

# Abbotsford Care, Newburgh Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 July 2024

**Service provided by:**  
ABBOTSFORD CARE LTD

**Service provider number:**  
SP2010010867

**Service no:**  
CS2010248944

## About the service

Abbotsford Care, Newburgh is registered to provide 24 hour care to a maximum of 40 people, comprising of 28 older adults and 12 adults under the age of 65. People being supported experience a range of care needs including physical and sensory impairment, mental health issues and learning difficulties.

Accommodation is provided in a single storey, purpose-built building set in an attractive location next to the River Tay. The home is structured as three units, two are interconnected and the younger adult unit is self-contained. Each unit has its own kitchen/diner and separate living room. An attractive, secure courtyard is accessible from the two units for older people. The garden grounds are directly accessible from the younger adult unit.

## About the inspection

This was an unannounced inspection which took place on 2 and 3 July. 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 nine people using the service and three of their relatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- Physical health needs were being managed well.
- The management team were approachable and receptive to feedback.
- People were supported by a responsive staff team.
- The environment was well-maintained.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

**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?	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?

4 - Good

We evaluated this key question as 'good'. Where there were a number of important strengths, which taken together clearly outweighed areas for improvement.

The service offered a range of activities for people, both at the service and within the local community. This included services held by the local church, visits from the children's nursery and regular access to community lunch clubs. Some people were supported to engage in one-to-one activities based on their interests and outcomes. These opportunities included the promotion of independence where appropriate. People told us they enjoyed participating in opportunities supported by the service. However, others told us there wasn't always enough to do. Some people told us staff absences had an impact on whether they accessed the community at times. The service had taken steps to address this and recently employed another member of activities staff to support engagement with people. We found some evidence of evaluation of activities, however, this was limited. The service should consider how it gathers people's views and uses these to inform activity planning. As a result, we made an area for improvement (**see area for improvement 1**).

We observed mealtimes which were calm and unhurried. People appeared to be enjoying each other's company and had clearly formed friendships. Feedback about the food was generally positive, comments included that it was 'excellent'. Other people told us it was variable. The service had been relying on support from agency cooks which they recognised had an impact on the consistency of food served. The service was in the process of recruiting another cook and as a result, hoped to reduce their reliance on agency staff. The menu was being planned monthly and people were offered choices. There was clear oversight of allergies, adapted diets and preferences. There was enough produce to allow staff to make people alternatives at their request. As a result, people could be confident their dietary needs were well managed.

We found evidence that the service had a good overview of people's health needs. The service had implemented food and fluid monitoring for some individuals. These records were used well to monitor people's health. We found evidence of timely referrals having been made to external professionals when necessary. The service had supported a number of individuals who suffered from pressure injuries, which had completely healed. At the time of inspection no one in the service had pressure injuries. The service had supported people to access necessary equipment as well as providing appropriate care and support. One relative commented their family member's health was much better now than before they moved to the service. As a result, people could be confident their physical health would be well managed.

Medication systems were in place and being audited regularly. People could be confident they would receive their medication at the correct times. We identified some issues with how some medications were being stored. We brought this to the attention of the manager during the inspection who rectified these. PRN protocols were basic and would have benefitted from additional detail to guide staff and support consistent administration. The use of 'as required' (PRN) medication was minimal. Staff were supporting people well, to meet their physical and mental health needs without the use of PRN medication where possible. People could feel confident PRN medication would be administered, but only where other forms of intervention had been ineffective. People benefitted from staff who used their skills and knowledge to support them well.

People living within the service had various different financial arrangements in place. The systems which

were in place were flexible. Personal preference, choice and individual capacity were considered when making financial arrangements. Financial records were audited regularly. As a result, people could be confident the service had taken appropriate steps to safeguard their finances. There were some occasions during the month where people did not have access to their cash, which was being stored by the service. The manager discussed arrangements in place during these times to ensure people had access to items they may require. We were satisfied the service was taking reasonable steps to ensure people had any personal items they needed to buy ahead of time. We did not find any evidence of this arrangement impacting on people's outcomes at the time of inspection. However, we reminded the service this was not best practice and people should expect to have access to their finances held by the service at any time.

### 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. Feedback from people should then be used to clearly inform future activity planning.

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

'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?

