

Abbotsford Care, Glenrothes Care Home Service

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Glenrothes
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Type of inspection:
Unannounced

Completed on:
25 November 2025

Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2010248949

About the service

Abbotsford Care, Glenrothes (Strathburn Lodge) is a single storey care home situated in a residential area of Glenrothes. The home provides care and support for up to 40 people including older people, people living with dementia, dementia related illnesses and people under 65 who have mental and physical health conditions.

The care home has four units, each with its own dining area and lounge. There are accessible garden grounds around the home with a variety of seating areas. The home is centrally located, with good access to local amenities and bus routes.

About the inspection

This was an unannounced follow up which took place on 25 November 2025. 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 seven people using the service and two of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

Environmental improvements were clear throughout the home

Opportunities for meaningful engagement remained limited

People could not yet be confident their skin integrity was consistently well managed

Quality assurance systems were not yet established

The service continue to work towards making essential improvements

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

Requirements

Requirement 1

By 21 November 2025, the provider must ensure people receive support to spend time in ways which are meaningful to them. To do this the provider must at a minimum:

- a) develop plans which include people's interests, hobbies and the support they require to engage in these
- b) seek feedback from people and their relatives about how they would like to spend their time
- c) ensure people are aware of the opportunities available to them

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 211/210)**.

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

This requirement was made on 18 September 2025.

Action taken on previous requirement

We found that the service had made progress towards meeting this requirement.

Managers told us about increased opportunities for people to experience meaningful days, including trips in the community and organised events in the service. We found examples where people clearly enjoyed the opportunities on offer. Feedback from people and relatives was mixed. Some people were actively engaged in opportunities however others told us 'there's nothing to do'. Whilst the service had done some work evaluating feedback from people, this was limited, and it was unclear how it informed future planning.

Staff had developed a programme for activities within the service which they shared with us. Whilst this was an indication of the opportunities available, it had not been shared with people. The home had notice boards visible to visitors, however these had not been updated. We found no visual prompt for people living in the service or staff about what was planned for each day. We asked the service to consider how they make sure people are aware of what it is available to them. Furthermore the service should ensure plans reflect what is important to people, including their hobbies and interests. The provider should make plans to ensure people are supported to engage in ways which are meaningful to them.

We recognised there had been progress towards meeting this requirement since the last inspection. However, improvements in outcomes were limited to specific people. We did not find sufficient evidence of adequate improvement across the service. This requirement has not been met. Timescales will be extended until 17th February 2026.

Not met

Requirement 2

By 21 November 2025, the provider must ensure people receive consistent support to manage and monitor their physical health in line with their assessed care needs. To do this, the provider must, at a minimum:

- a) ensure topical treatments are applied as directed
- b) ensure people are supported to reposition as directed in their plan of care
- c) ensure records associated with the management of skincare are accurate and up to date
- d) ensure fluids are encouraged and records maintained

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 211/210).

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 requirement was made on 18 September 2025.

Action taken on previous requirement

We found that, although there had been some progress with the use of topical treatments and skin care, further work was required. Staff were aware of people's needs and could give a good account of the care that they required. People were well known, and the permanent nursing team provided a consistent oversight of people's care and treatment. However, plans of care were not always up to date and, at times, contained contradictory information. This reduced confidence and created a risk that staff might follow out-of-date guidance. Written information about the use of topical treatments was limited, and there was a reliance on staff knowledge. This created a risk when new or agency staff were on duty. Although records

for repositioning were well completed, the records themselves were held centrally and completed after some delay. This meant that we could not be fully confident that they were an accurate account. Topical treatment records were generally well completed but, in some cases, there were large gaps in the recording. Quality assurance of these documents had not been fully effective in identifying omissions or addressing the episodes of poor record keeping.

Charts recording fluid intake were complete and showed a good level of evaluation. When people had not met their fluid target, this was clearly identified and the actions to be taken were outlined. An additional oversight document was in use which allowed for easy reflection on people's intake throughout the week.

