

Abbey Lodge Care Home Care Home Service

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Telephone: 01355 266 622

Type of inspection:
Unannounced

Completed on:
13 November 2024

Service provided by:
Abbey Healthcare Homes (East
Kilbride) Limited

Service provider number:
SP2004004066

Service no:
CS2003041409

About the service

Abbey Lodge Care Home is a purpose-built care home registered to provide a care service to a maximum of 80 older people. The provider is Abbey Healthcare (East Kilbride) Limited. The care home is situated in the Murray area of East Kilbride. It has easy access to local amenities and transport links.

The home is on three levels, two of which are for use by residents. Each floor has single occupancy bedrooms with en-suite shower facilities. There is a passenger lift providing access to the upper floor. There is a communal lounge, dining area and two additional bathrooms on each floor.

Residents have access to well laid out, secure gardens which offer places to sit for people to enjoy being outside. There are car parking spaces to the front of the building.

At the time of this inspection there were 79 people living at the home.

About the inspection

This was an unannounced inspection which took place between 11 and 13 November 2024 between 07:30 and 16:15. The inspection was carried out by three 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 16 people using the service and three of their friends and family;
- spoke with 14 staff and management;
- received feedback from external professionals;
- observed practice and daily life, and
- reviewed documents.

Key messages

- People experienced very good outcomes and were supported by compassionate and caring staff.
- People received responsive care and support as there was effective monitoring of people's health and wellbeing.
- Robust quality assurance systems provided the management team with effective oversight of how the service was performing.
- Staff were available and responsive to meet the needs of people, and we saw good relationships between staff and the people supported.
- Refurbishment of the environment was ongoing and we saw improvements to the presentation of the home.
- Personal plans should be developed to ensure they are reflective of people's values, beliefs and life history.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were cared for in a kind and compassionate manner. We heard staff and residents having fun together as well as opportunities for reassurance and support when this was needed. People told us "This is a lovely place to live, the staff get to know us but they also let us get to know them. Some of them are really funny and they put a smile on my face". This ensures people are treated with warmth and respect.

People were supported to spend their time in ways that were meaningful for them. There were opportunities to take part in group and 1:1 activities within the home and community. People told us they enjoyed the trips on the bus to the local shops and café, while others were able to take part in everyday tasks such as setting the table. The provider recognised that supporting social engagement and interaction was integral to maintaining their physical, emotional and psychological health and wellbeing.

People's health benefited from the care and support provided. There was very good systems to support effective monitoring of people's health. People had access to a range of health professionals. We saw onward referrals to dieticians, district nurses and speech and language therapy. The home had good working links with the local GP practice who visited the home on a regular basis. This ensures people receive responsive timely care to meet changes to their needs.

Staff knew people well and were attentive and responsive to their changing health care needs. Families told us there was good communication with the home. They felt confident that any changes to their relative's needs would be acted on quickly. This meant the service was being responsive to ensure people experienced good outcomes in relation to their health and wellbeing.

The service has used a person-centred approach to care planning. People and their families were involved in decision making. Families told us they had attended care plan review meetings and were kept up to date with any changes to their relative's care needs. This helped families to have confidence and trust in the service.

Personal plans were in place for health related conditions. Plans provided the detailed information and guidance staff required to deliver safe, consistent and effective care and support. Personal plans were reviewed regularly so we were assured that people's current needs continued to be assessed and met.

Meal times were well organised, and we observed people enjoying their meals. People were offered a choice of good quality balanced meals, and there were opportunities to offer feedback and get involved in menu planning via resident meetings. Staffing levels during meal times were appropriate to meet the needs of people who required support with eating and drinking. Out with meal times snacks and drinks were available, and staff had an awareness of people's needs to ensure people's nutritional needs were met. This supports good outcomes for people.

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.

There had been a number of changes to the registered manager since the last inspection, with a new registered manager recently in post. Most people spoke positively about the management team, and told us they were approachable, responsive and supportive. We heard about arranged and planned opportunities to support with relationship building between residents, relatives and staff with the new manager. This will support people to develop confidence and trust in the management and leadership team.

Abbey Lodge Care Home had an effective and robust quality assurance system in place to monitor standards of care and the quality of staff. There was a range of weekly and monthly audits in place to drive forward improvement. This included monitoring from senior and external management team. We saw evidence of staff completing observations of practice such as medication management and daily walk arounds. As a result, key areas of practice were robust and safe.

The management and staff team demonstrated an understanding about what was working well and what improvements were needed within the service. A service improvement plan was in place and the home had completed a self-evaluation of how the service was performing. There were opportunities for people to share feedback and influence service developments. Regular resident, relative and staff meetings were taking place, as well as regular surveys and questionnaires. This approach supports a culture of continuous improvements and ensures people feel involved.

Staff told us they felt supported in their roles and had opportunities for professional development. Staff supervisions were taking place although the frequency was not in line with the company policy. The management team had already identified this as a targeted area of improvement in the service. We highlighted that the completed supervisions were of varying quality. We discussed with the management team ways these could be further developed to ensure supervision is a two way process that supports reflective practice and staff's ongoing development.