4 - Good

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

People, relatives and staff told us the management team, including senior staff were visible and approachable. Staff told us they felt well supported and any concerns they had would be handled appropriately.

Essential audits were taking place. Audits covered key aspects of the service including the environment, administration of medication, staff training and care plans.

The management team and senior staff demonstrated good clinical oversight. We observed handovers between shift changes. These were well organised, information was shared clearly and recorded. Additional clinical risk meetings were taking place. These demonstrated clear oversight of physical health needs, how these were being managed and changes to be made where risks were increasing. People could be confident senior staff had oversight of their physical health and would recognise if this deteriorated.

We reviewed records of accidents and incidents. These evidenced a culture of learning from events in order to reduce the risk of reoccurrence. People could feel confident the service would take steps to reduce the risk of harm where possible.

Complaints investigations had been recorded by the manager. We sampled records and found these had been handled appropriately. Again, there was evidence of the manager considering what could be learned from incidences where complaints arose. People and relatives could be confident complaints would be dealt with appropriately.

There was a service improvement plan in place. The service was able to demonstrate where areas for

improvement had been identified, improved and in turn resulted in positive outcomes for people. We found evidence of pressure injuries having healed, falls reducing and medication errors decreasing. As a result, we were confident the service was striving towards continuous improvement. Improvement plans were not consistently shared with staff, people or relatives. The service should consider how they share information with stakeholders. This would support people's confidence in the service.

Staff supervision was taking place within the service. Some staff were able to recall when they had had supervision, however, others could not. Staff told us they felt well supported in their roles. There were no observations of staff practice taking place. People should expect staff to be observed in their practice periodically. These observations should be used by the service to support improvement and drive staff development. As a result, we made an area for improvement (**see area for improvement 1**).

## Areas for improvement

1. The service should use formal observations of practice of both care and nursing staff to monitor standards of practice and competencies.

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).

## How good is our staff team?

4 - Good

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

Interactions between people and staff were generally positive. Staff demonstrated warmth and kindness. People told us they liked the staff and referred to them as 'wonderful' and 'so kind'. Relatives' comments included the staff were 'amazing' and 'welcoming'. People could feel confident they were being supported in an attentive way.

We observed staffing numbers and considered the skill mix of staff on shifts during this inspection. We saw staff responding to people promptly. Call alarms and requests for assistance were responded to within reasonable timescales. Most people and relatives we spoke to said they felt there were enough staff on shift. We sampled rotas which demonstrated consistent numbers of staff on shift in appropriate job roles. As a result, people could be reassured there were enough staff on shift to provide prompt support.

Staff told us they felt they worked well as a team. We observed staff on day and night shift working well together. Staff were deployed to different areas of the service depending on their skills. The manager recognised the different needs and outcomes of people living in the service. The unit for younger adults was supported by different staff from the larger area of the home which generally supported older adults. This way of working improves consistency for people and allows people and staff to know each other better.

There were some opportunities for staff training and development. Some staff members had undertaken additional training to advance their skills. This included some staff who recently undertook medication training. However, some staff had not completed essential refresher training. The manager reported an issue with the technology the service used for staff training. As a result, the rates of completion of training were poor. People should expect to be supported by a staff team who are skilled and appropriately trained.

During inspection the manager told us about the plans they had to ensure all staff were up to date with training over the next few months. This included supporting staff to complete online training within the service. We had confidence the manager would action this plan, as a result, we made an area for improvement (**see area for improvement 1**).

### Areas for improvement

1. To support good outcomes for people the provider should ensure staff undertake training, including refreshing training in a timely manner, as appropriate to their role and their learning needs.

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).

## How good is our setting?

4 - Good

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

We found all areas of the service were clean, tidy and well presented. There were various communal spaces for people to choose from. The gardens were well kept and accessible. As a result, people experienced the benefit of various attractive spaces to spend time in.

We found equipment and furnishings which had been well-maintained. We sampled maintenance records and found evidence of timely repairs having been undertaken. All areas which posed a potential hazard to people were locked as expected. People benefitted from a safe and well-maintained environment.

People's bedrooms were personalised with hall hangings and furniture. The corridors were decorated with artwork created by the local community. There was some signage throughout the service directing people to some areas, however, this was limited. We observed two people becoming disorientated. The service should consider developing current signage and the environment to support people to be orientated. As a result, we made an area for improvement (**see area for improvement 1**).

