

# Abbeycare (UK) Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 November 2025

**Service provided by:**  
Abbeycare (UK) Limited

**Service provider number:**  
SP2016012724

**Service no:**  
CS2016347332

## About the service

Abbeycare (UK) is a care home for adults experiencing alcohol and/or substance misuse difficulties. It is situated in Erskine close to local transport links, shops and community services. Abbeycare provides supervised detoxification and rehabilitation treatment for up to 34 people.

Abbeycare (UK) is a purpose-built care home with two floors. There is a large dining area and various lounges throughout the home. People have unrestricted access to a small kitchen area and vending machines with drinks and snacks.

Bedrooms are single occupancy with en suite shower facilities. There is unrestricted access to a large outside space to the rear and side of the building.

At the time of inspection, 31 people were being supported by the service.

## About the inspection

This was an unannounced inspection, which took place on 17, 18 and 24 November within the service and 25 November 2025 remotely, within the hours of 07:00 and 19:30. 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 11 people using the service and 4 of their relatives
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- explored electronic feedback forms received from 4 staff.

## Key messages

- People experienced compassionate, person centred care that supported meaningful relationships and positive recovery outcomes.
- The environment was high quality, safe and welcoming, with valued communal and outdoor spaces.
- Staffing was stable and consistent, deployment should be more clearly aligned to people's needs, especially out with office hours.
- Quality assurance systems were in place but lacked clarity and follow through, with gaps in oversight of key areas of practice.
- Staff had access to training and supervision, although key areas were missing. Practice observations were not routine, limiting assurance of competence.
- Personal planning showed good practice but was inconsistent, with unclear risk measures documented at times.
- People and their families valued ongoing support and aftercare, which improved the overall experience and recovery journey.

## 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?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced care and support that made a positive difference to their health and wellbeing. The service was delivered by a relatively small and stable staff team, which allowed people to build meaningful relationships. Staff were described as compassionate and caring, and this helped people feel safe. This gave people the confidence to identify and work through challenges, which they felt would benefit their recovery journey. A person supported shared "It feels safe to be sharing my past trauma. At this point I am confident I will be able to utilise all the tools provided and take this learning home".

Support was person centred, which was particularly evident in complex situations. Staff took time to explore what actions meant for each individual rather than applying a blanket response. This promoted dignity and respect and gave people the best chance of achieving a positive recovery journey.

Pre-admission support was being reviewed and further developed. It was encouraging to hear that this was being promoted as an essential part of recovery, with uptake increasing. Tracking the impact of this on outcomes would be helpful as people move through the service. It would also be beneficial to continue exploring whether extended waiting times for admission to the clinic has an impact on people's engagement.

People can expect to be assessed by a qualified person, who involves other people and professionals as required. Healthcare support was provided by the specialist medical team, which included a Pharmacist and Nursing staff, with a thorough assessment being carried out upon admission and throughout peoples stay within the service. Health and wellbeing was further supported through staff accompanying people to planned and emergency medical appointments. This had clear benefits for people's overall health. A person supported informed us "I have had a health issue, that I was uncomfortable to speak to a male about, however I spoke to my keyworker about this and they organised an appointment for me, which they will support me to. This was really reassuring". Notifications to the regulator were not always evident when hospital attendance occurred, this should be addressed to ensure compliance with current guidance.

Medication support was holistic, with many people and families appreciating reviews and adjustments to prescribed medication. This was seen as beneficial to recovery and ongoing wellbeing. We identified some issues in relation to medication recording, please see "how good is our leadership" for further details.

The weekly programme was well structured, balancing therapeutic, recovery-focused, occupational, and recreational activities. Additional initiatives such as "walk and talk" and "buddy" sessions had been introduced in response to feedback, helping people build connections and enhance their experience. Some people shared that Sundays felt long, particularly if they did not have visitors. While quiet time is valued, this ongoing feedback suggests the need for further exploration or open discussion with people about their expectations.

People can expect to choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. Food provision was generally well received, however some people reported weight gain during their stay. Healthier options were available, but the main menu choices

were often highly calorific. We appreciate that due to a high number of people being supported within the service for a relatively short time, it maybe difficult to meaningfully consult regarding food options, however incorporating healthier options more regularly would be beneficial to people's health.

People valued the support received to maintain relationships with those closest to them during their stay. This was especially important for people with younger children. We heard how this made it easier for people to focus on their recovery and remain in the service for the planned time, which had a positive impact on their outcomes.

Family support was developing well and was greatly appreciated by relatives. Ongoing contact was proactive and included planned calls, follow ups and reactive support when concerns were raised. Aftercare following discharge was evident and valued, helping sustain recovery progress and wellbeing beyond people's stay in the service.

## How good is our leadership?

## 3 - Adequate

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

Services and organisations should be well led and managed. There was a service improvement plan in place which set out a wide range of actions. While this was updated quarterly, it was difficult to link the review to the actions identified, as these were recorded separately. This made it challenging to track what had been achieved and what was still outstanding. We were not able to see how the plan was being developed in connection with other improvement and quality assurance activities.

