

## Abbotsford Care, Cowdenbeath Care Home Service

Chambers Court  
Cowdenbeath  
KY4 9QP

Telephone: 01383 610 606

**Type of inspection:**  
Unannounced

**Completed on:**  
1 March 2024

**Service provided by:**  
ABBOTSFORD CARE LTD

**Service provider number:**  
SP2010010867

**Service no:**  
CS2010248946

## About the service

Abbotsford Care, Cowdenbeath is registered to provide care for up to 48 older people and people with learning disabilities.

The home consists of three separate buildings. Chambers Court provides care for up to 32 older people, Bute House provides care for up to 10 people with learning disabilities, and Argyle House provides care for up to six people with learning disabilities. The home is set within pleasant and well maintained grounds in the town of Cowdenbeath. There is ample parking and good rail and bus links. The home is close to the local high street and supermarket.

## About the inspection

This was an unannounced inspection which took place on 27, 28 and 29 February 2024. 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 seven people using the service
- spoke with seven relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People experienced warm and compassionate care.
- A wide range of activities took place.
- The service should ensure everyone has the opportunity to take part in activities they enjoy.
- People received the right care and support at the right time.
- Quality assurance systems were effective.
- Safer Recruitment guidance was being followed.
- Maintenance tasks were identified and resolved quickly.
- Care plans provided clear guidance on how to support people.

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very 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 evaluated this key question as very good, as we found major strengths which supported positive outcomes for people.

People should expect to experience warmth, kindness and compassion in how they are supported and cared for. We observed warm and compassionate care and interactions between people and carers which were friendly, good natured and humorous. It was clear that carers knew people well and had often worked with them over a long period of time. This meant that interactions were personal and meaningful, and that carers knew how to meet people's needs. We could be confident that people's dignity was respected, and their day-to-day needs were met.

We spoke to people using the service and they told us they felt safe, and that they enjoyed living there. One person told us, "I have no complaints" and another said, "The staff are really lovely." Feedback from relatives was also positive. One person told us, "We are happy with the care here" and another said, "It's the little things that make a difference." We could therefore be confident that people experienced compassion and respect.

Medication protocols were in place to ensure that people received the right medication at the right time. This included the use of 'as required' medication which was noted to be a last resort. The service had recently undertaken a wide ranging audit of medication which had resulted in some people's 'as required' medication being discontinued when it was no longer needed. We could be confident that people were receiving the right care and support at the right time.

People should expect to be given help with eating and drinking in a dignified way and have their personal preferences respected. In the older people unit, mealtimes appeared to be a mostly calm and pleasant part of the day which many people looked forward to. People who needed help to eat were supported with kindness and compassion. People chatted to each other and enjoyed their meals together. Some people preferred to eat in a quieter area and this was accommodated well.

Kitchen staff had a clear understanding of dietary requirements and these were noted in the kitchen and in people's care plans. We commented that there did not appear to be many fresh fruit and vegetable options on the menu on the days we inspected the service.

In the two learning disability units, people and staff contributed to shopping and meal planning. Meal preparation was undertaken in the individual units which both had kitchen facilities. People also frequently ate out at a variety of places. We could be confident that people experienced a high quality mealtime experience.

Activities took place every day within the older people's unit. These included singing and dancing, quizzes, a therapy dog, and arts and crafts. There were also opportunities for people to access the local community including shops, restaurants and the cinema. We found that some people who preferred not to take part in group activities did not have the same opportunities to take part in activities they enjoy. **(See Area for Improvement 1)**

In the learning disability units, many people were supported on a one-to-one basis which allowed for extended trips into the community, holidays and other outings. Special events such as birthdays were planned and celebrated with all people within those units taking part. This meant that people could choose to have an active life and participate in a range of activities.

Planning, recording and evaluation of activities was particularly strong in the two learning disability units, and we suggested that skills and experience is shared with staff in the older people unit to ensure positive outcomes for all people.

## Areas 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.

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

## How good is our leadership?

**5 - Very Good**

We evaluated this key question as very good, as we found major strengths which supported positive outcomes for people.

Quality assurance should drive change and improvement within the service. A range of audits were being undertaken and results were used to inform future plans for the service. We found that staff at various levels of the service were involved in the audit and oversight process. This meant that there was a whole team commitment to driving improvement.

People, relatives and staff had opportunities to share their views and suggestions. Some of the recent improvements made by the service had resulted directly from this feedback being taken on board. Examples of this included some changes to the layout of the home and start times for some carer's shifts. Feedback highlighted that these changes had positively impacted people's experiences. We were confident that people's needs were the main focus when decisions and improvements were being made.

There was good clinical oversight of people's health needs. Daily handover meetings alerted staff to changing health needs. Care plans were kept up-to-date and staff were confident that they always had up-to-date information to help them care for people. Prompt referrals were made to other health professionals meaning that people had the most appropriate health care at the correct time.

The manager had oversight of training levels. Where staff were overdue on completing training, there were clear plans in place to manage this. Supervision was provided every three months which included discussions on learning and development needs. Supervision was provided more frequently if it was felt necessary, or if staff members requested this. We could therefore be confident that people were supported by staff who were well trained.

A number of improvement opportunities had been identified and actioned by the manager. These included a review of all 'as required' medication, a review of medication audits and an audit of the environment using the King's Fund assessment tool. There were clear action plans in place and a process to review effectiveness.

At the start of the inspection, there was no improvement plan document in place which would have shown all completed and planned improvements in one place. However, by the time the inspection concluded, this was in place and highlighted the improvements and developments in progress and completed across a number of different areas. People could be confident that they were living in a service which maintained high standards by a rigorous process of audit and overview. **(See the 'Outstanding Areas for Improvement' section of this report for further detail)**

## How good is our staff team?

## 5 - Very Good

We evaluated this key question as very good, as we found major strengths which supported positive outcomes for people.

