

Abbotsford Care, Dunfermline Care Home Service

Headwell House
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Dunfermline
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2012311915

About the service

Abbotsford Care, Dunfermline, is a care home situated close to the centre of Dunfermline with good access to transport links and local amenities. The home is registered to provide care to a maximum of 48 older people, and 12 younger adults.

The home is known as Headwell House, the provider is Abbotsford Care Ltd. Accommodation is provided in four units across two floors. The two larger units have open plan living/dining spaces, whilst the smaller units have a kitchen/diner and separate living room. Outdoor areas can be accessed from the ground floor and parking is available to the front of the building.

About the inspection

This was an unannounced inspection which took place on 28 and 29 May 2024. 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 six people using the service and 3 of their relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

Physical healthcare needs were being managed well

Management demonstrated a commitment towards ongoing improvement

Staff were kind and caring towards people

The environment was well maintained

Care planning required improvement

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good, where there were a number of important strengths.

We observed kind and caring interactions between people and staff. Most people told us they felt well supported by a staff team who listened to them. Someone told us 'I can have a laugh and a joke with them' and 'I really like... she listens to me'. People felt supported by staff who genuinely cared about them.

The service had a designated member of activities staff. They organised group and 1:1 activities within the service and in the community. Care staff also supported people with meaningful days. We found evidence of staff planning, recording and evaluating activities. Some people told us they enjoyed the activities offered within the service. Other people told us they felt opportunities were limited. We observed some missed opportunities to prompt choice and independence. The service should continue to develop opportunities for people, whilst considering the different interests of people within the service.

There was a proactive approach to supporting people to maintain and gain weight when necessary. The service had various substitutes and additional foods and liquids which could be added into people's diets. These were easily accessible to staff. Staff told us about different alternatives which could be offered to people. Some people had been assessed as requiring an adapted diet. However, where individuals refused these adaptations, the service was able to demonstrate they had considered the risks. We found examples of risk assessments and steps taken as far as possible to mitigate these in line with individuals' wishes.

We found examples of people with pressure relieving mattresses, sensor mats and other assistive technology to support their safety. The service demonstrated the appropriateness of equipment which was in place had been considered. People could feel confident they would be provided with appropriate equipment to keep them safe.

The management of medication within the service was inconsistent. Although we were reassured people were receiving their medication, we could not always be confident it was being managed effectively. We found some medication which was out of date and instances where counts were not recorded. People should expect their medication to be well managed, in line with best practice guidance. As a result, we made an area for improvement (**see area for improvement 1**).

The management team had developed tools to support discussions around end-of-life care, including care after death. We found some evidence of the service using these tools to support communication between people, relatives and staff. The service plan to continue to develop this resource and use it to support future important conversations around death and dying. People should be encouraged the service recognise conversations of this nature can be difficult and plan to develop ways to support people to have their views heard.

Areas for improvement

1. To support people's health and wellbeing the service should ensure medication is managed in accordance with best practice guidance. Medication records should be completed consistently and out of date medication discarded safely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS, 1.24).

How good is our leadership?

4 - Good

We evaluated this key question as good, where there were a number of important strengths.

People, staff and relatives told us they felt well supported by the management team. They told us they felt confident any concerns would be listened to and acted upon promptly. The management team worked well together to support people living at the service. As a result, people could feel confident the service would accommodate their wishes as far as possible.

There was a service improvement plan in place which clearly demonstrated areas the service was working toward improving. The management team were able to demonstrate the work they had done and timescales for other pieces of work to take place. We found evidence of people being involved in the direction of these improvements. As a result, we felt confident the service was striving for ongoing improvement.

We found a range of audits in place to support monitoring and oversight within the service. Leaders knew about accidents and incidents within the service and had taken steps to reduce the risk of future recurrence. Audits of the mealtime experience were taking place and being used to inform staff of areas where practice could improve. The service should consider how they evaluate whether the changes made have directly improved experiences for people.

Clinical risk meetings were taking place weekly. This supported information sharing between management and senior staff. These meetings supported oversight and evaluation of people who were at the highest risk of deterioration in their physical health. These supported amendments being made promptly to people's care as well as referrals to relevant health professionals. People could feel confident they were being well supported with their health care.

Some areas of quality assurance were not as effective as others. We found audits of medication administration, however these did not address the inconsistencies found during our inspection. We found further inconsistencies in the recording of stress and distress and how people were supported as a result. The service should consider how it ensures all areas of quality assurance are effective in highlighting areas where practice could be improved.

The management team were receptive and quick to act upon feedback provided at this inspection. As a result, people should feel confident managers are committed to improving experiences at the service.

How good is our staff team?

4 - Good

We evaluated this key question as good, where there were important strengths.

Staff had been recruited safely, in line with 'Safer Recruitment' guidance. The organisation had a good knowledge of the process for safely recruiting overseas workers. As a result, people could feel confident staff had been recruited safely.

We observed staff who appeared calm and relaxed during interactions with people throughout the day. Staff clearly knew people well and were able to engage in meaningful conversations. We witnessed staff communicating clearly with people during moving and handling, ensuring people were aware of what was happening at each step. People could feel confident staff had enough time to spend supporting them when required.