(See area for improvement one).

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The Organisation had a quality assurance policy, however this was a lengthy document which did not clearly define what should be done and when. It would be beneficial for the policy to be more descriptive regarding what was required, when and by who. Presenting key information in a simpler format, such as a spreadsheet, may improve understanding of the expectations and allow progress to be tracked more easily.

Weekly care plan audits were being carried out to ensure documentation was completed on time, with actions highlighted to staff where needed. Audits looking at the quality of information had recently been introduced, once embedded these should help identify improvements and strengthen the standard of recording.

Medication audits were taking place twice weekly and focused mainly on counts. Where discrepancies were identified, there was no evidence of this being followed up to understand or address the causes. Stronger oversight is required to ensure safe practice and reduce repeated issues.

The service stored money for clients when requested, but staff were not always clear about the limits or procedures. We saw examples where money and bank cards were held without appropriate records or safeguards. Policies did not set out clear oversight arrangements, and staff were not recognising when procedures were not being followed. This left gaps in protection for clients, staff and the organisation.

Overall, while some systems were in place, quality assurance and improvement was not consistently well led. Quality assurance activities being carried out were not always effective at providing oversight and assurance across all key areas of practice. Strengthening these processes would provide greater assurance and support continuous improvement. The management team had began developing systems and processes prior to the end of the inspection.

**(See requirement one).**

People should be encouraged to be involved in improving the service, in a spirit of genuine partnership. Feedback was sought when people were discharged from the service. This covered a wide range of topics, with the top and bottom three areas highlighted to the manager. To ensure feedback is as reflective as possible, it may be helpful to review the questions and potential responses to ensure they are relevant to peoples experiences. We were not able to see feedback linked to actions in the improvement plan.

There was a process in place for checking staff professional registrations, from our sample all staff were appropriately registered with a professional body.

## Requirements

1.

By 30 April 2026, the provider must implement robust quality assurance processes that give full oversight of the service and drive continuous improvement.

This should include but not be limited to:

- a. The registered manager applying a clear quality assurance framework, which sets out expectations and requirements, ensuring effective organisational oversight
- b. regular audits of care planning, finance, and medication which are accurate, up to date, consistently applied, and lead to necessary improvement actions
- c. the management team maintaining clear oversight of people's health and wellbeing needs, with actions taken to promote positive outcomes
- d. the management team having a comprehensive overview of staff training, gaps, supervision, and observed practice.

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 states that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

## Areas for improvement

1.

The provider should develop and agree a SMART (smart, measurable, achievable, relevant and timebound) comprehensive improvement plan. This should address required areas of improvement, including appropriate timescales for completion and regular measurements of progress.

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

3 - Adequate

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

A training needs analysis had been developed for all roles, outlining a wide range of topics. However, some key areas essential to supporting people well were missing. Much of the training identified was external, with no clear plan of how this would be consistently sourced. Timescales for completion and refresher training were not defined. This resulted in gaps in essential training such as medication. Several staff reported they were unclear about training expectations, with staff noting, "X keeps us right and tells us what training we need to complete and when." Strengthening training will ensure safe practice to support people with their recovery journey and build staff confidence.

An overview of training completed had been created, however this did not capture all of the areas identified in the needs analysis. As a result, it was not possible to track that staff had completed all mandatory training. This created a risk of inconsistent or unsafe support for people through their recovery journey.

Supervision notes sampled showed balanced discussions, including reflective practice, which demonstrated staff understanding of their role and some of the complexities involved. The newly appointed Clinical Practice Manager was settling into their role and had not yet assumed supervisory responsibilities. Interim arrangements for clinical oversight, particularly of nurses and newly qualified staff, were not in place. This created a risk that staff may lack the guidance and support needed to ensure safe and consistent care for people.

There were no routine observations of practice carried out, which meant managers could not be assured of staff competence in key areas such as medication.

While there were systems in place to identify training needs and provide supervision, gaps in planning, oversight and clarity meant staff competence could not be fully assured. Strengthening training arrangements, introducing routine observations and ensuring staff understand their responsibilities would support safer and more confident practice.

(See requirement one).

Staffing within the service had become more stable following the recruitment of additional recovery practitioners and a night shift nurse. This reduced the reliance on agency staff and brought greater consistency, particularly overnight, which people told us had been very beneficial for their care and clinical support.

People should experience a warm atmosphere because people have good working relationships. Staff teams worked well together and recognised the role each person played in supporting people. We heard about recent whole team approaches to discussion, which demonstrated a shared commitment to providing consistent and compassionate care.

Care and support needs should be met by the right number of people. There was an agreed staffing schedule in place, but it was not clear what had underpinned this assessment or how thresholds for additional staff were determined. Staff reported that the complexity of people supported had increased. While extra staff had been brought in at times, there was not a clear outline of how people's needs or other meaningful measures were used to shape staffing requirements. We also noted a drop in staff numbers in the evening. It would be helpful to explore whether this configuration is sufficient, particularly given there is generally no management presence outwith office hours.

