

## Abbey Lodge Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 February 2024

**Service provided by:**  
Abbey Healthcare Homes (East  
Kilbride) Limited

**Service provider number:**  
SP2004004066

**Service no:**  
CS2003041409

## About the service

Abbey Lodge Care Home is a purpose-built home situated in the Murray area of East Kilbride. It has easy access to local amenities and transport links. The provider is Abbey Health Care (East Kilbride) Limited, the service is registered to provide care and support to a maximum of 80 older people.

The care home is on three levels, two of which are for use by residents. Each floor has single occupancy bedrooms with en-suite shower facilities. There is a passenger lift providing access to the upper floor. There is a communal lounge, dining area and two additional bathrooms on each floor.

There are gardens which offer places to sit for people to enjoy being outside. There are car parking spaces to the front of the building.

At the time of this inspection there were 60 people living at the home.

## About the inspection

This was an unannounced inspection which took place on 30, 31 of January and 1 February 2024 between 07:30 and 22:30. The inspection was carried out by three 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 13 people using the service and four relatives.
- spoke with nine staff and management.
- observed practice and daily life, and
- reviewed documents.

## Key messages

- People experienced very good outcomes and were supported by motivated compassionate staff.
- We saw warm and caring relationships between residents and the staff team.
- People had access to a range of meaningful and social opportunities.
- Managers had good oversight of the home.
- The home was undergoing environmental upgrades.

## 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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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.

The home was warm and welcoming, and staff were helpful and professional. Residents were well presented, comfortable and relaxed and we saw caring, attentive interaction between staff and residents. One resident said, "I love this home and love the staff, they can't do enough for me."

We saw warm and pleasant interactions and there were very good relationships between staff and the people supported. Staff knew people well, and people described having had trust and confidence in the staff and management team. This helped provide assurance that people were treated with compassion.

Meaningful connections were encouraged in the home. Feedback we received from people showed that staff promoted a variety of activities that helped to make people feel engaged, happy, and included. Staff had time to spend with residents and engage in activities that were important to them. This helps promote wellbeing and keep people connected.

The dining rooms were nicely set out for mealtimes, staff supported people's nutritional needs, encouraged choice, and provided support where required. People could choose where they wanted to eat their meals and we saw drinks and snacks were available out with mealtimes which helped maintain people's health.

The service had links with the local community and there were lots of opportunities to take part in activities both inside and out with the home. During the inspection we saw residents enjoying playing games and we heard laughter and people having fun together. Residents were able to stay connected with family and friends through visiting and digital technology. One relative we spoke to told us, "It's fantastic care, from fantastic staff who are always in touch if there is any change." This reassured us that people were supported to maintain important connections with their family and friends and helped them stay connected.

Personal plans and risk assessments were a detailed and accurate. People were encouraged to take an active role in reviewing their personal plan and families were routinely involved in this process. This assured us people received care that was person centred.

We found that people's health and medical conditions were recorded within the personal plans to support staffs understanding of peoples' need. Staff were trained and competent when administering and recording medication, including additional healthcare monitoring charts. The daily notes identified concerns and changes to individuals' health status including advice and intervention from external professionals. Where clinical interventions were requested, these were followed up by staff and recorded within the daily notes and personal plans. This ensured that peoples changing health needs were regularly assessed and addressed to help them stay well.

Management was reviewing people's care records on a regular basis to identify good practice and areas for development. This gave us confidence that people were receiving the correct care and that their health was being monitored.

The laundry was well organised with processes in place to manage people's personal items. There was process in place to ensure that people's laundry was returned to them. Staff had received training on

infection control procedures and were knowledgeable in how to reduce cross contamination. This assured us as that the staff were taking the necessary precautions to prevent the spread of infections.

### How good is our leadership?

#### 4 - Good

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

Feedback about the quality of management and leadership was positive. People found the management team very accessible and responsive. This helped to make people feel confident about the service and made them feel listened to.

The management team demonstrated good oversight within the home. There were frequent meetings to discuss matters in the home involving all staff. We saw evidence of analysis of incidents including falls with actions taken to reduce the risks. This proactive approach ensures people are kept safe from harm.

There was a range of audits in place to drive improvement and check the quality of care and support provided by staff. We saw evidence of staff completing observations of practice such as medication administration. This helped to ensure that people's needs were met well whilst also supporting staff development.

The manager had oversight of significant events in the home such as accidents and incidents. This oversight and analysis were important in making sure the right action was taken to identify trends and learn from events. People were protected from harm and more likely to experience positive health and wellbeing outcomes as a result.

