

Abbey House Residential Care Home Care Home Service

Kinnordy
Kirriemuir
DD8 4LS

Telephone: 01575 574 181

Type of inspection:
Unannounced

Completed on:
27 April 2023

Service provided by:
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Service provider number:
SP2011983079

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CS2011304384

About the service

Abbey House Residential Care Home is a privately owned care home which is registered to provide care to a maximum of 15 older people.

The home is a traditional stone-built manor house sitting just outside Kirriemuir in rural Angus. It is surrounded by a large garden area and has views of the Angus glens.

About the inspection

This was an unannounced inspection which took place on 24 April 2023 from 11:30 to 16:00 and 25 April 2023 from 09:40 to 16:00. The inspection was carried out by one inspector 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 nine people using the service and eight of their family;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

People were happy with the care and support they received

People's needs were understood by the service

People living in the home had good relationships with staff

The leadership in the home was visible

The values of the service were reflected in the care and support

People would benefit from more opportunities to access to the wider community

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good as several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's personal plans and assessments were person centred and clear. People's views, preferences, abilities and needs were recorded. This meant people were involved in their care and support. People were able to manage aspects of their care that they wished to independently. Relevant assessments and documentation was in place. The service also reviewed people's care plans monthly and had short term care plans for any temporary adjustments. This helped ensure staff had the right information about people's needs.

There were warm, responsive and caring connections between staff and people. Interactions were not task focused and this helped enrich people's experiences and outcomes. One person told us "staff know that I know what I like and what I can do". A district nurse advised that they visit the home regularly and that the quality of care is good. The kitchen staff had a very good overview of people's nutritional needs. This ensured people's food, diet and texture was tailored to their needs.

We observed a proactive and enabling approach. One person told us "I don't like having to move position, but staff helped me understand why I need to". Staff knowledge and understanding of people's needs was good. For example, a deterioration in someone's wellbeing was recognised and addressed quickly. One person told us that they believed the service had helped extend their relative's life.

The service had policies and procedures in place. This meant staff had guidance and information to follow. There were also copies of people's plans in their rooms. The introduction of an electronic recording system helped streamline and record people's care and outcomes. For example people's fluid and eating was recorded. This ensured people's needs were met but also allowed all staff to have an overview. The manager should ensure staff are reading people's plans before delivering care even though they know people well.

People told us the food was good and if they did not like something they would be offered an alternative. It was clear that the Health and Social Care Standards were reflected in the leadership of the service. For example reiterating that people should direct when they liked to get up and go to bed. People had access to snacks if they asked for them, however there were no snacks for people to help themselves to. Some people may require a visual prompt to realise they would like something. The service should consider how people can have access to snacks when they want to.

We observed that relatives and friends were able to visit when they wanted to. This meant people were able to maintain relationships. Some people were able to access the local community for day care or with their family, however this was not possible for everyone. Whilst entertainment and links to the community were evident through visits to the home, for example with therapy pets and a local dancing school, we did not observe that people were enabled to access the community as part of their support. People often said they did not want to but some people said they would like to. The service should consider how this aspect of people's life could be promoted (see area for improvement 1).

We observed evidence that activities took place for people and that the service shared photographs on social media. These were good and the enjoyment and outcomes for people were evident. It was also noted that activities were part of the staff's role and not designated to one person. This was positive and staff told us they liked being able to spend time with people. Birthdays and special occasions were celebrated. People knew about big events. There was not a planned schedule for other activities. Whilst it was evident activities took place, it was not clear when they happened. The service should consider how to promote and plan day to day activities so people know what to expect (see area for improvement 1).

Areas for improvement

1. To support people's wellbeing, the provider should have a visible plan and schedule of events to ensure people are aware of any opportunities they can participate in. This should include, but is not limited to access to the local community, planned events and activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors.' (HSCS 1.25); and
'I am supported to participate fully as a citizen in my local community in the way that I want.' (HSCS 1.10).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed that the service obtained feedback from people, staff and families which informed service development. For example, adjustments were made to meal times and the type of meals provided as a result. This meant the service was working to include people and made improvements to suit people's needs and preferences. The service should incorporate people's feedback into the existing service improvement plan.

The leadership of the service was visible. Both the provider and manager had a good understanding of people's individual needs and had developed relationships with people. This helped the leadership of the service ensure people's needs and outcomes were met consistently.

The provider had invested in the development of the service by consulting with an independent agency to support improvements. This had supported the development of the service improvement plan. The electronic system in place supported an overview of people's needs, care and outcomes. The daily notes did not always capture the social and emotional outcomes for people. The service advised they plan to develop this. The manager had a good understanding of when staffing levels needed to be increased due to a change in a person's needs. For example, when a person returned from hospital, staffing levels were increased to provide support.

Accidents and incidents were clearly recorded with an outcome and strategy on how to prevent reoccurrence. The service had also learned from incidents and had a contingency plan in place. For example, the provider purchased a generator after the service experienced a power cut.

The improvement plan evidenced the progress the service had made since the last inspection. It also noted the ongoing improvement objectives. This meant the plan was used as a tool to improve the service and outcomes for people. The service should consider how people and staff can become more involved in the improvement plan. This would help sustain improvements to the service.