This requirement is not met. Timescales will be extended until 17th February 2026.

Not met

Requirement 3

By 21 November 2025, the provider must ensure systems to support oversight of service provision are effective in improving outcomes. In order to do this the provider must at a minimum:

- a) ensure there are regular and effective audits in place covering key aspects of service delivery including the environment, mealtimes, engagement and support planning
- b) ensure areas identified as posing a risk to peoples physical health are addressed without delay
- c) ensure that where areas for improvement are identified they contribute to a development plan and are drivers for change

This is in order 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 in order to ensure that care and support is consistent with the 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).

This requirement was made on 18 September 2025.

Action taken on previous requirement

During this inspection we did not find clear audit processes in place. The scope and frequency of audits was unclear. Some audits had been undertaken and managers had identified little benefit. Managers discussed plans to change audits to ensure they are effective in identifying areas for development and resulting actions are undertaken. These changes had not yet been implemented in practice, therefore we could not assess effectiveness of these.

Whilst changes to the environment had been made because of the previous inspection, we did not find clear systems to ensure ongoing safety within the environment. Environmental changes to dining areas had improved experiences for people. However, it was unclear how the service planned to continue to monitor mealtime experiences for people. The service was in the process of reviewing support plans for every person. Managers were unable to demonstrate effective systems for the ongoing auditing of support plans or reviews.

Leaders had developed an improvement plan which was updated regularly. This highlighted identified areas for improvement and progress towards meeting these. The provider was committed to supporting sustained improvement within the service. However, there was limited evidence of systems to support safe and effective practice across key areas of service delivery.

The provider should ensure managers are clear about their role and remit. Systems to support effective oversight of the service require development and implementation to assure ongoing safety.

This requirement is not met. Timescales will be extended until 17th February 2026.

Not met

Requirement 4

By 21 November 2025, in order to maintain people's safety and minimise the risk of infection the provider must ensure the environment, including furnishings and equipment are clean and well maintained. In order to do so the provider must at a minimum ensure furnishings and equipment:

- a) are effectively cleaned
- b) which have been compromised are replaced promptly.

This is in order to comply with Regulations 4(1)(a) and 14(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

This is 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).

This requirement was made on 18 September 2025.

Action taken on previous requirement

We found the environment, furnishings and equipment were clean and well maintained. Since the last inspection tables and chairs had been replaced throughout the home. Communal areas had been freshly painted and additional thought given to durability of wall coverings. All fixtures and furnishings we saw were in good condition and had been effectively cleaned. People could be reassured the risk of infection was minimised.

We spoke with domestic staff who told us they had time and resources which enabled them to do their job well. We spoke with people who felt involved in changes to the environment. Soft furnishings had been replaced in different areas of the home and there was a plan to continue this work throughout.

As a result, this requirement was met.

Met - within timescales

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

Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should develop systems to support oversight of when supervision and appraisals have taken place and when they should be undertaken again.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 21 October 2024.

This area for improvement was made on 21 October 2024.

Action taken since then

Managers have been undertaking one-to-one meetings with staff. During meetings staff had been supported to identify their own learning and development needs as well as those identified by managers. We found evidence of specific plans being in place to address practice concerns.

Leaders had developed clear systems to support oversight of one-to-one meetings with staff. Oversight documents highlighted a significant number of staff who have not had supervision for an extended period of time. Whilst the service had made progress towards meeting this area for improvement, further progress is necessary.

This area for improvement is not met. We will assess further progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 2

The service should be able to demonstrate staffing levels, skill mix and deployment of staff contribute to supporting the emotional and physical wellbeing of people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people' (HSCS 3.15) and '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 21 October 2024.

This area for improvement was made on 21 October 2024.

Action taken since then

The service demonstrated a strong focus on staffing, including staff training, development and skill mix. Leaders had identified where staff required support to develop on an individual basis and as a team. Changes with regards to skill mix were still to be implemented in practice, however, we were assured leaders were evaluating staffing.