**(See area for improvement one).**

## Requirements

1.

By 30 April 2026, the provider must ensure all staff receive role appropriate training tailored to the needs of people supported. To promote safety and wellbeing training must be consistently applied in practice.

At a minimum, this must include:

- a. delivery of induction and core training, informed by a comprehensive needs analysis, including medication, managing stress and distress, and condition-specific training
- b. maintenance of accurate training records to evidence staff skills and knowledge
- c. monitoring of staff competence through supervision, team meetings, and direct observation of practice, including medication administration.

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:

'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)

## Areas for improvement

1.

The provider should ensure staffing levels and skills mix are appropriate to meet people's assessed needs and outcomes at all times of the day and night. Regular staffing assessments should consider meaningful measurements, including support preferences, and be responsive to changing needs throughout people's recovery journey.

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) and

"My care and support is consistent and stable because people work together well." (HSCS 3.19)

**How good is our setting?**

**5 - Very Good**

We found significant strengths in aspects of the environment which supported positive outcomes for people, therefore we evaluated this key question as very good.

The environment was clean, modern and decorated to a high standard, creating a homely feel. The upstairs lounge was homely and accessible throughout the day and people could help themselves to tea and coffee whenever they wished. The dining room was welcoming, with tables thoughtfully decorated and menus provided. The garden was spacious, well maintained and included a purpose built garden room which offered additional therapeutic space and could be used for one to one key-working.

People told us they were very happy with their rooms and the overall environment, describing them as clean and safe. Families also spoke positively, highlighting the secure setting, the generous outdoor space and immaculate rooms. Small touches such as towel origami were noticed and appreciated. The only concern raised was occasional issues with the wifi which sometimes affected access to television.

Infection prevention and control arrangements were in place. Hospitality staff had a clear understanding of their role and laundry areas were clean, tidy and well organised. People supported were involved in light therapeutic duties, such as cleaning tasks. Cleaning schedules and documentation were in place and visible, alongside clear signage and noticeboards.

Maintenance and servicing processes were up to date, fire safety arrangements were in place and regular fire drills were carried out.

One area requiring attention was the flooring in the conservatory, which was lifting and taped over. This presented a trip hazard and potential infection control risk. The management team were aware of this and were awaiting repairs on the glazing works on the roof before moving forward with replacing the flooring.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths had a positive outcome for people and clearly outweighed areas for improvement.

People can expect to develop and review their personal plan, which is always available to them. For some people we saw clear information about their assessed needs, the support to be provided and ongoing reviews. Recognised assessment tools were being used and, in these cases, the information linked well to discharge and aftercare planning. This demonstrated good practice and helped ensure continuity of support. However, this was not consistent for everyone. Where people had more complex needs such as depression, anxiety or a history of self harm, information was not always clear in guiding staff on how best to provide support. Information recorded in some weekly reviews was copied throughout people's stay, even when it was no longer relevant. This highlighted gaps in oversight and accuracy.

Daily recordings should provide a clear overview of support provided, linked to people's outcomes. It is important that these are informative and reflective of interactions. We were not always able to ascertain the nature of discussions from the recordings made.

Whilst there were examples of good assessment and planning, oversight of the quality of care plan content was not always evident. Strengthening consistency, ensuring risk measures are clear and supportive, and making better use of daily feedback will help ensure care plans fully reflect people's needs and wishes.

(See area for improvement one).

### Areas for improvement

1.

The provider should ensure personal plans and risk assessments are accurate, current, and meaningfully involve people. Plans should give clear guidance on support to be provided and include strategies to support people experiencing stress and distress. These should be reviewed regularly, alongside people, to reflect their changing needs throughout their recovery journey.

This supports the principles of the Health and Social Care Standards (HSCS):

"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)

## 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 keep people safe, the provider should ensure there is a training needs analysis completed for each of the roles across the service, with clear expectations of training to be completed with timescales.

The manager should have an overview of training completed to ensure all staff are equipped to keep people safe and promote the wellbeing of people supported.

Effective opportunities should be created to encourage staff development and reflection including supervision, team meetings and observations.

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". (HSC 3.14)

**This area for improvement was made on 11 March 2025.**

#### Action taken since then

A training needs analysis had been created for all roles. Whilst there were many areas detailed, there were a number of key areas not covered. To ensure the training needs analysis is beneficial for staff and the management team it would be helpful to clearly detail the format of training, expected timescales for completion and refresher training required.

There was an overview detailing training completed, however this did not appear to capture each of the areas from the needs analysis. We were therefore not able to see that staff had completed the training that had been assessed as mandatory.

Supervision notes detailed balanced discussions some of which included a reflective discussion regarding recent practice, which demonstrated staff understanding of their role and the complexities.

There were no routine observations of practice carried out, which meant the management could not be assured of staff practice particularly in relation to areas such as medication.

This area for improvement is not met, and will be incorporated into a requirement under key question "how good is our staff team".

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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