ensure the management team and staff are knowledgeable and competent in recognising the criteria for reporting incidents of harm. Reviewing the notification guidance and continuing to liaise with all relevant bodies will improve the understanding around the reporting of incidents. This will help ensure that all information is communicated consistently and provide a better oversight of the service to ensure people's health, safety and welfare is prioritised.

Not met

Requirement 2

Outstanding Requirement to Improvement Notice issued 9 March 2023

By 10 July 2023, extended from 1 May 2023, you must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- a) Assessment of the service's performance through effective audit;
- b) Where areas for improvement are identified through audit;
- c) Putting in place and implementing action plans which set out specific, achievable, and realistic actions required to address;
- d) The process by which actions will be measured to ensure positive outcomes are achieved for people experiencing care;
- e) Detailed timescales for completion/review;
- f) Ensuring all staff are accountable for and carry out the required remedial actions set out within action plans; and
- g) Reviewing the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety, and welfare of people experiencing care.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210)

This requirement was made on 9 March 2023.

Action taken on previous requirement

The management team provided a range of audits that had been implemented to review and assess quality across the service. This included the management of medication, health care and safety of the environment.

The audits we looked at included action plans and provided details of actions needed, who was responsible and specified timescales for completion. These were reviewed and updated to capture improvement.

The management team were aware of the need to now review, streamline and strengthen the quality assurance systems in place. This will ensure they have a clear overview of the service and maintain a focus on areas of priority. These systems and improvements now need to be embedded into practice to ensure a culture which can demonstrate ongoing and sustained improvement.

We acknowledged the improvements to the governance and management oversight of the service. However, there is still significant work needed to ensure ongoing improvement and stability is sustained over time.

Not met

Requirement 3

Outstanding Requirement to Improvement Notice issued 9 March 2023

By 10 July 2023, extended from 1 May 2023, you must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service. This must include, but is not limited to:

- a) Assessing the training needs of all staff;
- b) Developing and delivering a comprehensive plan of training;
- c) In particular, you must ensure that all staff receive medication management, dementia including mental health conditions and stress and distress training relevant to the work that they carry out in order to keep service users safe; and
- d) Ensuring this plan is reviewed to reflect the ongoing training required to equip staff to meet the individual mental and physical health needs of people experiencing care.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210)

This requirement was made on 9 March 2023.

Action taken on previous requirement

Staff had attended a range of both newly sourced as well as updates to all mandatory training. There were plans in place for this increased level of training and support to continue both online and face to face, facilitated by external health professionals.

Training relating to the management of medication as well as stress and distress had been prioritised. Staff we spoke to confirmed they had attended this training and commented on how much they had learned from these sessions. We could see the positive impact this was having from the improvements we saw, for example, in the management of medication.

The training plan going forward showed a range of healthcare related topics had been organised, for example, epilepsy and diabetes. This training will help improve and increase staffs' knowledge, practice and understanding of the people they care for.

The management team continued to promote staffs' learning and development through observations of practice and competency assessments. This, along with evaluations and reflective practice still needed to be embedded in order to assess the effectiveness of the training over time. This will ensure the staff team have the necessary skills and knowledge to deliver safe practice to the people they care for.

Not met

Requirement 4

By 1 May 2023, you must ensure people experiencing care are supported in a safe, well-maintained environment. This must include, but is not limited to:

- a) Ensure all repairs and safety checks identify timescales for commencement and completion of work and are carried out timeously;
- b) Putting in place and implementing a system for the robust oversight of the premises and safety of the environment; and
- c) Taking appropriate actions following this to reduce risk and protect people from harm.

This is in order to comply with Regulation 4(1)(a) and Regulation 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210)

This requirement was made on 9 March 2023.

Action taken on previous requirement

There were now two permanent maintenance people employed who had implemented maintenance logs. These contained information relating to all the necessary maintenance and safety checks of the building. Records showed these were up to date and reviewed regularly to ensure people were living in a well maintained and safe environment.

An environmental audit had been completed which identified areas for repair and refurbishment. An action plan provided updates to capture ongoing improvement and expected dates for completion.

The management team now had a better overview of the environment and we could see from these records that any issues or requests were recorded, actioned and signed on completion. This ensured that repairs were carried out within a reasonable timeframe providing us assurances that the premises were safe and reduced the risk of harm.

