

Abbey House Residential Care Home Care Home Service

Kinnordy
Kirriemuir
DD8 4LS

Telephone: 01575 574 181

Type of inspection:
Unannounced

Completed on:
4 September 2024

Service provided by:
Jillian Faloon

Service provider number:
SP2011983079

Service no:
CS2011304384

About the service

Abbey House Residential Care Home is a privately owned care home which is registered to provide care to a maximum of 15 older people.

The home is a traditional stone-built manor house sitting just outside Kirriemuir in rural Angus. It is surrounded by a large garden area and has views of the Angus glens.

About the inspection

This was an unannounced inspection which took place on 2 September 2024 and 3 September 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 10 people using the service
- spoke with three of their family members
- spoke with six staff and management
- observed daily life and staff practice
- reviewed documents
- made contact with two external professionals but received no reply.

Key messages

- People looked and sounded well.
- People benefitted from timeous and responsive care and support.
- People benefitted from access to a tasty, varied and well-balanced diet.
- Staff had time to provide care and support with compassion and engage in meaningful conversations.
- Analysis and recording of accident and incidents could be improved.
- The provider should ensure identified actions from health assessments are identified and actioned timeously.
- Overall, the environment was clean and well maintained.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service has begin to use self-evaluation. 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 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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There were high levels of satisfaction about the care received by people. People told us they were treated with dignity and respect. We observed warm and supportive interactions which enriched people's lives. One person shared, "the staff are very kind" and one family member shared, "the staff are amazing".

People looked and sounded well. People were well groomed, clean and well presented. There was a relaxed and happy atmosphere during our inspection and it was clear people were at ease and comfortable with the care they were receiving.

People benefitted from timeous and responsive care and support. Staff were good at recognising changes in people's health and wellbeing. Staff sought medical advice timeously and as a result, people accessed the right service at the right time.

Recording of the care and support provided for people was good. Regular health checks were carried out. This reduced the risks of harm and poor health outcomes such as, malnutrition and pressure ulcers.

Improvements are required to ensure appropriate actions are taken to address any concerns during health checks. For example, we observed one resident with low weight who should have been rereferred to the dietician but this had not been actioned. This was raised with the manager who responded immediately and made the required referral. **(See Area for improvement 1)**

Food and fluid charts recordings need to improve. Fluid records were inconsistent and had no analysis. There were also gaps in the records we reviewed. For example, there were no fluid totals for the day and this made it difficult to establish people's fluid intake and what interventions were required. **(See Area for improvement 1)**

People benefitted from access to a tasty, varied and well-balanced diet. People told us they really enjoyed their meals. Staff had good knowledge about people's dietary needs and this supported people's nutritional intake. Kitchen staff had good understanding of how to fortify people's meals and people's likes and dislikes. People were offered an alternative choice if there was something they did not like. People receive fresh fruit and butcher meat and there was varied home baking available. This supported people's nutritional needs.

People enjoyed their meals in an unhurried relaxed atmosphere. People could help themselves to snacks when they wanted and we observed the service being flexible when someone had a late breakfast. This ensures people could have their meal outside of regular mealtimes which promotes people's choice and independence.

Some people did not have access to a buzzer to call for help, if required. This was raised directly with the leadership team who responded with a full buzzer audit and this was immediately improved. People told us that they have confidence in the staff to respond to them quickly.

We looked at the medication administration and recording systems and we were confident people were getting the right medication at the right time. The medication trolley was locked and stored in a locked cupboard; however, this should be secured to the wall when not in use. People's medication trays have room numbers but to make it more personalised perhaps this could be developed to include photographs of people. These areas were raised with the manager and we are confident they will be driven forward by the manager.

We observed that some bumpers on beds did not fit properly and this placed people at risk of harm. We shared 'Health and Safety Guidance' and the manager took immediate actions to resolve this. We are confident the manager will drive this improvement forward.

Areas for improvement

1. To support people's health, wellbeing and safety, the service should ensure that any actions from health assessments are analysed by the leadership team and any appropriate actions are identified and taken timeously. This should include but not limited to, accidents and incidents, referral to the dietician and food and fluid charts.

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).

How good is our leadership?

4 - Good

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

The leaders of the service were visible and appeared friendly and approachable. People, staff and families told us they had confidence in them. The manager had good oversight of the service and it was evident they were committed to supporting the team to deliver good quality care.

Leaders demonstrated a clear understanding about what was working well and what improvements were needed. Leaders were proactive and people and families told us they were responsive. The manager did a monthly walk round and this highlighted any areas for improvements timeously. One family member shared, "they fixed the issue straight away".

The manager is regularly seeking the views of people, staff and family members to inform the development of the service. However, it would be beneficial if this was developed into a service improvement plan to include all areas of the service which are being developed. We shared some guidance on this with the manager and we are confident this will be driven forward.

The leadership team had a good overview and analysis of staff training. It was encouraging to observe the manager sought specific training for staff to meet the needs of a new resident. People benefitted from a well trained staff group to meet their individual needs.

Staff told us they felt well informed of any changes and this meant they could care for people safely. We observed a daily handover meeting which provided robust oversight of all areas of the service. Key areas of risk were highlighted and discussed. This helps manage risk and keep people safe.

There were thorough and robust policies in place with clear protocols for staff. This meant staff had the right knowledge and guidance and this helped keep people safe.

