

Abbeydale Court Care Centre Care Home Service

138 Strathaven Road
Hamilton
ML3 7TN

Telephone: 01698 536 200

Type of inspection:
Unannounced

Completed on:
26 November 2024

Service provided by:
Abbey Healthcare (Hamilton) Ltd

Service provider number:
SP2017012945

Service no:
CS2017358108

About the service

Abbeydale Court Care Centre is registered to provide a care home service to a maximum of 109 older people. Within the 109 places there can be up to a maximum of 10 places for older adults aged 50 years and above with care and support needs associated with ageing. The provider is Abbey Healthcare (Hamilton) Limited.

The purpose built care home is situated in a residential area of Hamilton. It has easy access to local amenities and transport links.

The home is built on four levels, three of which are occupied by residents within single rooms with en-suite shower facilities. Each floor has spacious dining rooms and lounges, as well as access to communal bathing facilities. Residents have access to additional spaces including a cinema and hair salon. There is a passenger lift providing access to all floors.

Residents have access to attractively laid out, secure gardens and there is a balcony on the upper floor which overlooks the gardens. Visitor parking is available in the grounds of the service.

At the time of this inspection there were 104 people living at the home.

About the inspection

This was a follow-up inspection which took place between the hours of 09:30 and 19:00 on 25 and 26 November 2024. The inspection was carried out by one inspector 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 seven people using the service and five of their relatives;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents.

This follow-up inspection focused on the requirements and areas for improvement made during the previous inspection and evaluated how the service had addressed these to improve outcomes for people. During this follow-up inspection, we increased the evaluation for quality indicator 2.2 to good because the service had made progress by building on key strengths.

Key messages

- People told us staff were kind and caring to them, and we saw warm and pleasant interactions between staff and the people in the home.
- The service should continue to promote and embed a culture of meaningful connection to support socialisation and good relationships.
- Improvements had been made to the monitoring and oversight of staff recruitment processes, ensuring people were safely recruited.
- Staff now had access to regular supervisions and team meetings.
- Environmental safety checks were taking place and ongoing refurbishments meant that people lived in a safe environment that was fit for purpose.
- Personal plans for people who experience stress and distress had improved, assuring us staff had the required information to meet people's needs.
- Improvement was evident in all required areas made during the previous inspection. As a result, people's needs were being met more effectively.

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 good is our leadership?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

4 - Good

The improvements found at this visit has resulted in the evaluation for this key question changing from adequate to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Improvements had been made to ensure there was effective oversight and monitoring of staff recruitment and safety checks were in place. Staff supervisions and team meetings were now taking place on a more regular basis.

We have reported on our findings under the following sections:

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

and

"What the service has done to meet any areas for improvement made at or since the last inspection."

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

Requirements

Requirement 1

By 18 November 2024, the provider must improve oversight and monitoring of staff recruitment to ensure all staff are appropriately recruited and have all the necessary safety checks in place in line with company policy and best practice guidance.

This is in order to comply with Regulation 9 of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulation 2011 (SSI2011/210).

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes.'
(HSCS 4.19)

This requirement was made on 3 September 2024.

Action taken on previous requirement

Improvements had been made to the oversight and monitoring of staff recruitment. We saw evidence that staff were safely recruited in line with best practice "Safer recruitment through better recruitment." Care Inspectorate staff files were well organised and we saw evidence of the appropriate safety checks taking place and being recorded.

The management team now had an overview of all safety checks for staff within the service, which was audited monthly. We saw evidence of timely action taking place to ensure staff checks remain in line with company policy and best practice.

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

To meet the social, physical and psychological needs of the people living in the service the provider should promote a culture of meaningful connection. This should include but not limited to:

- a) increased observations of the lived experience of residents;
- b) training and positive role modelling for staff through consideration of staff champion roles; and
- c) personal plans are developed to capture what meaningful connection means for each person including how to engage in meaningful conversations based on resident's interest, life history and communication preferences.

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

This area for improvement was made on 9 August 2024.

Action taken since then

Observations of staff practice relating to dignity, respect and staff interactions had commenced very recently in the home. The management team discussed their planned approach to continue to roll out structured observations to capture the lived experience of residents. This will support staff to develop good practice.

