

# Raith Manor Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
10 June 2024

**Service provided by:**  
ABBOTSFORD CARE LTD

**Service provider number:**  
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## About the service

Raith Manor is a purpose built care home which was opened in 2015. The care home forms part of the Abbotsford Care group and is located in a residential area of Kirkcaldy, close to the railway station and town centre.

The service is registered to provide 24 hour care and support to a maximum of 60 people including older people, people living with dementia, and people with other physical and mental health needs.

Accommodation is provided over three floors with communal lounges, dining areas and bathrooms on each floor. Each bedroom has an ensuite. The home has a well maintained garden and car park to the front.

There was a fire at Raith Manor in December 2023. No one was hurt but the service had to deal with significant disruption. People were relocated to various care homes in the area to allow for renovations to take place and moved back to Raith Manor in April 2024.

## About the inspection

This was an unannounced inspection which took place on 4, 5 and 6 June 2024. The inspection was carried out by two inspectors.

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 nine people using the service and 10 of their relatives
- spoke with 11 staff and management
- spoke with one visiting professional
- observed practice and daily life
- reviewed documents.

## Key messages

- People experienced warm and compassionate care.
- People experienced positive changes to their health following input from staff.
- One unit did not operate as well as the others.
- Relatives had confidence in the manager and felt assured their relatives were well cared for.
- Formal supervision for staff was not taking place consistently.
- The skills mix of staff varied between units.
- Care plans required improvement, especially in the area of stress and distress.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

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

Staff knew people well and engaged positively with them. We saw interactions which were kind, compassionate and caring. People told us, "I feel at home" and "the staff are so nice." Staff had supported some people to develop friendships and had provided them with their own communal areas, we saw these people spending time together chatting throughout the day. This created a comfortable and homely atmosphere. We could be confident that people were treated with warmth and respect.

People should expect to be given help with eating and drinking in a dignified way. Kitchen staff had a clear understanding of dietary requirements and these were noted in the kitchen and in people's care plans. There was a process in place to consult with people on their preferences on a daily basis and for seasonal menu changes. Menu cards with pictures were in place on dining tables, meaning people had visual aids to help them choose what they wanted to eat.

On the ground and middle floors, mealtimes were 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. Feedback on the quality of the food was positive. One person told us food in the home was "delicious" and another said "very tasty." However, this was not always the case on the top floor. We saw people had lengthy waits for their food to arrive and one gentleman had sat in the same seat with the same apron on between breakfast and lunch. This gentleman's dignity was not protected at all times. This part of the day was not as well managed on the top floor as it was on the ground and middle floors, therefore, we could not be confident that some people experienced the same high quality mealtime experience.

The service had systems in place to monitor people's physical health. We saw that some people's weight had increased and their risk of malnutrition decreased following the effective use of food and fluid charts. People's skin integrity was monitored and treated consistently, meaning the risk of infection was reduced. We could be confident that people's physical health needs were being met.

The service should make improvements to ensure people who experience stress and distress are well supported. Feedback from staff and from some care records showed that some people on the top floor experienced stress and distress regularly. Staff did not always have appropriate guidance and instruction to deal with this. Some care plans were clear and detailed, whilst others did not have specific stress and distress care plans at all. We could not be confident that staff were aware of strategies to reduce or manage stress and distress. Records of stress and distress were not kept reliably or consistently, which could delay referrals to the appropriate health professionals or the timely administration of medication. **(See Requirement 1)**

There was a commitment to meaningful activity on a day-to-day basis with both internal and external activities taking place most days. People told us, "there's always something to do." Within the home we heard about arts and crafts, exercise classes, bingo and therapy pet visits taking place.

People were also supported to access the community. We heard about examples including trips to local shops, the beach, swimming and cycling. A recent summer fete was successful in engaging with the local community and raising funds for the home. This meant that people could choose to have an active life and participate in a range of activities.

We suggested that this area of strength could be further developed by ensuring that recording and evaluation of activities takes place to inform future planning. **(See Area for Improvement 1)**

## Requirements

1. By 2 September 2024, the provider must ensure that people are supported with stress and distress in order to maintain their health and wellbeing.

To do this, the provider must, at a minimum:

- a) ensure that people have a personal plan in place which provides specific guidance to staff on how to care and support them during any episodes of stress and distress;
- b) ensure the plan considers any possible contributing factors to stress and distress in order to prevent stress and distress from occurring if possible;
- c) ensure the plan includes any known triggers, as well as established methods to alleviate stress and distress;
- d) ensure the use of 'as required' medication for stress and distress is a last resort with all preceding actions, and the use of such medication, clearly documented; and
- e) ensure appropriate risk assessments and observations are recorded in order to facilitate prompt referrals to health professionals.