Formal processes were documented. Staff and leaders were aware of accidents and incidents to report. Whilst we saw this was the case, this area could be developed by ensuring each incident has oversight and analysis by the manager, to ensure correct actions are taken and clearly recorded. This helps keep people safe and reduces the risk of reoccurrence of accidents to people. We observed one incident that should have been raised as a safeguarding concern but it was not. Inspectors prompted this during our inspection and the manager took immediate actions. (See Area for improvement 1 in section 'How well do we support people's wellbeing?')

People's finances are protected and people had access to their money as and when they wanted. This promotes choice for people.

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.

Staff were visible and responsive to people's needs. People told us that staff came quick when they needed them and this supported them to feel safe and reassured. We concluded the right number of staff with the right skills were working at all times to meet people's needs.

Staff were not rushed and did not appear under pressure. Staff had time to provide care and support with compassion and engage in meaningful conversations and interactions with people. We observed warm and compassionate interactions with appropriate banter that people appeared to enjoy. One staff member told us, "it's nice to spend time with the residents, it makes all the difference".

Care and support offered was consistent and stable. Staff appeared to work well together as a team and there was a real sense that staff placed people at the centre of their decisions.

People told us they knew staff members well. It was evident from our observations that people had developed trusting relationships with staff. For example, one family member told us, "it's like a family here, I know the staff very well because it's always the same faces".

Staff retention was good. Staff were happy in their roles and this was reflected in their day to day practice. Staff well-being had been considered by the manager. Staff reported feeling supported. A designated staff area had been created which provided staff with a comfortable place to take their breaks. Staff were offered support and counselling when a tragic event occurred.

We were confident staff were recruited in a way that was informed by all aspects of safer recruitment guidance. All relevant checks and documentation were in place and this promoted people's wellbeing and safety. The recruitment process was well organised and this included, regular audits to ensure compliance.

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.

People benefitted from a warm, comfortable welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. People were comfortable and enjoyed spending time in their bedrooms or the communal areas. One person shared, "I love to sit in the sun room and watch the birds, it makes me happy".

People had access to a tranquil garden space. We observed people accessing this and this experience enhanced outcomes for people. The garden area was safe and secure and people told us how much they appreciated it.

Overall, the environment was clean and well maintained. This promoted people's dignity and well-being. People and their families told us the home was always clean and they were happy with levels of cleanliness. However, we observed some areas were not as clean as they should be. For example, behind and inside some radiators. This was raised with the manager, who was responsive and has taken action. We are confident the manager will drive this area for development forward.

We observed there was an improvement in the furnishings in the dining room and the foyer area of the home. This supported a more homely atmosphere and supported with reducing cross contamination.

The design and layout of the building has been adapted in some areas and this is an improvement. This had a positive impact on the quality of life for the people who live there. For example, evidence that the Kings Fund tool for people with Dementia had been implemented. This helped guide and orientate people to their surroundings.

Some areas of the home have been upgraded. For example, some people benefitted from new furniture in their bedrooms and the kitchen has been replaced. People looked comfortable and it was evident they were enjoying their surroundings.

People were actively involved in giving their views about the setting; how well it works for them and what could be improved. For example, residents had recently picked the new carpet. This promotes a sense of choice and belonging for people.

There were clear planned arrangements for regular monitoring and maintenance of the premises and the equipment to ensure people were safe. We noted some general wear and tear throughout the building given its age. However, the manager was responsive to these and has taken action. We observed some actions that were not complete within the Fire Report and when we raised them the manager actioned them immediately.

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.

Everyone benefitted from a personalised care plan which clearly outlined their care and support required to meet their needs. This supported staff to support people effectively.

From care plans sampled, it was evident people and their families were involved and people told us they felt included. Reviews were up to date and included contributions from all relevant people. We were confident people's rights, wishes and preferences were being upheld.

Care plan audits need to improve. We observed some important information in personal plans were not up to date. For example, a resident was being treated for a urinary tract infection and this was not reflected in their care plan. Although we did not observe this to impact on outcomes for people, it is important care plans accurately reflect the care and support people require.

The service held good information regarding people's health needs as they related to people's care. Care plans were arranged around the tasks that people required to be performed in order to be safe and comfortable. They were clear for staff to follow; however, we observed some language used by staff which was not reflective of respectful and dignified care. **(See Area for improvement 1)**

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure care plans are written in a dignified manner and are up-to-date, to ensure people receive the care and support they require to meet their needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'My persona 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 support people's wellbeing, the provider should have a visible plan and schedule of events to ensure people are aware of any opportunities they can participate in. This should include but is not limited to, access to the local community, planned events and activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

This area for improvement was made on 27 April 2023.

Action taken since then

We observed evidence of improvement relating to this development area. There was an activities planner on display and people we spoke to told us they really enjoyed the activities on offer. People told us they felt there was plenty to do and it was evident staff were making a good effort at engaging people in activities that were meaningful to them.

We observed people engaged in one to one activities with staff members such as, nail painting. Group activities such as, planting bulbs in the garden was observed during the inspection. It was evident this enriched the lives of people experiencing care. One person shared, "its lovely to get outside and sit in this lovely space".

This area for improvement has been met.

Previous area for improvement 2

To support people's wellbeing, care and support, the provider should ensure that staff have access to regular supervision appropriate to their role which is recorded. This should include but not be limited to, reviewing practice, wellbeing, training, development and performance.

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).

This area for improvement was made on 27 April 2023.

Action taken since then

Staff told us they were being well supported. Staff benefitted from regular supervision and the manager had good oversight of this. This ensured supervision was being well maintained.

A holistic supervision template was being used. This ensures all areas of development, including well being, were being monitored.

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?	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

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.