

Abbeydale Court Care Centre Care Home Service

138 Strathaven Road
Hamilton
ML3 7TN

Telephone: 01698 536 200

Type of inspection:
Unannounced

Completed on:
9 August 2024

Service provided by:
Abbey Healthcare (Hamilton) Ltd

Service provider number:
SP2017012945

Service no:
CS2017358108

About the service

Abbeydale Court Care Centre is registered to provide a care home service to a maximum of 109 older people. Within the 109 places there can be up to a maximum of 10 places for older adults aged 50 years and above with care and support needs associated with ageing. The provider is Abbey Healthcare (Hamilton) Limited.

The purpose built care home is situated in a residential area of Hamilton. It has easy access to local amenities and transport links.

The home is built on four levels, three of which are occupied by residents within single rooms with en-suite shower facilities. Each floor has spacious dining rooms and lounges, as well as access to communal bathing facilities. Residents have access to additional spaces including a sensory room, cinema and hair salon. There is a passenger lift providing access to all floors.

Residents have access to attractively laid out, secure gardens and there is a balcony on the upper floor which overlooks the gardens. Visitor parking is available in the grounds of the service.

At the time of this inspection there were 99 people living at the home.

About the inspection

This was an unannounced inspection which took place between 6 and 8 August 2024 between 07:30 and 17:45. 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:

- Received feedback from 21 people using the service and 25 relatives;
- spoke with 20 staff and management;
- observed practice and daily life;
- invited feedback from staff and external professionals through questionnaires; and
- reviewed documents.

Key messages

- People experienced good outcomes and were supported by kind and compassionate staff.
- There was a new management team who were committed to making the ongoing necessary improvements within the home.
- The provider should promote a culture of meaningful connection to ensure residents have increased opportunity for socialisation.
- Good oversight of health and care needs meant people received responsive care and support.
- Robust quality assurance systems provided the management team with effective oversight of how the service is performing.
- Opportunities for people to get involved in the service and ongoing developments had improved.
- The provider must make improvements to oversight of recruitment processes to ensure all staff have the necessary checks in place.
- More robust environmental safety checks and governance will ensure people remain safe.
- As part of the inspection we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support 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?	3 - Adequate
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?

4 - Good

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

People were treated with kindness and respect. We saw warm and pleasant interactions and there were good relationships between staff and residents. The people we spoke to told us they were well supported and staff knew them well. One resident told us "the staff are great. They do a fabulous job I can't fault them". A relative told us "staff all acknowledge her with smiles and talking, doesn't matter what job they do, they always stop and have a kind word with her". This ensures people are treated with compassion.

Opportunities to engage in meaningful activities and community outings had improved at Abbeydale Court. We heard about the positive outcomes achieved for people through participation in music therapy, creative writing and walking football. However, some relatives fed back there was limited social interaction in the home during busier periods. During the inspection we observed some missed opportunities for meaningful connections where at times people were sitting unengaged due to a lack of interaction. An improved understanding of ways to harvest good conversations and foster meaningful connections will support people to feel connected and promote people's wellbeing. (See area for improvement 1).

People's health benefitted from the care and support provided. Health assessments and regular risk assessments took place. We saw robust monitoring of key indicators of health and wellbeing. This supported better awareness of residents changing needs to support with early intervention. Where concerns had been raised by families in relation to their relative's needs, we saw prompt action being taken to ensure people's needs were met. Staff were proactive in accessing external health professionals and we could see onward referrals including dietician, GP and podiatry. Care home liaison nurses visited regularly to provide clinical support and assurance. This gave us confidence that people were receiving the correct care and that their health was being monitored.

We received mixed feedback from relatives regarding communication in the home. Some felt there had been improvements while others shared concerns that information was not always shared effectively and timeously. We fed these concerns back to the management team who will continue to monitor this. We were assured that attempts were being made to promote consistency in staff teams which will support with building trusting relationships between staff, residents and their representatives.

Meal times were relaxed, well managed and unhurried. The management team aimed to promote the consistent quality of mealtimes and staff training was planned to ensure people dine with dignity. For those who needed support at mealtimes, staff encouraged them to eat at a comfortable pace. Residents had access to a range of nutritious snacks and drinks throughout the day which promoted independence and choice, including access to a café area.

Medication was managed safely through the use of an electronic system following good practice. Effective oversight was in place which assured us people were receiving the right medication at the right time. Where people experienced episodes of stress and distress, protocols were in place for "as required" medications and we saw monitoring of effectiveness. We identified a lack of detail to guide staff in what techniques could be used prior to the administration of medication which the service should improve. (See area for improvement 2).

Areas for improvement

1. To meet the social, physical and psychological needs of the people living in the service the provider should promote a culture of meaningful connection. This should include but not limited to:

- a) increased observations of the lived experience of residents;
- b) training and positive role modelling for staff through consideration of staff champion roles; and
- c) personal plans are developed to capture what meaningful connection means for each person including how to engage in meaningful conversations based on resident's interest, life history and communication preferences.