This is to comply with Regulation 4(1)(a) and (b) (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:

'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).

## 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 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?

## 3 - Adequate

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

Feedback about leadership was very positive. Staff told us the manager was approachable and supportive. Relatives spoke positively about the manager and deputy. One person told us, "I can't thank the manager enough" and another said, "she is very approachable." Families felt confident that the home was being well run and that any concerns would be promptly addressed.

Quality assurance should drive change and improvement within the service. We found that some areas of quality assurance were a work in progress. We heard that the recent fire and subsequent relocation of residents to various other homes in the local area had a significant impact on the service. The process of arranging refurbishments, renovations and the move back had taken up a significant portion of the manager's time. When audits recommenced at Raith Manor, they identified a number of areas for improvement. We found clear action plans in place for key areas including care plans and documentation. We were confident that the service had already started to take action to resolve issues which had been identified.

People and their relatives 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. For example, decoration choices for the refurbishment of the home. There was also ongoing consultation with people and their relatives on the ongoing redesign of the garden area. One relative told us, "I'm fully involved" and others told us the relatives' Facebook group was a good source of information and pictures. We were confident that people's needs and preferences were the main focus when decisions and improvements were being made.

We found that formal supervision was only happening occasionally and not for everyone. Although the manager told us she had an 'open door policy' and a number of staff appreciated this, other staff told us they would prefer the opportunity for formal discussions on their role and performance. This meant there were missed opportunities to formally discuss learning and development needs with staff. This also meant that there was no formal process to discuss and review observations of practice or competency checks. We could therefore not be confident that there was clear oversight of staff putting training into practice. **(See Requirement 1)**

### Requirements

1. By 2 September 2024, the provider must support good outcomes for people by implementing a system of regular formal staff supervision.

To do this, the provider must, at a minimum:

- a) ensure that learning needs are assessed, reviewed and addressed;
- b) ensure that observations of practice are undertaken and discussed; and
- c) ensure that staff have the opportunity to formally discuss their views.

This is to comply with Section 7(1)(a), (b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210)).

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

## How good is our staff team?

## 3 - Adequate

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

It is important that staffing arrangements are right and staff work well together. The assessment of staffing levels was effective. The service was using a dependency tool and the resulting staffing levels reflected the assessed needs of those living in the service. Use of agency staff was minimal. Staff and service leaders told us they felt there was enough staff.

However, there were differences in outcomes for people. Care on the ground and middle floors was calm and unhurried, and staff had time to engage in meaningful conversations with people frequently. On the top floor, staff appeared to be rushed and, at times, stressed. At times, there was a lack of clarity and consensus on which staff should complete certain tasks. Some key tasks, such as moving and handling and mealtimes, could have been organised more effectively. This meant that people's day to day experiences were not as calm and relaxed as they could be.

The service adopted a whole team approach to care, with additional care support provided at times by activity staff, the manager and deputy. Staff worked well together to ensure that people's needs were met, but again, this was more effective on the ground and middle floors. The service told us they recognised the differences between units and were actively devising strategies to support staff and people. However, these were not fully in place at the time of inspection.

The skills mix could be improved on the top floor. Whilst staff from the other floors told us that there were strategies in place to ensure new or less experience staff were paired with more experienced staff and nurses, this was less evident on the top floor. A large proportion of people living there required significant assistance with many aspects of their daily life. When new and inexperienced staff were not fully supported in their role this created a risk of people's care and support being delayed. **(See Requirement 1)**

Information sharing took place at every shift change. Detailed information about each person was handed over to the new team in order to provide direction and guidance to staff. Care staff told us they found the handover process effective and that this tended to be their main source of information about people. However, some key instructions, for example, if people had experienced stress and distress, were given verbally and not recorded in care plans. This meant there was a risk that some staff were missing key information to support people. **(See Requirement 1 in the 'How well is our care and support planned?' section of this report)**

## Requirements

1. By 2 September 2024, the provider must ensure that the needs and outcomes of people living in the service are met, by deploying staff effectively.

To do this, the provider must, at a minimum:

- a) ensure the skills mix of the staff group is considered in each unit;
- b) ensure that busy times of the day are well organised and managed; and
- c) ensure that staff have time to complete key tasks such as daily notes, charts and observations.

This is to comply with Section 7(1)(a), (b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210)).

This is to comply with Regulation 4(1)(a) and (b) (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 care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18)

and

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

## How good is our setting?

### 3 - Adequate

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

We found the service benefitted from natural light, with bright communal areas for people to use. There was an accessible enclosed garden area, which was recently used to hold a summer fete. The service had plans to increase accessibility for wheelchair users throughout the outdoor space. This will ensure that everyone has the same access to the outdoor areas.