We observed some kind, caring and supportive interactions between staff and residents. We also continued to see some missed opportunities for meaningful engagement and highlighted the risk that staff become "task focused" during busy periods. The management team are continuing to monitor staffing levels with evidence of adjustments made to ensure staff have time for meaningful contacts with people living in the home.

A staff champion had been identified however had not yet commenced in her role. Further time is needed to establish this role and how to support and encourage improved practice.

Some personal plans we reviewed held very good information to capture people's interest, values and life history. This will support staff to develop meaningful relationships and engage in good conversations with people. We highlighted other plans that could be further developed to ensure they capture what is meaningful and important to people.

Ongoing developments should focus on promoting and embedding a culture of meaningful connection within the home. This will reduce the risk of isolation and loneliness, and support better outcomes.

This area for improvement has not been met.

Previous area for improvement 2

To ensure people experience interventions that are safe and effective, as required medication protocols should contain clear, up to date and accurate guidance on when medication should be administered including the steps to take prior to administration.

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

This area for improvement was made on 9 August 2024.

Action taken since then

As required medication protocols were in place and provided basic information for staff. We reviewed medication care plans however found these did not always effectively capture what steps staff should take prior to administration. We made suggestions of ways these could be improved to ensure they clearly and effectively capture this information for people.

This area for improvement has not been met.

Previous area for improvement 3

To support staff to feel valued, listened to and their views and suggestions are taken into account. The provider should ensure staff have the opportunity of attend regular supervision and staff meetings. Issues and suggestions from these meetings should be included within an action plan with evidence of actions taken until resolved and positively concluded.

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

This area for improvement was made on 3 April 2023.

Action taken since then

Staff meetings were now taking place on a regular and consistent basis for all staff within the home, and we saw evidence of improved engagement. Minutes we reviewed captured points of discussion however some recordings were better than others. We highlighted to the management team improvements that could continue to be made to ensure meetings are clearly recorded including any staff involvement and agreed actions.

Staff told us that they had access to team meetings and supervision, and feedback on their experience was positive. This will support staff to feel valued and listened to.

We saw improvements had been made to ensure staff had regular access to supervision in line with the company policy. A staff development need had been identified and training had taken place to support supervisors in their role. This will ensure that supervision remains a valuable process supportive of reflective practice and continuous professional development.

This area for improvement has been met.

Previous area for improvement 4

To ensure people live in a setting which is safe and meets their needs, the provider should ensure there are effective systems and processes to monitor environmental safety and security.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment."
(HSCS 5.24)

This area for improvement was made on 9 August 2024.

Action taken since then

Following a significant incident in the home, the service had increased their environmental safety checks. We saw evidence of these being completed on a regular basis by staff who were confident in their roles. Management environmental walk arounds were taking place including out of hours visits. This supports improvements to oversight and ensures a safe and effective environment.

The home had made environmental improvements through the installation of external CCTV. We heard about further plans to install additional CCTV as well as ongoing refurbishments in the home. It was positive to see that people living at Abbeydale along with their relatives had been involved in this process. This gave assurances that people lived in a environment that was fit for purpose.

During our visit we heard call alert alarms sounding continually in the home. The management team acknowledged the potential risk this could have if sensor alarms and call alerts are not used effectively. The management team gave assurances they are addressing this matter to make improvements to the use of technology to ensure people's needs continue to be met. People told us staff were available and responsive to their needs and the management team continue to monitor this.

This area for improvement has been met.

Previous area for improvement 5

To ensure people experience care and support that is right for them, personal plans for people who experience increased stress and anxiety should be improved. Information should clearly direct staff on strategies to recognise, support and reduce levels of stress or distress experienced, including any relevant medication protocols.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 9 August 2024.

Action taken since then

Personal plans for stress and distress were in place for people who required them. Plans were updated monthly and we saw improvements to the detail captured to guide staff on how best to support people. Plans we reviewed contained personalised information to support staff to recognise and respond effectively to people who may be experiencing stress and anxiety. One personal plan we reviewed did not directly link to the relevant "as required" medication protocol which the management team agreed to address to make clearer. We observed staff responding appropriately to people offering care and reassurance to minimise people's experience of distress.

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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