

Abbotsford Care, Newburgh Care Home Service

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Type of inspection:
Unannounced

Completed on:
10 October 2025

Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2010248944

About the service

Abbotsford Care, Newburgh is registered to provide 24 hour care to a maximum of 40 people, comprising of 28 older adults and 12 adults under the age of 65. People being supported experience a range of care needs including physical and sensory impairment, mental health issues and learning difficulties.

Accommodation is provided in a single storey, purpose-built building set in an attractive location next to the River Tay. The home is structured as three units, two are interconnected and the younger adult unit is self contained. Each unit has its own kitchen/diner and separate living room. An attractive, secure courtyard is accessible from the two units for older people. The garden grounds are directly accessible from the younger adult unit.

About the inspection

This was an unannounced inspection which took place on 30 September and 1 October 2025. 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 11 people using the service and one of their relatives
- spoke with 10 staff and management
- reviewed feedback questionnaires from 19 staff and 11 relatives
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

Approaches to support were not consistently enabling, limiting people's choice and ability to lead fulfilling lives

Quality assurance systems should be strengthened to support continuous improvement and meaningful change

The environment was well maintained

Support plans contained good detail to guide practice

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

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

We evaluated this key question as 'adequate' where there were some strengths however outcomes for people were compromised by weaknesses.

We observed that, in the main, staff treated people with kindness and compassion. There was a sense of familiarity and trust between staff and the people they supported. People told us that they knew each other well and had built positive relationships. Comments from relatives included "[Carers] are excellent, they really listen." However, during mealtimes, we observed some staff speaking about individuals they were supporting in communal areas, in a way that could be overheard by others. This practice does not promote dignity or respect. We asked the service to address this with staff and ensure that conversations about individuals are conducted privately and respectfully. We asked managers to ensure observations of practice were undertaken consistently, areas for improvement identified and addressed. There was an outstanding area for improvement which addresses the need to focus on this area for development (see outstanding areas for improvement section of this report).

Kitchen staff demonstrated a good understanding of individuals' nutritional needs, including adapted diets and personal preferences. Information was clearly documented and accessible. There was some evidence of consideration of individual preferences, however these did not clearly inform menu planning. People were not consistently informed about what was on the menu in advance. During our visit, there were no menus visible on at mealtimes. There was a menu board in the communal lounge. However, this was not promptly updated or accessible to all people. The service should review how menu information is shared to ensure it is accessible to all individuals, including those with physical and cognitive impairments. As a result, we made an area for improvement (see area for improvement 1).

Infection Prevention Control (IPC) standards across the service were generally good. Walkarounds and spot checks indicated a clean, tidy, and odour-free environment. Domestic staff were visible, knowledgeable, and actively engaged in maintaining hygiene standards. Cleaning schedules and audit records were completed regularly, with very few issues identified. The laundry area was well-managed and maintained to a high standard. Based on our observations, we were confident that effective IPC measures were in place, helping to break potential chains of infection and keep people safe.

A sample audit of Medication Administration Records (MARs) indicated that safe practices were in place. Medication counts were accurate overall. Controlled Drugs were also accurately recorded, and we were confident that people were receiving the correct medication at the right time. However there was a significant amount of overstock in the medication cupboard, which was not being regularly accounted for. Systems for tracking overstock were not effective. A more robust system is needed to monitor and manage medication stock levels. As a result we made an area for improvement (see area for improvement 2).

Quality of protocols for as required medication were inconsistent. Some protocols were person specific and included good detail to guide consistent administration. However other protocols lacked the same level of detail. The service was in the process of reviewing these to ensure protocols included consistently clear guidance.

Opportunities for people to be active and access the community were limited. Transport links were identified as a significant barrier. While in-house activities were taking place, they lacked structure and meaningful planning, which impacted individuals' engagement and potential development. There is an outstanding area for improvement from a previous inspection which addresses this (see outstanding areas for improvement section of this report). The service should further consider how it supports people to access the community given the known barriers associated with local transport links.

People should be supported as far as possible to make their own choices and develop skills. We considered how adults living in the younger persons unit were supported to maintain and/or develop skills and experience meaningful days. Where there are restrictions on people's freedom and ability to make choices, these should be least restrictive, regularly reviewed and supported by a clear legal framework. Staff were motivated and demonstrated good knowledge of the individuals they supported. There was evidence of support around independent living skills, with staff promoting daily routines such as cleaning and laundry. However, it was clear through our observations and discussions with staff that there was a structured and risk averse approach to support. We found examples of restrictions around food including meal planning and cooking, access to basic hygiene products and tasks associated with daily living. Whilst we recognise some restrictions may be necessary to keep specific people safe, these practices should be considered on an individual basis. Where restrictions were in place, we found examples where these had not been reviewed for some time. People should expect restrictions to be regularly reviewed, with staff actively working with them to reduce restrictions over time. As a result we made a requirement (see requirement 1).

