

## Abbotsford Care, Newburgh Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
29 January 2026

**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 28 January 2026. 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 four people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents

## Key messages

We found limited progress had been made towards recognising and addressing restrictive practice

Management of medication had improved

People benefited from additional signage to support orientation

The service should continue to work towards making necessary improvements

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

### Requirements

#### Requirement 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).**

**This requirement was made on 28 October 2025.**

#### Action taken on previous requirement

During this inspection, staff described two recent attempts to reduce restrictions by increasing individuals' access to previously restricted items. We were advised that this had resulted in a positive outcome for one person, while for another the perceived level of risk meant staff did not feel able to progress further. While this demonstrated isolated reflection on practice, it did not reflect a consistent or systematic approach to reviewing restrictions across the service.

Throughout the visit, we observed several examples of poor practice relating to restrictive interventions and risk management. There were no restraint reduction plans in place for any individual, and there was no evidence that existing restrictions or associated staff practices were being routinely reviewed. We found minimal evidence of structured review, evaluation, or goal-setting that would support individuals to increase independence or reduce restrictions.

Staff showed limited understanding of what constitutes restrictive practice. Staff were unable to identify restrictions within their own practice or to articulate how such restrictions might be reviewed, reduced, or removed. Discussions with leaders suggested a lack of clarity about what was taking place in day-to-day care, with some restrictions remaining in place simply because "that's how it has always been done," rather than as a result of current assessed need.

Staff frequently referenced restrictions linked to risks that appeared minimal or highly unlikely to occur. This indicated a risk-averse culture, with little evidence of positive risk-taking or of approaches designed to empower people or promote their autonomy. There was no clear evidence that the service was actively seeking opportunities to enable individuals to have greater choice, control, or independence in their daily lives.

Overall, the inspection identified a significant lack of systems, understanding, and practice necessary to ensure that restrictive interventions are recognised, reviewed, and reduced in line with best practice. The service did not demonstrate a proactive or person-centred approach to promoting least-restrictive care.

As a result this requirement was not met. We have extended the timescale until 23 April 2026.

**Not met**

## 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 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).**

**This area for improvement was made on 10 October 2025.**

#### Action taken since then

The service encouraged people and staff to complete feedback cards after meals. Staff then passed these cards to the kitchen team so they could review the comments and use them to influence future menu planning.

During the inspection, we spoke to several people who told us they were happy with the food available.

Staff used boards to write up the daily menu choices, and these were on display in communal dining areas. The manager told us they had been printing menus for the tables so people could easily see what was on offer when they sat down. However, the service was unable to provide the printed menus on the day we visited because of technical difficulties.

We were satisfied that the service had made progress in meeting this area for improvement. Staff should continue review feedback from people and use it to guide future menu planning. We will review progress

again at the next inspection.

This area for improvement was not met.

## Previous area for improvement 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)**

**This area for improvement was made on 10 October 2025.**

### Action taken since then

Since the last inspection, the service had been able to return overstocked medication to the pharmacy. The service had a suitable level of medication in stock allowing easier oversight. The service had improved oversight of medication following the introduction of an electronic medication recording system (EMARS). We reviewed this system with staff, which we found provided clear oversight of medication including additional stock. Staff told us this system was working well in practice.

Managers continued to undertake regular audits of medication administration to ensure any discrepancies are identified promptly. Managers continue to review the EMARS system along with the provider to improve their knowledge and ensure it is working well in practice.

As a result this area for improvement was met.

## Previous area for improvement 3

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)**

**This area for improvement was made on 10 October 2025.**

### Action taken since then

We found that the service had made some progress with oversight of staff training, observations of practice, and medication. We identified concerns with regards to restrictive practices and asked the service to develop increasingly robust oversight and drive improvement.

At a future inspection, we plan to review oversight of practice in more detail. This area for improvement was not met.

#### Previous area for improvement 4

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 10 October 2025.**

#### Action taken since then

We did not assess the area for improvement at this inspection. We will review progress towards this at future inspections.

This area for improvement was not met.

#### Previous area for improvement 5

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 24 July 2024.**

#### Action taken since then

We discussed the progress made toward planning and evaluating activities with staff. Staff demonstrated good knowledge of people's personal preferences, past hobbies, and what is important to them. They shared examples of activities that had been planned based on feedback from people living in the home and their relatives.

Records showed clear oversight of engagement throughout the home. Staff were working hard to ensure that everyone had opportunities to experience meaningful days.

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

## Previous area for improvement 6

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

Leaders had carried out observations of staff practice since the last inspection. A variety of observations were completed across the staff team, covering different aspects of practice. These led to some areas for improvement being identified and addressed. However, this was not consistent throughout the service. We asked leaders to prioritise parts of the service where fewer observations had taken place, as these areas had not effectively identified or resolved practice issues or gaps in staff knowledge.

This area for improvement was not met.

## Previous area for improvement 7

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

Since the last inspection, the service had implemented a new e-learning system. At this inspection, compliance with mandatory training stood at 53%. The manager advised us that previously completed staff training did not transfer onto the new system, which caused the recorded compliance to appear lower than it actually was. As a result, we were unable to determine the service's true level of compliance. Manager and staff continued to familiarise themselves with the new system and were working to address the gaps.

As a result, this area for improvement was not met.



### Previous area for improvement 8

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

We identified additional signage that had been introduced since the last inspection. Signage was in place to direct people to various communal areas and toilet facilities, and the service had used dementia-friendly designs. Feedback from people we spoke with was that they could easily find their way around the home. The service should continue to utilise the Kings Fund Environmental Assessment tool to support ongoing review of the environment.

We were satisfied that this area for improvement had been met.

## 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).

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