Met - within timescales

Requirement 5

Outstanding Requirement from Improvement Notice issued 9 March 2023

By 10 July 2023, extended from 1 May 2023, you must be responsive to people's needs and support their health and wellbeing by ensuring they receive their medication as instructed by a medical practitioner and as intended by the manufacturer. To be responsive to people's needs and support their health and wellbeing you must, at a minimum:

- a) Implement a comprehensive stock ordering system to ensure that medication is available at the service at

the time it is due for administration;

- b) Complete, permanent, accurate and consistent auditable record of all prescribed medicines entering, administered or destroyed, and leaving the service;
- c) Ensure all staff who administer medication have received training and are assessed as competent to do so; and
- d) Implement a comprehensive stock checking system which identifies and addresses out of stock medication.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210)

This requirement was made on 9 March 2023.

Action taken on previous requirement

Since our previous visit there had been a significant focus on improving the management of medication. The management team continued to work in collaboration with the Health and Social Care Partnership and NHS pharmacists to improve standards.

Medication was recorded on an electronic system. There had been a full audit of all medication, stock balance and medication administration records. This resulted in a clearer process for ordering and returning of stock. All three rooms used to store medication were tidy and organised and staff told us the recent training had improved their understanding and practice.

The medication administration records provided evidence that people were now receiving their prescribed medication at the times as instructed by the prescriber. This gave us assurances that the service had made the necessary improvements to help maintain people's health and wellbeing.

However, we found some concerns regarding staffs' knowledge and understanding of medication used for specific health needs, for example, diabetes. We found some discrepancies in records and staff seemed unsure of how to monitor, record and manage this effectively. This continued to give us concerns about the risk to people's health and wellbeing.

Not met

Requirement 6

By 1 May 2023, you must ensure that people experience care that meets their health, wellbeing and support needs and enables them to experience respectful, personalised and compassionate care. This must include, but is not limited to:

- a) Putting in place and implementing a system demonstrating that staff are appropriately and safely recruited in line with best practice guidance, 'Safer Recruitment Through Better Recruitment (Scottish Government, 2016)'; and
- b) Demonstrating that all staff have undertaken a comprehensive induction which equips them with the necessary knowledge and skills to undertake their roles effectively.

This is in order to comply with Regulation 4(1)(a) and Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210)

This requirement was made on 9 March 2023.

Action taken on previous requirement

We looked at recruitment files and found the content of these had improved. The necessary documentation and safety checks were in place providing evidence that a safe recruitment process had been followed. This ensured that the person employed was safe and fit to practice.

Some recently appointed staff told us they had been supported into their post through an induction programme. This involved attending training and working alongside more experienced staff members to ensure they had the skills and knowledge to support the people they were caring for. Staff told us they felt they had been well supported into their new role which helped provide them with the knowledge and confidence to care for people effectively.

Met - within timescales

Requirement 7

Outstanding Requirement from Improvement Notice issued 9 March 2023

By 10 July 2023, extended from 1 May 2023, you must ensure that where people's independence and choice are restricted, that this is justified, kept to a minimum and done sensitively. In particular, you must ensure that:

- a) No person is subjected to physical restraint unless it is the only practicable means of securing their or other people's, welfare and there are exceptional circumstances;
- b) All care and ancillary staff receive training on the use of planned and unplanned restraint, which includes arrangements for debriefing;
- c) Any incident of restraint is notified to the Care Inspectorate, and any other relevant governing body;
- d) When required you put in place, implement and regularly review, restraint care plans and risk assessments for people, which clearly identify and set out how people's health, welfare and safety needs are to be met, and plans and assessments to help achieve this; and
- e) The organisational policy on restraint is updated and reviewed to reflect best practice guidance 'Rights, Risks and Limits to Freedom' (Mental Welfare Commission, 2021).

This is in order to comply with regulations 3, 4(1)(a) and (c) and 5(1) and (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 9 March 2023.

Action taken on previous requirement

Following a previous, serious incident regarding the use of unplanned restraint we assessed staffs' understanding and recording of this at this visit.

There is still work required to ensure that all staff, including the management team demonstrate a better knowledge of what constitutes restraint in line with good practice. The lack of clarity and understanding of this had resulted in significant gaps in the recognition, documentation and review of this.

There is still training and support needed in order to ensure all staff have an understanding of how the use of planned and unplanned restraint impacts on people's human rights and wellbeing. This continued to give us concerns regarding the safety of residents as well as staffs' knowledge, competency and practice in relation to the use of restraint.

Not met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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