Requirements

1. In order that people can experience full, meaningful, and purposeful lives, the provider must, by 5 January 2025, review all restrictive practice used within the service, promoting a positive risk-taking culture. To do this, the provider must also, at a minimum, ensure:

- a) where restrictions in place they are supported by the appropriate legal framework,
- b) any restrictions have restraint reduction plans in place and are reviewed regularly
- c) support staff have adequate training to recognise practice that may be restrictive and promote positive and life enhancing risk.

This is in order to comply with Regulations 3, 4(1)(a)(c) of The Social Care and Social Work (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

Areas for improvement

1.
To support health and wellbeing, the provider should ensure menu information is accessible to all, including those with physical or cognitive impairments. Regular feedback on food quality and choices should be gathered and used to inform future menu planning.

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

which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

2.

To ensure sufficient, safe and effective oversight of people's medication, the provider must ensure robust systems are in place to monitor medication over stock and accurately record carry forward balances on medication administration records.

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

How good is our leadership?

3 - Adequate

We evaluated this key question as 'adequate', where there were some strengths, but outcomes for people were compromised by areas for improvement.

Managers had developed good systems to support oversight of clinical care. Clinical risk meetings were taking place weekly amongst senior staff. Reviews and outcomes were clearly recorded. This allowed staff to easily identify who was at highest risk and actions to be taken as a result. People could feel reassured managers had oversight of clinical care and were taking steps to ensure people had access to the right support at the right time.

There were clear records of accidents and incidents. We found evidence of records which highlighted actions to be taken as a result, including referrals to external agencies. Where the service received feedback from external agencies this was also retained and used to inform future planning. Managers had taken time to analyse accidents and incidents and consider trends. As a result, people could feel confident the service were committed to reducing the risk of future occurrences.

There were a range of audits in place to monitor standards across the service. These audits identified key areas for improvement, however these had not been consistently actioned. Areas for improvement included inconsistent monitoring of fluid intake for those whom it had been deemed necessary. Additionally, there were inconsistencies in the quality of protocols to support the administration of 'as required' medications. We asked the service to consider how effective their internal audits were in achieving change. It is essential that where areas for improvement are identified these are acted upon, in order to improve outcomes for people. As a result we made an area for improvement (see area for improvement 1).

Areas for improvement

1. The provider should ensure that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified, they should be acted upon without unnecessary delay and contribute towards an improvement plan.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

How good is our staff team?**4 - Good**

We evaluated this key question as 'good', where there were a number of strengths which positively impacted on outcomes for people.

Staff told us they worked well together as a team. Comments from staff included, "We are a good team, we work hard" and "Very good team working, good communication and general positivity." While the team described a generally positive working environment, they also acknowledged recent challenges, including low morale and concerns about inconsistent practice. We found that the management team had responded appropriately to concerns raised, and staff described management as supportive. One staff member noted, "Management are supportive." People could feel confident the provider recognised the importance of staff wellbeing and took steps to improve this.

Newer staff members reported a welcoming and inclusive culture, stating, "Everyone has been really friendly and continues to be." Most staff we spoke with confirmed they had received supervision, which they found helpful for discussing development needs.

Staffing levels appeared appropriate during our observations. Feedback from staff was that they had enough time to do their job well. We observed people being supported promptly with their care and support. Where people used call bells to summon staff these were responded to promptly. The service had implemented systems to support deployment of staff throughout the service. Staff recognised the need to be flexible within these roles, but were of the view systems generally worked well. As a result, people could feel confident there were enough staff on shift to meet their needs promptly.

How good is our setting?**4 - Good**

We evaluated this key question as 'good', where there were several strengths which impacted positively on outcomes for people.

We found all areas of the service were clean, tidy and well presented. The atmosphere was generally relaxed. There were various communal spaces for people to choose from. The gardens were well kept and accessible. As a result, people experienced the benefit of various attractive spaces to spend time in.

We found equipment and furnishings which had been well-maintained. We sampled maintenance records and found evidence of timely repairs having been undertaken. All areas which posed a potential hazard to people were locked as expected. People benefitted from a safe and well-maintained environment.