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

2. To ensure people experience interventions that are safe and effective, as required medication protocols should contain clear, up to date and accurate guidance on when medication should be administered including the steps to take prior to administration.

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

There was a new management team in the service since the last inspection, and feedback we received on the leadership in Abbeydale Court was positive. People found the management team approachable and responsive. One relative told us "the manager always has an open door, easy to talk to, knows the residents individually. Communicates so well, I feel I always know what's going on. I really feel part of the Abbeydale community". This helps people feel listened to and included.

There was robust and effective quality assurance processes within the home to provide oversight which included monitoring from senior and external management team. The provider had a comprehensive suite of quality assurance audits. These covered a range of areas including wounds, falls, accidents and incidents, staff training, medication, and reviewing care plans. We saw evidence of actions being identified via audits with prompt actions taken. This supports with continuous improvements in the service and leads to better outcomes for people.

The management team had an awareness of what was working well within the service and what areas needed to improve. The home had a detailed service improvement plan which was regularly updated and directed by feedback from relevant stakeholders. There were opportunities for people to share feedback and influence service developments. Regular resident, relative and staff meetings were taking place and we heard about developments such as the election of staff and resident representatives to influence ongoing improvements in the home. This approach supports a culture of continuous improvements and ensures people feel involved.

There were systems in place to manage complaints, accidents and incidents. We saw evidence of the

management team taking action to address and learn from events and people told us they had confidence that any issues would be addressed effectively. This ensures people are kept safe from harm and people experience good standards of care.

Some feedback from staff highlighted that they did not always feel listened to. Regular team meetings were planned where staff were able to raise any issues or concerns they might have. Supervision and observations of staff practice were also taking place. We highlighted gaps in supervisions for night shift staff. Regular supervision for all staff will ensure people continue to feel listened to and supported. (See area for improvement 1).

Staff recruitment followed best practice ("Safer Recruitment Through Better Recruitment" (Scottish Government, 2016)) in the majority of files we sampled. We identified one instance where a staff member did not have a PVG scheme membership required to ensure suitability to work with vulnerable people. We brought this to the attention of the management team who took immediate action to address this. The provider must improve quality assurance and oversight of recruitment procedures to ensure full adherence to best practice and company policy. (See Requirement 1).

Requirements

1. By 18 November 2024, the provider must improve oversight and monitoring of staff recruitment to ensure all staff are appropriately recruited and have all the necessary safety checks in place in line with company policy and best practice guidance.

This is in order to comply with Regulation 9 of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulation 2011 (SSI2011/210).

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes.'
(HSCS 4.19)

Areas for improvement

1. To support staff to feel valued, listened to and their views and suggestions are taken into account. The provider should ensure staff have the opportunity of attend regular supervision and staff meetings. Issues and suggestions from these meetings should be included within an action plan with evidence of actions taken until resolved and positively concluded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state: 'My care and support is consistent and stable because people work well together.' (HSCS 3.19).

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.

We received positive feedback about staff. One person told us, "staff are fantastic. Hard working and caring". This helps people feel supported.

Staff worked well together to support the outcomes for people. They were flexible and responsive to people's needs. This ensures care and support is stable and meets the needs of people.

Staff wellbeing was a focus in the service and the management team told us about new initiatives to support staff such a wellbeing clinic and staff recognition awards to highlight good practice. Some staff shared concerns around the impact of staff absences on pressures and morale in the team. The management team were making attempts to manage absence rates in the home which will help to promote stability and continuity in staff teams.

There was a staffing assessment to support decisions made about staffing arrangements. This was based on a range of factors including the wellbeing of residents and took into account their needs and wishes. We observed adequate staffing levels during the inspection and found staff to be available and responsive. This ensures there is the right number of staff at the right time to meet people's needs.

Staffs perception of staffing levels in the home was mixed, and some people shared concerns that there wasn't enough staff at times. The service had experienced a high turnover of staff and although feedback on the quality of staff was positive, some people raised concerns regarding the lack of continuity in the staff teams. Ongoing recruitment had been taking place and the management team told us of plans to promote consistency while working towards implementing a key worker system. Stabilisation of staff teams will support improved staff morale, relationship building and communication within the home leading to better outcomes for people supported.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

The home was clean, homely and welcoming. People's rooms were personalised and well equipped. Domestic staff had a good knowledge of the appropriate cleaning materials and processes required to ensure effective cleaning. This meant that the environment supported good outcomes for people by giving them a comfortable place to live.

Refurbishment was ongoing in the home. There was an environmental refurbishment plan in place and we saw evidence of improvements to living environments. When sampling some resident bedrooms we highlighted some areas that could improve in regards to attention to detail. The staff were quick to address this when brought to their attention.

There had been an improvement in directional signage to promote way finding and to orientate people living with dementia. This helps promote independence for people living in the home.

Communal and social areas were well used by residents. Residents had freedom of movement and there was a variety of communal and private spaces where people could choose to spend their time. We heard positive feedback on the recent development of the café space for residents and their relatives to enjoy, along with the sensory room. This helps provide people with a choice of where they wish to spend their time.