Resident and relative meetings were happening regularly, and any matters highlighted were acted on as needed. People we spoke to told us, "The management are very approachable and will take on board our views and wishes". This gave us assurances that people's views and opinions were sought and valued.

### How good is our staff team?

#### 4 - Good

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

Staff spoke positively about working in the service, some of whom had worked at the home for many years. Staff were attentive and visible, and we observed good interaction with residents and visitors. People we spoke to spoke highly of the staff, one person commented, "The staff are really nice, they help me and look after me." This assured that residents were being looked after by a caring staff team who were committed in their role.

Staff provided quality care and had the opportunity to spend meaningful time with residents. Staff's perception of staffing levels in the home had improved and everyone we spoke to told us there was enough staff. Staff told us they had time to have meaningful interactions with people and recognised the importance of this. This allowed staff to foster good relationships with residents as they valued and prioritised opportunities for good conversations. This assured us people received compassionate care and ensures people get the most out of life.

Each persons' needs were regularly calculated and reviewed by the management team, and this was used to assess and determine if there were enough staff working within the service. We observed attentive and respectful staff practice at various times of the day with plenty of interaction and time spent individually with people where needed. This reassured us there were enough staff to meet peoples' physical and social needs.

Staff completed training that was relevant to their roles, most had received or planned training in dementia awareness and adult support and protection. There was a clear overview of staff training ensuring staff had up to date guidance in line with best practice. The management team was proactive in promoting access to training for staff, with online and face-to-face learning being made available. We discussed with management team the benefits of the Promoting Excellence Dementia training and suggested they make this available to staff working with people living with dementia. This meant that staff had the necessary skills to support people to meet their needs.

Staff were clear of their roles and worked well as a team. We heard about staff's flexible approach and how they worked well together to ensure the needs of the residents were met. There was a strong sense of community in the home through the involvement and investment from all staff. This ensures care and support is consistent and stable.

## How good is our setting?

### 3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

Abbey Lodge is a purpose built home over three levels with only two of these accessible to residents. There is a passenger lift providing access to the first floor. All rooms provide spacious single occupancy living and full en-suite facilities. This helps create a homely comfortable feel.

People's rooms were personalised and well equipped. Residents were able to move freely around the home with no restrictions. The communal lounges and dining areas provide a relaxed, environment for people to use. Residents also benefit from a cinema room, hairdressing salon. This allows people to make choices and decisions about where they spend their time.

There was clear directional signage and signs on different doors such as toilets, bathrooms, and dining rooms. This helped to promote people's independence.

The ground floor provides access to a secure, enclosed garden area. This provided people with an enjoyable space to spend time outside.

During our walk around we identified some infection control concerns which we raised with management, and these were dealt with Immediately. This assured us that the management team were committed to ensuring a safe environment for people to live in.

An environment improvement plan was in place. This showed areas identified for improvement but had not yet been completed; for example, improving the decoration and refurbishment of servery areas. To ensure people live in a comfortable and homely environment, the provider should ensure actions are followed up and closely monitored so timescales are met.

Regular maintenance checks, repairs and servicing of equipment used within the home were in place to keep people safe.

## How well is our care and support planned?

4 - Good

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

Personal plans were recorded on an electronic system and could be accessed by staff. The management team had identified through their own quality assurance that personal plans could be more person centred and there were plans to work on this area. We directed the management to the Care Inspectorate "Personal Plan Guide" to support with this. This will ensure that people's plans are right for them.

<https://hub.careinspectorate.com/resources/personal-planning-guides-for-providers/>

Risk assessments were in place and up to date. We saw risk assessments completed for those at risk of harm due to falls, stress and distress or poor dietary intake. The assessments recorded how to keep people safe, and the actions needed to reduce risk.

There was a good level of detail and information around individual medical conditions and how to support and manage these effectively. The home had good links and regular contact with GP's and other healthcare professionals. There was additional information recorded for residents who required specialist health support and regular visits by external health professionals to support and help maintain peoples' health. This ensures people receive timely and responsive care.

Reviews were up to date and people told us they were involved in the review process. This meant that people had the opportunity to be involved in directing their care and support. However there was lack of information for end of life care planning. The manager had identified this as an area for improvement. This should continue to improve so that people's rights and wishes are considered when their health deteriorates. **(See area for improvement 1)**

## Areas for improvement

1. The provider should ensure that people, and where appropriate their families, are supported to discuss and develop anticipatory care plans. These should include people's wishes to meet their future care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.4).

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.



## 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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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