

Abbotsford Care, Glenrothes Care Home Service

Strathburn Drive
Glenrothes
KY7 4UQ

Telephone: 01592 631 333

Type of inspection:
Unannounced

Completed on:
27 February 2026

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 inspection which took place on 24 February 2026. 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 three people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Opportunities for meaningful engagement had improved.
- People could not yet be confident their skin integrity was consistently well managed.
- Quality assurance systems were not yet embedded in practice.
- Oversight of clinical care required prompt improvement.
- The service continue to work towards making essential improvements.

How well do we support people's wellbeing?

During this inspection we found evidence of people taking part in activities, both in groups and on a 1:1 basis. Records we sampled included some feedback from people about how the activities went. Facebook posts also showed people out in the community. Staff we spoke with were confident people had regularly engaged in activity; however, some 1:1 activity records had long gaps. Care plans did not consistently include enough information about what people enjoy or how staff could support them to have meaningful days.

Overall, activities were happening but recording and evaluation of these was inconsistent. Some folders were out of date and personal plans would benefit from more detail. We made a requirement (see 'What the service has done to meet any requirements made at or since the last inspection', requirement 1) at a previous inspection which had been met. However, areas for further development remain and we have made an area for improvement to reflect this (see area for improvement 1).

Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, recorded and evaluated on a regular basis. This should include, but is not limited to, ensuring people who prefer not to take part in group activities are given the opportunity to experience a meaningful day in other ways.

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); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

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

During this inspection we found evidence of people taking part in activities, both in groups and on a 1:1 basis. Records we sampled included some feedback from people about how the activities went. Facebook posts also showed people out in the community. Staff we spoke with were confident people had regularly engaged in activity; however, some 1:1 activity records had long gaps. Care plans did not consistently include enough information about what people enjoy or how staff could support them to have meaningful days.

Overall, activities were happening but recording and evaluation of these was inconsistent. Some folders were out of date and personal plans would benefit from more detail.

As a result, this requirement has been met and replaced with an area for improvement to address the areas for development which remain (see area for improvement under 'How well do we support people's wellbeing?').

Met - outwith timescales

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 sampled records associated with the management of skincare, including repositioning and the application of topical creams. These records were completed inconsistently. Body maps were in use and clearly showed where creams should be applied and how often. However, the records did not demonstrate that creams were being applied as frequently as directed. Most people who required support with repositioning had care plans that set out how often this should happen. However, we found numerous examples where this support had not been provided as often as required. Fluid charts were generally completed, but targets were being met inconsistently, and it was unclear what actions were taken when targets were not achieved.

Overall, while recording had improved, there were still significant gaps. Therefore, we could not be confident that people's health needs were being met.

As a result, this requirement has not been met. We have extended the timescale until 10 April 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 people's 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, the service demonstrated that various audits were in place covering key aspects of service delivery. Since our last inspection, the frequency of some audits had improved, and associated follow-up actions were being implemented. These included Infection Prevention and Control (IPC), medication audits, reviews of health-related risk assessment tools, and oversight of infections. This gave us some assurance that risks were being assessed and reviewed. However, the scope and frequency of other audits remained inconsistent. These included environmental audits, managers' walk rounds, support plan reviews, and mealtime audits. We found examples where audits identified areas for improvement, but the required changes had not yet been implemented. Managers had developed an action plan, though this remained a work in progress.

We were particularly concerned about how the service responded to clinical risk. We found examples where the service had clearly identified potential risks related to deteriorating physical and/or mental health. However, agreed actions had not been implemented, including required monitoring and follow-up with medical professionals. In some cases, where medical tests had been carried out, results had not been obtained. Managers acknowledged that staffing issues were affecting their ability to ensure actions were followed through. We were concerned that some actions identified as necessary had been left outstanding for a significant period, with no evidence of follow-up. As a result, we could not be assured that areas posing a risk to people's physical health were being addressed promptly.

We asked the service to update its improvement plan and share this with us to provide assurance that steps will be taken to address concerns without delay.

As a result, this requirement has not been met. We have extended the timescale until 10 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

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 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 13 November 2024.

Action taken since then

The service had made positive progress toward ensuring that staff received regular supervision sessions. Although there were still a few instances where staff, including those working night shifts, had not received their 1:1 supervision, the service had continued to strengthen its approach to maintaining consistent oversight. Systems designed to monitor supervision were being further developed to identify gaps more effectively. Overall, good progress had been made, and the service remained committed to addressing outstanding gaps and ensuring that supervision frequency is maintained in line with the assessed needs and preferences of individual staff members and the wider team.

As a result, this area for improvement had not been met.

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 state 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 13 November 2024.

Action taken since then

The service continued to experience staffing shortages, which placed pressure on teams and affected day-to-day support. Nursing and care staff were, at times, working with limited numbers.

Recent changes to shift patterns contributed to staff leaving, which meant the service continued to rely on agency staff. Because staffing was not always consistent, senior staff had reduced time to complete important tasks such as oversight and care-planning.

As a result, this area for improvement had not been met.

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 18 September 2025.

Action taken since then

We did not reassess progress towards this area for improvement at this inspection. For the most recent evaluation of progress refer to the previous inspection report dated 25 November 2025 (outstanding areas for improvement section 'What the service has done to meet any areas for improvement we made at or since the last 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 18 September 2025.

Action taken since then

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

The service had also reflected on how they engage with relatives to ensure that opportunities for involvement are meaningful to them. We saw examples of the service using social media to gather feedback. Additionally, the service had clearly collected people's views about the environment and taken steps to implement changes in line with their wishes.

We will reassess how views are captured on an ongoing basis, and how they are used to inform future improvement planning, at the next inspection.

This area for improvement remains in place.

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 18 September 2025.

Action taken since then

We sampled training records which highlighted gaps in compliance with mandatory training. Staff continue to work toward basic training requirements. Managers demonstrated a focus on supporting staff to complete the necessary training. 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.

As a result, 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 18 September 2025.

Action taken since then

The service was in a period of adjustment as managers implemented new working patterns to create a better mix of staff skills. Staff continued to adapt to these changes and develop as a team. Managers were working closely with staff to ensure they understood the expectations associated with their roles.

This area for improvement was not met. We will assess further progress towards 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 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 18 September 2025.

Action taken since then

The service had systems in place to support oversight and review of care plans. However, staff found it hard to find time to update plans in line with expectations, due to staffing pressures. The service continues to recruit for additional staff.

As a result, this area for improvement was not met. We will assess further progress towards 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 state that:

'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 18 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 assess 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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 18 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.

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.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.