There were well maintained enclosed gardens within the home and we heard about people enjoying the outdoor space. This allowed people to have access to outdoor space and fresh air.

We saw evidence of regular maintenance and safety checks. Following a significant incident in the home, the service had increased environmental checks and safety measures to ensure resident safety. Effective monitoring should be in place to ensure people live in a setting which is safe and well-maintained. (See area for improvement 1).

Areas for improvement

1. To ensure people live in a setting which is safe and meets their needs, the provider should ensure there are effective systems and processes to monitor environmental safety and security.

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 5.24).

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 easy for staff to follow and provided details of people's healthcare needs, abilities and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We saw improvements in the quality of information in personal plans however some inconsistencies still remain. Some personal plans contained very good detail relating to individual needs and values, while others lacked some person centered information. Regular audits of personal plans were being completed which had also identified this area for improvement. Continued developments to the quality of information captured in personal plans to reflect people's needs, characteristics and values will ensure people receive person centered care and support.

Reviews were taking place regularly with residents and families. This provided an opportunity to provide feedback on the standard of service as well as suggest ways to improve further. This meant that people had the opportunity to be involved in directing their care and support.

Stress and distress care plans gave staff some information on how to support people. However, we found this information did not always clearly link to other relevant information within the person's plan such as medication protocols. We discussed with the management team how the format and information could be improved upon. This will help staff to recognise, intervene and reduce individuals' levels of distress. (See area for improvement 1).

Areas for improvement

1. To ensure people experience care and support that is right for them, personal plans for people who experience increased stress and anxiety should be improved. Information should clearly direct staff on strategies to recognise, support and reduce levels of stress or distress experienced, including any relevant

medication protocols.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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

To include people experiencing care and other stakeholders in developing the service, the provider should ensure that their views and opinions are reflected in service's improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'. (HSCS 4.7).

This area for improvement was made on 13 December 2022.

Action taken since then

There were a range of opportunities for residents and stakeholders to offer feedback in the service. We saw evidence of regular resident and relative meetings and families told us that they felt involved and included in Abbeydale Court Care Home. There had been significant improvements to opportunities for people to offer their views and opinions on the service which helped people to feel included and involved. There was a comprehensive service improvement plan in place which was updated monthly in response to range of quality assurance processes.

This area for improvement has been met.

Previous area for improvement 2

People experiencing care should have confidence that staff will liaise promptly with their family/ representatives regarding matters relating to their health and wellbeing. To ensure this, the provider should:

- Ensure a record of the agreed contact and communication arrangements is in place and understood by staff.
- Maintain a record of contact and communication regarding concerns and complaints providing evidence that any concerns have been acknowledged and dealt with appropriately.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account (HSCS 2.12).

This area for improvement was made on 9 May 2022.

Action taken since then

The service was complying with their internal complaints policy and procedure, and we saw evidence of concerns being managed appropriately leading to a reduction in the number of formal complaints received

within the service. Records of contact made with families was clearly recorded in resident's electronic care plans.

This area for improvement has been met.

Previous area for improvement 3

To support staff to feel valued, listened to and their views and suggestions taken into account the provider should ensure staff have the opportunity of attend regular supervision and staff meetings. Issues and suggestions from these meetings should be included within an action plan with evidence of actions taken until resolved and positively concluded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

This area for improvement was made on 3 April 2023.

Action taken since then

Team meetings were taking place and staff had regular opportunities to participate. Minutes of team meetings we reviewed showed staff had opportunity to contribute and share their views and suggestions. Some staff were receiving supervision however we saw gaps in records for night shift staff. Further improvements should be made to ensure all staff have regular opportunity for supervision.

This area for improvement has not been met.

Previous area for improvement 4

To ensure a clean and safe environment the provider should introduce systems and processes to monitor standards of cleanliness, including mattresses and soft furnishings. This should also include assessment of staff practice in order to ensure the environment is clean, and the risk of infection is minimised.

This ensures 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 3 April 2023.

Action taken since then

The home had made improvements to the range of systems and processes to monitor standards of cleanliness in the home. The management team were completing daily environmental walk arounds and we saw evidence of actions being identified and addressed in a timely manner. We saw evidence of checks of mattresses, bedrooms and communal areas along with observations of staff practice which indicated good practice was being followed. There was an environmental refurbishment plan in place and the home was continuing to invest in new furniture and furnishings to improve and maintain a high quality environment.

This area for improvement has been met.

Previous area for improvement 5

To ensure the environment promotes independence the provider should enhance the quality of the facilities by improving directional signage. This will support people to identify their rooms and to mobilise safely and independently throughout the home.

This is to ensure care and support is consistent with 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).

This area for improvement was made on 3 April 2023.

Action taken since then

New directional signage was in place throughout the home which supported with way finding and promoted independence. Personalised signs had been put onto people's bedroom doors which supported orientation and for people to independently navigate throughout the home.

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.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.