### Areas for improvement

1. In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

## How well is our care and support planned?

4 - Good

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

Personal plans we sampled contained key contact details which were up to date and clearly accessible. Plans also contained legal documentation, where people had appointed persons acting on their behalf. As a result, people could be confident staff knew who to contact in the event of an emergency.

Plans included person-centred information, including personal preferences around daily routine and diet. This supported staff to provide care in line with individual wishes.

Care plans and risk assessments had been reviewed and reflected individuals' current care and support needs. We found evidence of reviews being undertaken regularly. The reviews we sampled included the views of people and their relatives. However, some relatives told us they lacked confidence changes were always acted upon. The service kept additional records of communication with relatives, however, these were completed inconsistently. The service should consider where staff should be recording communication with relatives. A consistent approach to recording of information supports effective communication and reduces the risk of important information being lost.

The service had developed specialist care pathways which provided information about specific aspects of individuals' care, including stress and distress. These pathways were designed to clearly inform staff of individual needs and promote consistency in staff approach. Some pathways contained a good level of detail, however, others were missing key information. We found examples of key information about how to support individuals with stress and distress included in various documents. As a result, information was time consuming to find. This created a risk of information being missed. The service should ensure information is recorded consistently and is accessible to staff. This will support staff to be well informed and consistent in their approach. As a result, we made an area for improvement (**see area for improvement 1**).

Personal plans to support end of life care were basic. The provider was developing these plans and had begun to implement the use of different resources to support conversations around death and dying. Future planning allows people and relatives the opportunity to have their wishes and preferences known.

Generally personal plans were large documents which contained various assessments. The plans we sampled all contained enough information to support good care and support. However, this information was difficult and time consuming to find. As a result, there was an increased risk of key information being missed. The service should consider how accessible the information contained in care plans is for staff, relatives and people.

### Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans which offer clear and accessible guidance to support staff.

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).





## 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 provider should continue to assess and analyse medication processes including all errors and omissions which occur, with a view to improving accuracy. Relevant agencies should be kept informed of the total number of medication errors each month until further notice.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 5 September 2023.**

#### Action taken since then

Regular audits of medication administration records had taken place. The registered manager had analysed these over a number of months. We found evidence of accuracy having improved. The service had trained additional staff to administer medication. This had in turn improved accuracy of medication administration. We felt confident people were receiving their medication as prescribed.

**As a result, this area for improvement was met.**

#### Previous area for improvement 2

The provider should ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular the provider should ensure the safe and hygienic storage of food stuffs and the cleanliness of the food service environment.

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 5 September 2023.**

#### Action taken since then

All food items were clearly labelled and dated with when the packaging was opened, where appropriate. The kitchen areas in each unit and the commercial kitchen were clean and tidy. We observed staff cleaning kitchen areas. Cleaning schedules were in place and being completed as expected.

**As a result, this area for improvement was met.**

### Previous area for improvement 3

The provider should ensure the promotion of independence for people living in the service. Where opportunities for skill development and experiences exist, these should be encouraged and supported.

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 area for improvement was made on 5 September 2023.**

#### Action taken since then

The service had taken steps to encourage and promote independence of people living in the service. In the unit for younger adults, staff told us how they support people, whilst encouraging them to do as much for themselves as possible. The unit was set up to allow people to prepare their own meals regularly, do their own washing and undertake other activities of daily living. People also had different arrangements in place to manage their finances based on their individual capabilities and preferences.

Within the unit for older adults, people told us about opportunities to participate in activities they used to enjoy, including gardening. We observed some people being encouraged to assist staff with daily tasks within the service. This promoted individual skills and gave some people a sense of purpose and fulfilment.

**As a result, this area for improvement was met.**

### Previous area for improvement 4

The provider should ensure that care plans are up-to-date and reflect people's needs and wishes. People should have a regular opportunity to be involved in reviewing their care plan.

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 5 September 2023.**

#### Action taken since then

We sampled care plans which were up to date. They contained person-centred information, including individual preferences. Reviews were being undertaken regularly. We found evidence of people and their relatives being present in these reviews and included in discussions.

**As a result, this area for improvement was 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?	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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