The recruitment process reflected the principles of 'Safer Recruitment Through Better Recruitment' guidance. Care staff were interviewed with identification checks, employment references, protection of vulnerable group checks, and registration of professional bodies checks being undertaken. **(See the 'Outstanding Areas for Improvement' section of this report for further detail)**

Induction training was thorough and included a range of mandatory topics which were completed both online and in person. Shadow shifts were undertaken before staff worked alone with people, and people were introduced to new carers before they worked with them. We could therefore be confident that staff had been recruited safely.

A number of systems were in place to ensure staff felt supported and that any learning needs were identified quickly. Regular supervision meetings were held and competency checks were undertaken. There was flexibility in how often supervision meetings were held according to the needs and preferences of staff and service leaders. Staff told us that if they requested any additional learning this was always sourced quickly. The manager was passionate about staff training and development. We could therefore be confident that new staff had the necessary information and resources to care for people.

The wider organisation had systems in place to ensure appropriate checks and processes were in place for recruiting staff from overseas. This included support with sponsorship and obtaining police background checks. We could be confident that these staff were being recruited safely.

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

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

The home used the King's Fund Assessment Tool to ensure that changes and developments to the physical environment were in line with best practice guidelines to promote independence. We saw that changes had been made to the interior and exterior of the home as a result of these assessments and audits. The home has planned further developments in this area. We could therefore be confident that independence was being promoted.

People were supported in an environment which was cleaned to a high standard, meaning people were living in a pleasant and dignified environment free from malodour or dirt. Domestic staff were visible throughout the day. Therefore, the risk of infection spread was reduced and people were kept safer as a result.

We saw that all staff were wearing their Personal Protective Equipment (PPE) correctly and that disposal of PPE was in line with good practice guidance. Staff sanitised their hands when moving through the home and between tasks. People living in the home were supported to wash their hands, and we saw frequently touched surfaces being cleaned throughout the day. People could be confident that staff understood the importance of infection prevention and control.

Maintenance records showed that equipment and utilities had been serviced and checked within recommended timescales. There was a clear process for reporting maintenance issues and these were resolved quickly. We could therefore be confident that people were living in a safe environment.

Some areas of the service including internal doors and skirting boards looked worn and would benefit from replacement or renovation. Most ensuite areas did not include shower facilities meaning that the service was not able to operate in line with the Health and Social Care standards (HSCS) which state that, 'As an adult living in a care home, I have ensuite facilities with a shower.' We could therefore not be confident that people had as much personal space as they would prefer.

**How well is our care and support planned?****5 - Very Good**

We evaluated this key question as very good, as we found major strengths which supported positive outcomes for people.

A range of assessments informed support plans. These were outcome focused and helped guide staff on how best to support people to meet their needs. Care plans were updated on a monthly basis, or sooner if required, to ensure staff had the most up-to-date information available to them. Care plans were also reviewed with the person and if appropriate, their relative, on a six monthly basis. Prompt referrals were made to other health professionals where necessary meaning that people had the most appropriate health care at the correct time.

Communication was a focus of care plans and gave staff clear direction on how best to communicate with people. We found that protocols for the administration of 'as required' medication were in place and along with the care plan directed staff to recognise signs of stress and distress and use strategies to support people. This meant medication was only used as a last resort.

We saw that some people's weight had increased and their risk of malnutrition decreased following the effective use of food and fluid charts. We could be confident that effective care planning had improved people's health and wellbeing.

Care plans directing staff on how to care for people at the end of their lives were in place. These included the wishes and preferences of people and their relatives where possible. This meant that staff could respect people's wishes and promote a dignified death. **(See the 'Outstanding Areas for Improvement' section of this report for further detail)**

## 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 protect people from potential harm, the provider should demonstrate they have followed good practice guidance for recruitment.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

**This area for improvement was made on 24 June 2022.**

#### Action taken since then

The recruitment process reflected the principles of 'Safer Recruitment Through Better Recruitment' guidance. Care staff were interviewed with identification checks, employment references, protection of vulnerable group checks, and registration of professional bodies checks being undertaken.

The wider organisation had systems in place to ensure appropriate checks and processes were in place for recruiting staff from overseas. This included support with sponsorship and obtaining police background checks. We could therefore be confident that these staff were being recruited safely.

**This area for improvement has been met.**



**Previous area for improvement 2**

To drive improvement, the provider should develop the existing quality assurance systems to support and measure improved outcomes for people experiencing care. This should include developing an improvement plan that involves all stakeholders in a meaningful way.

This is 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 area for improvement was made on 24 June 2022.**

**Action taken since then**

A number of improvement opportunities had been identified and actioned by the manager. These included a review of all 'as required' medication, a review of medication audits and an audit of the environment using the King's Fund assessment tool. There were clear action plans in place and a process to review effectiveness.

At the start of the inspection, there was no improvement plan document in place which would have shown all completed and planned improvements in one place. However, by the time the inspection concluded this was in place and highlighted the improvements and developments in progress and completed across a number of different areas. People could be confident that they were living in a service which maintained high standards by a rigorous process of audit and overview.

**This area for improvement has been met.**

**Previous area for improvement 3**

The provider should ensure that adequately detailed anticipatory care plans are in place and that residents and relatives contribute to these where possible.

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

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

**This area for improvement was made on 24 June 2022.**

**Action taken since then**

Care plans directing staff on how to care for people at the end of their lives were in place. These included the wishes and preferences of people and their relatives where possible. This meant that staff could respect people's wishes and promote a dignified death.

**This area for improvement has 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)

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.1 Staff have been recruited well	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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