The service had recently undergone extensive renovations. People had the opportunity to choose the colours and furnishings used in communal areas. Bedrooms were personalised with individual items, including hanging pictures and furniture. We were confident that people were able to contribute to creating a homely and comfortable environment.

The service was undertaking environmental audits and checks. Some of these records highlighted where checks were not fully completed. Residential services should undertake regular checks of water temperatures. This is to reduce the risk of the growth of a bacteria, legionella, which can result in people becoming unwell. We found records of water testing were completed inconsistently. The service assured us that this would be rectified straight away.

We found the service to be generally clean and tidy. Domestic staff were visible throughout the inspection. However, some areas of the service required additional attention to detail to ensure high standards of cleanliness throughout. Some personal equipment was dirty, stained or worn and one dining room was not cleaned between breakfast and lunch on one day during the inspection. This meant there could be a risk of infection. The service should ensure cleaning schedules and audits are effective in identifying where standards of cleanliness need improvement.

We found cupboards which contained cleaning products and electrical systems unlocked. We were concerned about people accessing these areas, putting them at potential risk of harm. We directed the service to take immediate action to secure these areas, which they did. Given the level of risk associated with these areas being unlocked we made a requirement. **(See Requirement 1)**

We found servicing records for equipment used within the home. However, we observed instances where lifting equipment failed. Staff reported ongoing issues with the reliability of batteries used to operate lifting equipment. We observed this having a direct impact on the safety of people. The provider and management team addressed these concerns with staff at the time of inspection.

## Requirements

1. By 2 September 2024, the provider must make safe all areas of the home which have been identified as posing a potential risk to people.

This should include, but is not limited to:

- a) storage areas for cleaning products; and
- b) electrical cupboards.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (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:

'My environment is secure and safe' (HSCS 5.19).

## How well is our care and support planned?

## 3 - Adequate

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

People's personal preferences, wishes and background information were noted throughout care plans. This included information such as food and drink choices, times people preferred to go to bed and get up from bed, communication and religious beliefs. This allowed staff to have meaningful information to start conversations or contribute to meaningful activities.

People experiencing care should expect to benefit from care plans that are up-to-date and reflect their care needs accurately. A range of care plans and risk assessments were in place to support staff to meet people's health and care needs. In some areas, such as nutrition or physical deterioration, recognised assessment tools were used effectively to inform staff of people's changing needs. This allowed guidance for staff to be updated in order to maximise people's health. In other areas, such as stress and distress, there was no use of recognised assessment tools. This was a missed opportunity to provide staff with accurate guidance on how to recognise the signs of stress and distress and support people experiencing stress and distress.

We found evidence of prompt referrals being made to health professionals when changes or concerns were noted to be inconsistent. Accurate recording is important in being able to make such referrals promptly and efficiently. We found recording was inconsistent both within individual care plans and between different units. We found evidence of referrals to the local GP were made promptly and heard that relationships with other professionals were strong. We were told that clear documentation should be in place to record instances of stress and distress but this was not always the case. There was therefore a risk that people would not get the right care and support from external health professionals at the right time. We suggested that the service should review how key information is recorded and ensure staff have adequate time to complete this task. **(See Requirement 1)**

Care plans to support people at the end of their life, also known as Anticipatory Care Plans or Advanced Care Plans (ACP) were in place but lacked detail. Further detail would ensure that end of life experiences were individual and fully reflective of people's wishes and preferences.

The service had a process of care plan auditing in place. A number of these audits had raised issues with recording and out-of-date items, but the timescales given for resolving issues were often not being met. We suggested the service should consider how the issues they were identifying can be promptly resolved, in order to ensure staff have access to clear information and guidance to support people.

Six monthly reviews were not being routinely completed. This was a missed opportunity for people and their relatives to give their views and to be able to shape their own care. We recognised the challenges of trying to maintain a review schedule when people were in various different homes as a result of the fire. We asked the service to resume these reviews as soon as possible. **(See Area for Improvement 1)**

### Requirements

1. By 2 September 2024, the provider must ensure that staff have access to clear and detailed care plans in order to ensure the needs of the people living in the service are met.

To do this, the provider must, at a minimum:

- a) ensure care plan items are up-to-date and provide clear guidance to staff on how best to care for people;
- b) ensure assessments accurately reflect identified risks and steps to be taken to reduce and/or mitigate risk; and
- c) ensure care plans give clear instructions on what details need to be recorded on a day-to-day basis, and that this is undertaken.

This is to comply with Regulation 5(1) and (2) of The Social Care and Social Work Improvement Scotland (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:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

### Areas for improvement

1. To ensure the views and wishes of people using the service, and their representatives, are taken on board, the provider should ensure that reviews are carried out on a six monthly basis.

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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