

Abbeyside Nursing Home Care Home Service

Institution Road
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Telephone: 01343 549 468

Type of inspection:
Unannounced

Completed on:
15 August 2024

Service provided by:
Abbeyside Nursing Homes Limited

Service provider number:
SP2003002308

Service no:
CS2003013732

About the service

Abbeyside Nursing Home service is owned by Abbeyside Nursing Homes Limited. It was registered to provide a care home service for a maximum of 26 older people. At the time of the inspection there were 22 people residing at Abbeyside.

Abbeyside Nursing Home is situated in the Moray town of Elgin. The service is close to local amenities such as, shops, cafes and churches. The service is provided from a large converted Victorian house.

About the inspection

This was an unannounced inspection which took place on 13 August 2024 between 09:30 and 15:30. One inspector carried out the inspection.

To prepare for this inspection we reviewed information about this service. This included, previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with four people using the service and two relatives who were visiting at the time of the inspection
- received 11 completed questionnaires from people using the service and seven from relatives or families
- received one completed questionnaire from visiting professionals
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were welcoming, warm and trying hard to meet people's needs.
- People spoke highly of the support from the manager.
- The service had not met the area for improvement made since the last inspection.
- More could be done to support people to be more independent and live life as they wished to.
- Communication within the staff group needs to improve, to ensure people receive the right care and support.
- There was a culture of trying to make people's life and experiences better.
- We found that the service had begun to use self-evaluation; however, further work is required 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 staff team?	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. There were a number of important strengths which taken together clearly outweigh areas for improvement.

There was a welcoming culture within the home. The staff were happy and friendly, and this was having an impact on the welfare of people. Staff were attentive to people's needs and took time to chat with them. These conversations at times were humorous and greeted with smiles. People had formed positive relationships. As a result, this helped create a warm and friendly feeling in the service. We received mainly positive feedback about the service and carers. People told us, "They are very thoughtful" and "they do a great job". However, some concerns were raised regarding perceived staff interactions and the food choices.

There was a small stable staff team, who knew people well and this had a positive impact on the wellbeing of people. A relative said, "mum has said she is happy to me and now considers the carers as special people to her". However, there are improvements needed to maximise people's wellbeing. The management and senior support systems had the capacity and ability to make these improvements to enhance people's experience of the care and support provided.

Staff clearly knew people and were working with the best intentions. There were some lovely kind interactions between staff and people. People were not rushed or dismissed. At times, some staff were quite task focused and this had an impact on how people perceived their actions. People said, "sometimes their facial expressions makes me think they are not happy" and "I don't think some of them (staff) are interested". As a result, the wider social interactions between people and staff had been lost. People were not actively being fully empowered or enabled to get the most out of their daily lives. More could be done to support people to be more independent and live life as they wished to. **(See Area for improvement 1)**

People were in general positive about the quality and choice of meals which were enjoyed in a pleasant, sociable environment. People were frequently given the opportunity to discuss their views on the meals, with suggestions fully considered and changes implemented. There were concerns that people were not always fully aware of the choices available to them at mealtimes. Staff formally monitored and recorded people's weights, dietary and fluid intake, where appropriate. However, the action taken to support people with changing nutritional needs, weight loss, was not always fully recorded. As a result, there was the risk of inconsistency in the care and support provided to people.

The management and prevention of accidents, incidents and falls was good. Appropriate actions were taken immediately to reduce the numbers of unwitnessed adverse incidents. People's quality of life was improved by the focus on raising staff awareness.

Staff had a good understanding of how to support people who may be stressed or distressed. The staff were working closely with external healthcare providers to ensure people were receiving consistent care and support that was right for them.

The staff had good knowledge and understanding of the medication system and people's needs. Overall, medication was managed, meaning people were receiving their medication as prescribed.

People's care and support was not always well coordinated. Information sharing between staff was limited at times. The formal approaches, such as the handover sheets, were not being used effectively. Therefore, vital information was not shared promptly and staff were not up to date with people's changing needs and care. **(See Area for improvement 2)**

The documentation to support skin integrity and pressure prevention was limited. Staff were not identifying changes in people's skin promptly enough. As a result, effective pressure preventive measures were not always put in place quickly enough to prevent wounds occurring and people were not receiving the care that was right for them. **(See Area for improvement 3)**

Assessments and care plans were held on a digital care planning system. The management team and staff were working hard to ensure people's care and support plans fully meet their needs. At times information was omitted or not being recorded in an accurate manner. This resulted in people's care and support not being adjusted promptly enough to meet their changing needs. **(See Area for improvement 4)**

Areas for improvement

1. To support people to get the most out of life, the provider should ensure staff empower and enable people to be more actively involved in their daily life choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

2. To support people's health and wellbeing, the provider should ensure that effective processes are being used for information sharing amongst staff and relatives.

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

'My care and support meet my needs and is right for me' (HSCS 1:19); and

'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).

3. To support people's health and wellbeing, the provider should improve the monitoring and assessment of people's skin integrity.

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

'My care and support meets my needs and is right for me' (HSCS 1:19); and

'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).

4. To ensure people receive the care and support that is right for them, the provider should ensure accurate recording of all care and support provided by staff to facilitate effective evaluation.

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).

How good is our staff team?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The senior management team across the group identified that due to the number of diverse cultures within the staff group, there was a lack of understanding around practice and standards.

A significant amount of work has gone into developing the staff induction and enhanced training booklets. All staff have been involved in their development. They are detailed and based on staff achieving and maintaining competencies. The outcome is there has been a significant improvement in the consistency of care. Staff were fully aware of the acceptable standards.

Concerns or issues were addressed promptly through mentoring, role modelling by the management team and future competencies. The manager was focused on ensuring staff were fully aware of the impact that their roles have on people's wellbeing. These booklets and their use were being continually audited and reviewed to ensure that staff were competent in all aspects of care.

Staff supervision, one to one support and team meetings were established. The management team had a good oversight of staff training with a mix of eLearning and face to face training. Staff had begun to put their learning and ethos into practice. This ensured that people's experience of care was improving.

People and their families knew the staff well and this contributed to the high levels of satisfaction and confidence. However, we received mixed feedback regarding the staffing levels. Staff said, "Some days are a rush, if there are enough staff we could meet care and support the needs easily, but we managed to do it anyway". Staff did not appear rushed, but at times were focused on undertaking tasks or roles. People were supported in a relaxed, unhurried manner. The management team were reviewing the staffing arrangements and had responded to people's changing needs. To ensure people were safe and well cared for, the service had reviewed how staff were deployed to where people needed more support. The management team has formally reviewed how the staffing decisions were made, to ensure they remained open and transparent to all.

A previous area for improvement regarding the effective leadership on each shift had not been met. The manager had reviewed staff allocation considering people's roles, responsibilities and experience. There remained at times a lack of oversight and responsibility from the leadership team on shift, to ensure people's changing needs were being met. (See 'How well do we support people's wellbeing?' and **Area for improvement 1**)

Areas for improvement

1. The provider should ensure that there is effective leadership on each shift to support and deliver consistent standards to people experiencing care.

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

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 provider should ensure that there is effective leadership on each shift to support and deliver consistent standards to people experiencing care.

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

This area for improvement was made on 11 May 2023.

Action taken since then

See 'How good is our staff team?'

This area for improvement had not been met and will be reinstated.

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 staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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