This area for improvement is not met. We will assess further progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 3

To promote the health and wellbeing of people using the service, the provider should ensure feedback is regularly sought from people about food quality and choices. This feedback should be clearly 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)

This area for improvement was made on 2 September 2025.

Action taken since then

Feedback regarding meals was very mixed. Whilst some people felt fairly satisfied, one saying, 'it fills a gap', others felt meals were repetitive and of a poor quality. Some relatives shared these concerns, feeling that the meals on offer didn't reflect what their loved one would normally have eaten. Catering staff knew people well and held good information about their needs and wishes. This gave confidence that efforts to improve people's experience had begun. The service had taken some steps to gather feedback, however there were limited actions taken as a result. The manager was aware that further work was required with menu planning and reflecting people's food choices.

This area for improvement is not met. We will assess further progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 4

In order to support health and wellbeing the service should promote a culture of responsive and continuous improvement. In order to do this the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and used to inform improvement planning.

This is to ensure that my care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) and "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 2 September 2025.

Action taken since then

The service had developed ways to capture feedback from people, these included following activities, meals and with changes to the environment.

Leaders had reflected on ways they engage with relatives to ensure opportunities are meaningful to them. We saw examples of the service using social media to capture feedback. Additionally, staff had clearly gathered people's views about the environment and taken steps to implement changes as per their wishes. However some people told us they had not been asked for feedback about their care or the home itself.

This area for improvement is not met. We will reassess how views are captured on an ongoing basis and used to inform future improvement planning at the next inspection.

Inspection report

Previous area for improvement 5

The provider should ensure that service users experience a service with well trained and informed staff. All mandatory training should be up-to-date. In addition any other relevant training should be completed, where it is appropriate to the role performed by the staff member, to meet the assessed care and support needs of service users. This should include regular monitoring to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

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 2 September 2025.

Action taken since then

Compliance with mandatory training has improved. However, some staff continue to work toward basic training requirements. Managers demonstrated a strong focus on supporting staff to complete the necessary training. The provider had been working closely with other professionals to provide training specific to the development needs of the staff team. Managers told us about different formats in which training has and continues to be delivered to suit the learning needs of staff. Whilst there has been a focus on staff training further work is necessary to ensure all staff have the basic training required to undertake their role effectively.

This area for improvement is not met. We will assess further progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 6

To promote the health and wellbeing of people using the service, the provider should ensure staff work well together as a team, providing consistently positive experiences for people living in the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This area for improvement was made on 2 September 2025.

Action taken since then

Since the last inspection there had been some changes to leadership within the service. Leaders were new to their roles and in the process of developing as a team. Leaders had reviewed skills and strengths within the staff team. There were clear plans to implement changes to staff work patterns to build a better mix of skills. Feedback from staff was that they were feeling unsure about what the changes would mean for them. The service was undergoing a period of significant change.

This area for improvement is not met. We will further assess progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 7

In order to support health and wellbeing of people the provider should ensure support plans consistently include detailed, accurate guidance to guide care and support in line with people's needs and preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: '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 2 September 2025.

Action taken since then

Support plans we sampled were inconsistent. Some plans included clear and detailed guidance. However other plans included outdated information. Leaders told us they are in the process of reviewing all plans across the service.

This area for improvement is not met. We will further access progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 8

In order to promote the welfare, choice and safety of people the provider should ensure records of legal powers are clearly documented and copies retained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: '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' (HSC 2.12)

This area for improvement was made on 2 September 2025.

Action taken since then

Leaders had developed a system to support oversight of legal documentation. We reviewed oversight documents which evidenced the service was working towards ensuring all necessary legal documentation was in place. There were some gaps where copies of documents were still to be obtained.

This area for improvement is not met. We will further access progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 9

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).

This area for improvement was made on 2 September 2025.

Action taken since then

The service had made progress towards meeting this area for improvement. The service continues to undertake reviews with people and their relatives.

Inspection report

This area for improvement is not met. We will further assess progress towards meeting this area for improvement at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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