

Abbotsford Care, Dunfermline Care Home Service

Headwell House
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Dunfermline
KY12 0JY

Telephone: 01383 733 163

Type of inspection:
Unannounced

Completed on:
25 September 2024

Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2012311915

About the service

Abbotsford Care, Dunfermline, is a care home situated close to the centre of Dunfermline with good access to transport links and local amenities. The home is registered to provide care to a maximum of 48 older people, and 12 younger adults.

The home is known as Headwell House, the provider is Abbotsford Care Ltd. Accommodation is provided in four units across two floors. The two larger units have open plan living/dining spaces, whilst the smaller units have a kitchen/diner and separate living room. Outdoor areas can be accessed from the ground floor and parking is available to the front of the building.

About the inspection

This was an unannounced follow up inspection which took place on 24 September. 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 four people using the service
- spoke with two staff and management
- observed practice and daily life
- reviewed documents

Key messages

The service continues to develop personal plans.

Managers continue to demonstrate an ongoing commitment towards improvement.

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

Requirements

Requirement 1

By 26 August 2024 the provider must protect the health, wellbeing and safety of people, with particular consideration to stress and distress. In order to do this the provider must at a minimum:

- a) ensure personal plans reflect the current support needs of the individual.
- b) ensure relevant risk assessments are in place, regularly reviewed and provide directive guidance for staff to support a consistent approach towards support.
- c) ensure protocols for as required (PRN) medication are in place, regularly reviewed and provide directive guidance for staff to support a consistent approach towards administration of PRN medication.

This is to comply with Regulation 4(1)(a) and 5(b)(ii) and 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) and "My care and support meets my needs and is right for me" (HSCS 1.19).

This requirement was made on 30 May 2024.

Action taken on previous requirement

We sampled personal plans, including specific stress and distress documentation. We found people had stress and distress care plans in place where there had been an identified need. Assessment tools had been used by the service to inform personal plans. People could be confident the service had taken steps to identify where stress and distress care plans were required and used recognised assessment tools to inform these.

Personal plans we sampled included essential information and guidance for staff to inform their approach when supporting people. We found plans which had been reviewed recently in order to ensure accurate information was included.

We sampled PRN protocols. The service had updated all PRN protocols we sampled. These included essential information for staff about when to consider the administration of PRN medication. People could feel confident protocols supported a more consistent approach towards administration of medication.

The service was completing records when people had experienced stress and distress. Where staff had used distraction techniques to support people, recording was minimal. The service could further develop how they

review individual stress and distress reactions. We suggested the service review the information being recorded and enhance it by including clearer information about specific approaches/techniques which had been successful or not in reducing distress. This would support the service when planning future care and supporting staff development.

As a result this requirement was 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

The provider should ensure that all personal plans are regularly reviewed and evaluated and accurately reflect people's changing healthcare needs.

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 14 July 2023.

This area for improvement was made on 14 July 2023.

Action taken since then

We sampled personal plans at the service. We found examples where personal plans had been reviewed and updated. We found further evidence of thorough audits having taken place for some aspects of personal planning. The service had made progress towards meeting this area for improvement. However, some personal plans were yet to be reviewed and evaluated. The service continues to work towards reviewing and evaluating care plans to ensure they reflect people's health care needs.

This area for improvement remains.

Previous area for improvement 2

The service should ensure that preferred methods of contact for representatives regarding changes to health and wellbeing are established on admission and are reviewed and updated as required.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

This area for improvement was made on 4 April 2023.

This area for improvement was made on 4 April 2023.

Action taken since then

We did not assess this area for improvement at this inspection. This area for improvement remains.

Previous area for improvement 3

To support people's health and wellbeing the service should ensure medication is managed in accordance with best practice guidance. Medication records should be completed consistently and out of date medication discarded safely.

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

This area for improvement was made on 30 May 2024.

Action taken since then

We did not assess this area for improvement at this inspection. This area for improvement remains.

Previous area for improvement 4

To support people's independence and choice, the provider should ensure staff enable people to make choices during meal times. This should include but is not limited to where people choose to eat their meals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me (HSCS 3.13).

This area for improvement was made on 30 May 2024.

Action taken since then

We did not assess this area for improvement at this inspection. This area for improvement remains.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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