

# Raith Manor Care Home Service

1 Sunny Braes Court  
Ferrard Road  
Kirkcaldy  
KY2 5ES

Telephone: 01595 642 008

**Type of inspection:**  
Unannounced

**Completed on:**  
4 September 2024

**Service provided by:**  
ABBOTSFORD CARE LTD

**Service provider number:**  
SP2010010867

**Service no:**  
CS2014334458

## 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 a follow up inspection which took place on 3 September 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 five people using the service and one of their relatives
- spoke with seven staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- The service had made improvements since our last inspection.
- People who experience stress and distress were well supported.
- A plan to provide formal supervision of staff was in place but required more time to become fully established.
- Staffing arrangements were well considered.
- Care plans gave clear guidance to staff and daily notes, charts and recordings were completed to good effect.
- Some potentially dangerous areas of the home were unlocked or opened.
- Three of five requirements were met.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 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).

**This requirement was made on 11 July 2024.**

#### Action taken on previous requirement

The service had made a number of changes in order to better support people who experience stress and distress.

Each resident had a stress and distress care plan in place which provided specific guidance to staff on how to care and support them during any episodes of stress and distress. We heard from staff that they had time to familiarise themselves with these plans and found them helpful. The plans gave specific details on known triggers of stress and distress, how to reduce the possibility of someone experiencing stress and distress and how to support someone if they did experience stress and distress. We could be confident that these care plans gave staff the necessary information to support people.

Instances of stress and distress and the use of 'as required' medication for stress and distress had both reduced since our last inspection. We found that the environment was calm and relaxed. The service had made changes to the physical layout of one of the units and feedback from staff was that this had been successful. Staff appeared less rushed and more confident. They also told us they had more time to complete key recordings and charts. All staff had either completed, or were about to complete, additional training on supporting people who experience stress and distress. Staff told us this training was helpful and were able to give us examples of where training had been used in practice, for example at mealtimes and during activities. During our inspection we did not observe any instances of stress and distress and where this may have been a possibility, staff were skilled in deescalating situations and supported residents with kindness and compassion. We were confident that people were being supported with stress and distress.

**This requirement has been met.**

### Met - within timescales

#### Requirement 2

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).

**This requirement was made on 11 July 2024.**

## Action taken on previous requirement

The service had employed a new Staff Wellbeing Coordinator whose responsibility was to implement a system of regular formal staff supervision. We found that work was well underway for this. Formal supervision meetings had commenced with around a third of staff having received at least one supervision meeting so far. There was a tracker in place to plan staff supervision on an ongoing basis. We sampled some supervision documents and were satisfied that these included discussions on learning needs and provided a formal platform for staff to discuss their views. Staff told us that both formal and informal supervision opportunities had been helpful and productive.

In addition, the new Staff Wellbeing Coordinator had commenced observations of practice which were then discussed at supervision meetings. This was a productive way to link staff performance, strengths and learning needs to supervision. These were general observations. We discussed that, in the future, it would be beneficial to observe and assess specific staff competencies such as moving and handling, as well as seeking feedback from residents and relatives.

Although we recognise the progress made on this requirement, as only around a third of staff have received supervision so far, we have decided to extend the timescale for this requirement.

**This requirement had not been met and we have agreed an extension until 1 November 2024.**

**Not met**

## Requirement 3

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).

**This requirement was made on 11 July 2024.**

#### Action taken on previous requirement

Staff deployment was well considered. In one unit, changes had been made to the physical environment to create two smaller living spaces rather than one big one. This meant that staff had more clearly defined roles and responsibilities during each shift.

The service had employed a new 'Improvement and Innovation Practitioner' who was involved in supporting staff, residents and relatives. She had also created task sheets to ensure that each member of staff had complete clarity on expectations of them during each shift. We were told that rotas were carefully considered each month to ensure a mix of experience and skill in each unit. We heard that this had been a helpful addition.

We found the atmosphere to be much calmer than during our previous inspection. Staff were led well by the Senior Carer in charge and appeared to be calm and in control. This meant that the environment was relaxed and homely.

Meal times were well managed. We found evidence that since our last inspection, people had been supported more effectively with mealtimes, leading to people gaining weight and being at reduced risk of malnutrition.

We found that staff had time to complete key tasks such as daily notes, charts and observations. These were easy to find within care plans and staff were confident in knowing when referrals to health professionals would be triggered. We were confident that the needs and outcomes of people living in the service were being met.

**This requirement has been met.**

**Met - within timescales**

#### Requirement 4

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).

**This requirement was made on 11 July 2024.**

### Action taken on previous requirement

During our walkarounds of the home during inspection, we found storage areas unlocked or open in different parts of the home. One of these areas contained items which could have posed a risk to people living in the service.

The service took immediate action and ordered new keypads for each door so that they will always lock on closing. The service hoped to have these installed within a few days. We will check that these changes have been made at our next inspection.

**This requirement had not been met and we have agreed an extension until 1 November 2024.**

**Not met**

## Requirement 5

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).

**This requirement was made on 11 July 2024.**

### Action taken on previous requirement

Care plans we looked at were up to date and provided clear guidance to staff on how best to care for people. There were a range of risk assessments in place in areas including stress and distress, falls, wound care and nutrition. Staff told us they had time to read care plans and found them helpful in supporting residents. There was evidence of improved outcomes for people, including a reduction in instances of stress and distress and residents gaining weight. Staff told us that they believed clearer care planning had contributed to this.

We found that shifts were well led by Senior Carers and this supported staff to be clear in their roles and responsibilities in care planning and provision. Record keeping had been improved since our last inspection and we found evidence of charts, records and notes being completed timeously. We were confident that effective care planning meant the needs and outcomes of people living in the service were being met.

**This requirement has been met.**

**Met - within timescales**

## 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

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).

**This area for improvement was made on 11 July 2024.**

#### Action taken since then

**This area for improvement was not assessed at this inspection.**

## Previous area for improvement 2

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).

**This area for improvement was made on 11 July 2024.**

### Action taken since then

All care plans from the top floor unit had been reviewed and there were only a few outstanding from the rest of the home. People and their relatives had been involved in this process and this had been done in conjunction with parts of the care plan being rewritten and renewed where necessary.

**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](http://www.careinspectorate.com).

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 iarrrtas.

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.