People's bedrooms were personalised with wall hangings and furniture. The corridors were decorated with artwork created by the local community. The service had developed signage since our last inspection. However, this remained limited. The service should consider developing current signage and the environment to support people to be orientated. There was an area for improvement made at the last inspection, directing the service to this, which remains unmet (see 'outstanding areas for improvement' section of this report).

How well is our care and support planned?

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 sampled support plans and found the quality of these was good. Plans included sufficient detail about people's wishes and preferences. Plans consistently included key information, including contact details, in an easily accessible format.

The service had developed specialist care pathways which provided information about specific aspects of individuals' care, including stress and distress. These pathways were designed to clearly inform staff of individual needs and promote consistency in staff approach. Pathways we sampled contained a good level of detail in order to direct care. Plans also referred to recognised tools used to interpret signs of distress and/or pain. People could be confident plans were supported by good practice guidance.

Some aspects of care planning evidenced restrictions on people's rights and freedom. Whilst some restrictions were appropriate others would benefit from review. People should expect plans to guide staff to least restrictive options. Where restrictions are in place plans should demonstrate rationale for these and ongoing review to ensure they remain proportionate. We made a requirement under key question 1 (see requirement 1).

Support plans and risk assessments had been regularly reviewed by care staff. We found some examples of people and/or their representatives being involved in reviews. However reviews were generally basic and did not evidence discussions which had taken place. Reviews should clearly identify what has been reviewed, people's views and how support will be adapted to ensure outcomes are consistently met. As a result, we made an area for improvement (see area for improvement 1).

Areas for improvement

1. In order to ensure that people's views influence their care and support, the manager should ensure reviews take place regularly and that minutes of review meetings reflect how the person and their legal representatives have been consulted and involved in discussions.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state; 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12).

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 promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, reviewed and evaluated on a regular basis. Feedback from people should then be used to clearly inform future activity planning.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 5 July 2024.

Action taken since then

During this inspection we observed limited opportunity for people to engage in activity or experience meaningful days. We reviewed documentation which evidenced some organized group activity had taken place. However feedback from people was that there was minimal opportunity to engage in activity which meaningfully impacted on their wellbeing. As a result this area for improvement was not met.

We will review progress towards this area for improvement at the next inspection.

Previous area for improvement 2

The service should use formal observations of practice of both care and nursing staff to monitor standards of practice and competencies.

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).

This area for improvement was made on 5 July 2024.

Action taken since then

The service had begun conducting observations of staff practice, and we found positive examples where these observations identified areas for improvement. Following this, staff were supported to reflect on their practice and consider ways to develop their skills.

However, while some observations had been carried out, their frequency was inconsistent. To ensure a more robust and continuous approach to staff development, the service should implement systems that provide clear oversight and scheduling of observations.

We will review progress towards this area for improvement at the next inspection.

Previous area for improvement 3

To support good outcomes for people the provider should ensure staff undertake training, including refreshing training in a timely manner, as appropriate to their role and their learning needs.

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).

This area for improvement was made on 5 July 2024.

Action taken since then

The service was delivering a combination of face-to-face training and eLearning. While some aspects of staff training were up to date, others had lapsed. We discussed this with the provider, who acknowledged that staff compliance with mandatory training was below the expected standard.

The service had plans in place to address this, both at an individual and team level. People could be reassured that the provider recognised the importance of regular training to ensure staff maintain the knowledge and skills necessary for their roles.

We will assess progress towards this area for improvement at the next inspection.

Previous area for improvement 4

In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 5 July 2024.

Action taken since then

The organisational expectation is that the King's Fund assessment tool is completed every six months. The most recent assessment was carried out in March 2025. The tool effectively highlighted areas of good practice, such as appropriate seating arrangements and access to garden areas. It also identified areas requiring improvement, including signage for toilets and enabling independent access to finger foods.

However, there was no corresponding action plan developed to address the areas identified for improvement. While some signage was in place, such as directions to the living room and smoking area, outdated brass signs remained in use in certain parts of the building. Given the layout, which includes long corridors, signage could be further enhanced. In particular, the introduction of dementia-friendly signage directing individuals to key areas such as the living room, dining room, bathrooms, and bedrooms would be beneficial.

We will assess progress towards this area for improvement at the next inspection.

Previous area for improvement 5

To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans which offer clear and accessible guidance to support staff.

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).

This area for improvement was made on 5 July 2024.

Action taken since then

We sampled care plans and found that they contained clear and accurate information about individuals' current care and support needs. Plans were readily accessible within individual units, enabling staff to refer to them promptly when needed. There was also evidence that care plans had been reviewed regularly to ensure that the guidance remained current and reflective of people's changing needs.

As a result this area for improvement was met.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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