Staff told us they felt well supported by management and each other. One staff member told us "its like a big family". Staff told us they enjoy their job.

We visited the service during the day and night shifts. There appeared to always be enough staff on shift to support and keep people safe. Buzzers and requests for help were responded to promptly. Most staff told us they felt there were enough staff on shift. There was minimal use of agency staff. We felt reassured staffing levels and skill mix supported safe care for people.

Some interactions between people and staff could have been improved. There were missed opportunities from staff to encourage individuals' independence and offer choice. Some staff made assumptions about what people would like without asking them. We observed mealtimes where staff told people they could listen to music but not the television. People told us this is something which can be frustrating. The service should ensure staff support individuals' strengths and recognise their right to choice where possible, throughout the day. As a result, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. To support people's independence and choice, the provider should ensure staff enable people to make choices during meal times. This should include but is not limited to where people choose to eat their meals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me (HSCS 3.13).

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.

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. Staff told us they felt this system worked well. We could therefore be confident that people were living in a safe environment.

People were supported in an environment which was cleaned to a high standard. This meant that people were living in a pleasant and dignified environment free from malodour or dirt. Domestic staff were visible throughout the day and undertook regular deep cleans. We saw frequently touched surfaces being cleaned 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 appropriate 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. We could be confident that staff understood the importance of infection prevention and control.

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 some changes had been made to the interior of the home, including clear signage and inviting communal areas, to support people with dementia to maintain as much independence as possible. Work had commenced in the outdoor area but this was a work in progress. We found that residents had been central to planning decisions for these changes. The home has planned further developments in this area. We could be confident that independence was being promoted.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where there were some strengths, but these were compromised by weaknesses.

The service has been undertaking reviews with people and their families. People and relatives told us they felt involved in their support plans. People told us about reviews which had been held and were happy with the information recorded about them.

Information recorded within personal plans was inconsistent. Some plans contained an appropriate level of detail to direct care and support. Other plans were limited and did not accurately reflect the support needs of an individual. We could not be confident people were always receiving the right support at the right time. As a result, we made a requirement (**see requirement 1**).

We sampled protocols for as required medication (PRN). We found examples where detail within these was significantly limited. People should expect protocols to be clear and direct staff to when and how medications prescribed for them should be given. PRN protocols did not support consistent care because they were not directive enough (**see requirement 1**).

Recording and evaluation of stress and distressed behaviours was often limited. Although we observed some positive interventions from staff for people who were experiencing stress and distress, we could not be confident this approach was consistent across the staff team. People who experience stress and distress should expect the service to monitor their experiences and evaluate the effectiveness of interventions. We found limited evidence of the service doing this. As a result, people were at risk of experiencing ongoing, increasing distress without effective care and support (**see requirement 1**).

The service told us they were continuing to review and develop personal plans. The service took immediate action during the inspection to begin to review PRN protocols. We felt reassured the service were prompt to make improvements. The service recognised these improvements would take time to achieve, however they planned to focus on personal planning. People should feel confident the service are receptive to feedback and striving for improvement.

Requirements

1. By 26 August 2024 the provider must protect the health, wellbeing and safety of people, with particular consideration to stress and distress. In order to do this the provider must at a minimum:
 - a) ensure personal plans reflect the current support needs of the individual
 - b) ensure relevant risk assessments are in place, regularly reviewed and provide directive guidance for staff to support a consistent approach towards support
 - c) ensure protocols for as required (PRN) medication are in place, regularly reviewed and provide directive guidance for staff to support a consistent approach towards administration of PRN medication

This is to comply with Regulation 4(1)(a) and 5(b)(ii) and 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) and "My care and support meets my needs and is right for me" (HSCS 1.19).

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

The service should ensure that all food items are stored appropriately and labelled in a way which ensures that all items (and their ingredients) can be identified at a future date.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 14 July 2023.

Action taken since then

We found no concerns with the storage of food items. We spoke with kitchen staff who told us most food is cooked fresh and if anything is kept it is dated and stored in the fridge. We looked at a sample of storage containers in fridges and outside of fridges. These were all labelled with what they were and dated. The kitchen itself was clean, tidy and well organised.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that all personal plans are regularly reviewed and evaluated and accurately reflect people's changing healthcare needs.

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 14 July 2023.

Action taken since then

We sampled care plans and found inconsistent recording of peoples changing healthcare needs. Some aspects of care and support were being recorded and evaluated well however, other areas were lacking. Recording and evaluation of stress and distress required particular attention.

Care plans continue to be developed to be developed by the service and they planned to prioritise this area of support. As a result this area for improvement was not met.

Previous area for improvement 3

The service should ensure that preferred methods of contact for representatives regarding changes to health and wellbeing are established on admission and are reviewed and updated as required.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

This area for improvement was made on 4 April 2023.

Action taken since then

Primary contacts were in care plans but there were not always additional details on preferred methods of how and when contact should take place.

This area for improvement has not 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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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