The service had a culture of learning. 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. People felt assured that if they had any concerns these would be dealt with effectively. This ensures people are kept safe from harm and good standards of care are maintained.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People told us they had confidence in the staff team. One person told us "The staff are lovely they're really kind to me. They're there whenever I need them". Staff interactions were warm, sensitive and respectful. Staff had a good understanding of people's personalities, likes and dislikes which was clearly evidenced during observations of practice. This assured us people benefitted from a warm atmosphere because there were good working relationships.

There had been a number of new staff since the last inspection however we heard that staff knew people well. There was an effective induction and mentoring system in place, facilitated by a supportive team of longstanding staff who shared the values of the service. This positive role modelling ensured that staff were supported to develop the necessary skills, knowledge and abilities to deliver high quality care and support.

Staff recognised good conversations as an important aspect of their role and staffing arrangements

supported this. Staff told us there had been recent improvements to staffing arrangements and they now had the opportunity to spend quality time with people to foster meaningful connections. We heard staff and residents having fun together as well as opportunities for reassurance and support when this was needed. This helps to reduce the risk of loneliness and demonstrates good values around promoting and developing meaningful connections.

Staffing arrangements were effective to meet people's needs. Staff were visible and responsive to people's needs. A staffing method was used to determine appropriate staffing levels required in the home based on a range of factors including the changing needs of people. This assured us that the right number of staff with the right skills were available to meet people's needs.

Staff worked well together. Staff we spoke to told us they were happy in their roles and felt supported as part of a team. Rota's were planned to ensure there was a range of skills and abilities of staff and we observed staff helping each other by being flexible in response to changing situations. This approach ensures care and support is consistent and stable.

Staff had access to the right information to meet people's needs. There were processes in place to keep staff up to date with changes in people's needs, and we observed effective communication between staff. Communication was shared in a person centred manner to ensure people had the support they required. This supports people to have confidence in the staff team.

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.

The home was fresh, homely and good infection control was promoted throughout the environment. People told us they liked their rooms and were able to personalise them to their liking. This meant that the environment supported good outcomes for people by giving them a comfortable and clean place to live.

The provider was investing in the refurbishment of the building with bedrooms and communal areas being upgraded. We saw improvements had been made to the quality of furnishings and décor in the home. There had been recent refurbishments to the dining area downstairs and we saw attention to detail to ensure people dine with dignity. Ongoing environmental improvements will ensure that people experience high quality facilities.

Signage was available to support wayfinding and independence in the home. Bedroom doors had been personalised to provide staff with information about what was important to people. Consideration had been given to good practice guidance for people living with dementia which supported good outcomes for people.

Communal lounge and dining areas were well used by the residents and created a lively atmosphere. The management team shared their plans to create a quieter space by developing a sensory room for residents to access. This will support people to choose where they wish to spend their time ensuring the right to privacy when they want.

People should have access to outdoor space and fresh air. People had access to a secure garden area which was well maintained. The location of Abbey Lodge provided people living there with easy access to the local community. There was good transport links and residents were supported to utilise these accompanied by staff. This provides opportunities for social connection and community integration.

There were planned arrangements for monitoring and maintenance of the home and equipment to ensure people were safe. We highlighted an adjustment to the use of the laundry room to support the safe management of linens which the management team addressed immediately. There continues to be oversight and monitoring of the laundry processes by the management team to ensure these are effective and efficient.

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 recorded on an electronic system and were detailed and comprehensive documents. They were easy for staff to follow, providing details of people's healthcare needs, abilities and choices. This helped give staff a good understanding of the support required to keep people safe and well.

Plans we reviewed lacked in quality information on people's life history, values and personalities. We discussed with the management team how information could be captured to provide an overview of people's character, background and what matters to them. Improvements should be made to ensure personal plans capture person centered information and give a sense of who the person is. This will ensure care is delivered in line with people's values and wishes. (See area for improvement 1).

People's end of life choices were respected and some people had future care planning documented within their personal plans. The service had been working alongside external healthcare professionals to make improvements to documented plans for end of life care. Updated future care plans were detailed and personal about what was important to people, however other's required further development. Ongoing improvements will continue to support good conversations and decision-making around what is important to people and their wishes for future care. This promotes choice, control and empowerment.

Personal plans and risk assessments gave clear and detailed guidance for staff when dealing with stress and distressed behaviours. These provided information on the best ways to support people to feel in control and remain safe. This helped staff to recognise, intervene and reduce individuals' levels of distress.

Areas for improvement

1. To support better outcomes for people, the provider should ensure personal plans capture people's life history, values and what matters to them. Consideration should be given to how people get a copy of their personal plan in a format that best suits them.

This is to ensure that care and support is in line with the Health and Social Care Standards (HSCS) which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17); 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).

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 people, and where appropriate their families, are supported to discuss and develop anticipatory care plans. These should include people's wishes to meet their future care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.4).

This area for improvement was made on 1 February 2024.

Action taken since then

The service had been working to make improvements to future care planning for people in the home. Nursing staff had recently completed training on end of life care to support service improvements. We heard about opportunities that had been offered to give families and residents the chance to have good conversations around future care planning. The management team had identified that further work is required to support people to fully engage in this process.

The service had been working alongside external healthcare professionals and future care plans had begun to be developed for people using the ReSPECT document. Completed future care plans were of a good standard, giving valuable detail on how people wish to be cared for. We highlighted some discrepancies in future care plans held for people in different formats.

Ongoing improvements are needed to further progress and consolidate the developments in future care planning for all residents within the service.

This area for improvement has not been met and will be repeated.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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

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