

Abbotsford Care, Glenrothes Care Home Service

Strathburn Drive
Glenrothes
KY7 4UQ

Telephone: 01592 631 333

Type of inspection:
Unannounced

Completed on:
15 January 2025

Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2010248949

About the service

Abbotsford Care, Glenrothes (Strathburn Lodge) is a single storey care home situated in a residential area of Glenrothes. The home provides care and support for up to 40 people including older people, people living with dementia, dementia related illnesses and people under 65 who have mental and physical health conditions.

The care home has four units, each with its own dining area and lounge. There are attractive, accessible garden grounds around the home with a variety of seating areas. The home is centrally located, with good access to local amenities and bus routes.

About the inspection

This was an unannounced follow up inspection which took place on 15 January 2025. 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 2 people using the service
- spoke with 3 staff and management
- observed practice and daily life
- reviewed documents

Key messages

This was a follow up inspection

Staff compliance with training had significantly improved

Quality assurance systems were being implemented

Managers demonstrated an ongoing commitment towards improving outcomes for people

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

Requirements

Requirement 1

By 13 January 2024 you must ensure that people receiving care experience a service with well trained staff. In particular, you must ensure that all relevant staff receive and record completion of training in relation to Moving and Handling of People and Infection Prevention Control, and other relevant training, where it is appropriate to the role performed by the staff member to meet the assessed care and support needs of people receiving care.

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 to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 21 October 2024.

Action taken on previous requirement

The service had made considerable progress towards addressing the gaps in staff training since the last inspection. Most staff had undertaken Moving and Handling and Infection Prevention Control (IPC) training. Other staff were in the process of completing this training. The manager discussed the work undertaken to ensure staff were aware of the importance of keeping training up to date.

Managers had systems in place to support clear oversight of compliance with training, including when courses were due to be updated. Where staff had not made progress towards addressing gaps in their training, initial disciplinary proceedings had taken place. We were reassured by the progress made towards addressing staff compliance with mandatory training. People could feel increasingly confident they were supported by staff who had the knowledge and skills to support them well.

Managers were in the process of developing training associated with the management of accidents and incidents. Managers had identified this as an area for development via quality assurance processes. People could be reassured managers were taking steps to identify learning needs within the staff team and address these.

The provider should continue to work towards improving staff compliance with training and ensure training is consistently kept up to date.

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

In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. This should include meaningful engagement with people who experience advanced physical and/or cognitive impairment.

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)

This area for improvement was made on 21 October 2024.

Action taken since then

At the time of inspection, the service was engaging in an improvement programme. Their area of focus was meaningful engagement. The manager discussed their current specific focus on one individual. Staff provided support to identify person centred goals and implement a plan to achieve these. Feedback about this process from the individual was positive.

The service had made progress towards meeting this area for improvement. Managers should further explore how they engage other people living in the service to spend time in a way which is meaningful to them.

As a result, this area for improvement had not been met.

Previous area for improvement 2

The provider should ensure that audit processes are effective and fully utilised to support the identification of areas for improvement. The provider should then take action to ensure improvements are made within a timely manner, to support positive outcomes for people.

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

This area for improvement was made on 21 October 2024.

Action taken since then

We discussed progress towards this area for improvement with the registered manager. They reported audits which had previously lapsed had now been undertaken in retrospect. Additionally, quality assurance processes had been reimplemented. Managers were working towards addressing identified staff learning and development needs. The provider had recently prompted an internal review during the night shift. We were able to review this report which identified different areas for development within the service. People could be satisfied that the service were undertaking their own quality assurance processes, identifying areas for improvement and considering how outcomes could be improved.

The service had made progress towards meeting this area for improvement. The service should continue to consistently implement audits and address areas for improvement as they are identified. People should expect changes which are made to have a positive impact on their outcomes.

This area for improvement was not met. We will further assess this area for improvement at our next inspection.

Previous area for improvement 3

Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should develop systems to support oversight of when supervision and appraisals have taken place and when they should be undertaken again.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 21 October 2024.

Action taken since then

Managers and senior staff had begun to undertake supervision with staff. Managers had developed systems to support oversight of supervisions which had taken place and when. Managers and senior staff continue to work towards ensuring all staff benefit from supervision sessions and receive these on a regular basis.

The service had made some progress towards meeting this area for improvement. We will reassess this area for improvement at the next inspection.

Previous area for improvement 4

The service should be able to demonstrate staffing levels, skill mix and deployment of staff contribute to supporting the emotional and physical wellbeing of people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people' (HSCS 3.15) 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 21 October 2024.

Action taken since then

There have been changes with regards to the deployment of staff since the last inspection. Each unit within the service now has an allocated senior staff member. Each senior should now have oversight of people's care plans, reviews and undertake aspects of associated quality assurance. This continuity should support improved oversight of individual's care and support.

The service had a few staff vacancies for which the provider continues to recruit. Where new staff had started, they had been supported by other established members of the team. The manager reports new staff had spent time shadowing in each unit prior to being allocated a unit which they were primarily based in.

Managers continue to take steps to upskill the staff team, via a variety of training and development opportunities.

The service had made progress towards meeting this area for improvement. The provider should continue to work towards upskilling staff and evaluating where staff are best deployed based on the support needs of people living in the service.

This area for improvement has not been met. We will reassess this area for improvement at the next inspection.

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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