Quality assurance was in place and the manager had systems in place to support the frequency of audits. This was effective as the manager had identified areas for improvements and made adjustments to processes as a result.

The manager had an action plan for maintenance and improvements to the environment. The plan was clear and had dates of when repairs and maintenance would take place. The manager also carried out a monthly walkaround to audit the building. The service should consider increasing the frequency of the audit, as some areas identified during the inspection had not been noticed. This was fed back to the service and addressed immediately which was positive.

The service followed safer recruitment guidance and relevant documentation was in place. Staff had an induction period which was followed by a review. This helped ensure staff had the right knowledge and skills to support people. Staff reported feeling supported in their role and that there was enough staff most of the time.

Staff had an annual appraisal which supported their practice, learning and development. The manager had developed an open door policy and informal supervision took place. Whilst this was positive, staff would benefit from regular supervision which is protected time. This would help staff with their practice, performance and development, which would help support good outcomes for people (see area of improvement 1).

The service was reminded to submit notifications to the Care Inspectorate in relation to any incidents that occur.

Areas for improvement

1. To support people's wellbeing, care, and support, the provider should ensure that staff have access to regular supervision appropriate to their role which is recorded. This should include, but not be limited to, reviewing practice, wellbeing, training, development, and performance.

This is 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 organisational codes.' (HSCS 3.14).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider followed safer recruitment guidance and we observed that appropriate documentation was in place for this. The induction process included mandatory training, three days shadowing and provider policies and procedures. The improvement plan also noted the service plan for staff to work towards Scottish Social Services Council (SSSC) badges. New staff had a probationary review which allowed the provider to ensure they were competent and identify any issues or training needs. This helped ensure that staff had the right knowledge and skills for the role.

The direct observations of staff practice supported staff development. The manager also supported senior staff to develop and undertake more quality assurance. The service should include this in the existing service improvement plan.

Some minor team dynamics were evident but the manager had been working to address these which was evident in the team meeting minute. The service should consider how staff can be supported to understand each other's roles.

During the inspection staff reported feeling happy at their work. One person said 'I absolutely love my job especially as I get to spend time with people'. The service should also consider how people living in the service can contribute to the recruitment process.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home is an older building which has required ongoing maintenance and repairs. We observed there was a plan which noted a schedule of planned maintenance, decoration and repairs. People and their families told us they preferred that the home was an older building as it felt homely.

Areas of the home needed upgrading and decoration, for example worn carpets, flooring and wallpaper. The building was damaged by a storm in 2022. Extensive work had been carried out to repair the storm damage. The plan showed work was planned for the heating system and once completed the areas identified would be attended to. It was positive that the provider had a plan in place which minimised the disruption to people. People were informed about the work planned to the home. The provider purchased a generator following a power cut to mitigate and manage any future issues with power.

There were areas in the home that were not intact, for example, skirting boards, door frames and doors. This impacted on infection prevention and control making it more difficult to clean. People's rooms were clean and furniture intact.

Cleaning schedules were in place which were audited by the manager. The areas identified as unclean during the inspection were immediately cleaned. The manager should increase the frequency of environmental walk arounds to ensure areas not cleaned to standard are identified.

We observed some appropriate signs around which helped people recognise areas, although this was not present throughout the home. The provider should consider the Kings Fund Tool to support improvements to the environment. This would support people with dementia and inform future upgrading of areas.

The service did not have a Legionella certificate. The Health and Safety Guidance for Care Homes guidance was shared with the provider. The provider took immediate action and evidenced that a Legionella assessment had commenced before the inspection was completed.

How well is our care and support planned?

5 - Very Good

We found significant strengths in how care and support was planned and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Personal plans were created in partnership with people and their families. People were able to direct their care. This was respected and promoted. There were relevant assessments of people's needs, risk, falls, weight and any other relevant issues. People's views were reflected in plans, feedback and reviews. Staff knew people well. We observed that staff were able to recognise a change or deterioration in people. Staff were proactive in finding the cause of any changes which ensured people received support when they needed it.

The service also had short term care plans. These plans ensured any temporary changes such as medication were noted. The electronic system would highlight changes and the manager also asked that staff printed a copy. This ensured all staff were aware of the changes and had the information they needed to care for people.

We observed that practice was considerate in relation to any restrictive measures required to keep people safe. It was evident that people's wellbeing was central to their care and support. For example, when someone was prescribed medication with sedative side effects the manager advocated that this should be used as a last resort. This promoted the person's rights and independence.

Communication about people's needs was good and kitchen staff had a very clear overview of people's dietary needs and outcomes. Food was stored appropriately with records of temperatures recorded. This meant people's meals were prepared properly and in line with their needs. Regardless of staff's role there was an overview of people's needs. This helped promote positive outcomes for people.

The values of the service and its improvement plan were in line with the Health and Social Care Standards. This was evident in people's plans, feedback and observations of staff practice. Care and support was not rushed and at people's pace. This was enabling and compassionate. Staff reported how much they valued people and recognised that people's social and emotional wellbeing was central to their care and support.

Some of the daily notes were task focused. This did not reflect the outcomes for the person or support provided. This was fed back to the provider who planned to develop this.

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 well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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