

Abbeyfield House Care Home Care Home Service

55 Meldrum Road
Kirkcaldy
KY2 5HY

Telephone: 01592 205 491

Type of inspection:
Unannounced

Completed on:
7 March 2025

Service provided by:
Abbeyfield Kirkcaldy Society Ltd

Service provider number:
SP2005007526

Service no:
CS2003007083

About the service

Abbeyfield House Care Home is an established care home for older people situated in a residential area of Kirkcaldy. The care home is owned by the Abbeyfield Society which is a registered charity.

Accommodation is provided in a large Victorian building with a modern extension, providing care for up to 30 people. It has accommodation over two floors with a passenger lift in place.

The home benefits from a number of communal areas including a large conservatory which leads into the gardens. Abbeyfield House sits in attractive, landscaped gardens which are well used by the people living there.

About the inspection

This was an unannounced inspection which took place on 4 and 5 March 2025. 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 eight people using the service and five of their relatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People experienced meaningful days.
- People enjoyed good quality meals.
- Staff responded promptly to people's needs.
- Medication records would benefit from improvement.
- Personal plans were not consistently reflective of people's support needs.

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 staff team?	5 - Very 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 there are a number of important strengths which, taken together, clearly outweighed areas for improvement.

Staff demonstrated compassion and care when assisting individuals. It was apparent that staff held the people they supported in high regard. Comments from people included "they have good manners" and "they are kind, very kind". We were satisfied that positive and trusting relationships had been built by people using the service and the staff providing their care and support.

There was a range of opportunities for people to engage in including group and one-to-one activity, both in the community and within the service. People told us they felt they had ample opportunity to experience meaningful days. Comments from relatives included: "They have a social life that they haven't had for years." Staff were flexible when planning activities and whilst there was some structure, were able to respond to views of people on the day.

People enjoyed mealtimes which were relaxed and unhurried. Staff knew people and their preferences well. We spoke with kitchen staff who planned and prepared meals and snacks. Kitchen staff attended resident meetings, actively sought feedback and implemented changes to menus on an ongoing basis. People told us they enjoyed the meals they received which were of good quality. People benefited from a variety of foods in line with their choices and preferences. People also enjoyed foods associated with different occasions and events including birthdays.

The service regularly gathered feedback from people and relatives about their experiences. The manager discussed a variety of ways feedback was captured which included questionnaires and meetings. Regular resident and relative meetings took place and people were encouraged to give honest feedback. People could feel confident their views were valued and used to inform future improvement.

Medication was managed and administered by senior care staff. We found medicines, including controlled drugs, were being stored safely and securely. We found records which demonstrated medication was being administered as prescribed. We found some examples where people were not in the service during times they would usually receive medication. As a result, this medication was not given. Staff told us when people were going out they were always offered their medication to take with them. However, records did not clearly indicate this. It is necessary that the service take reasonable steps to ensure people receive the right medication at the right time. Where a person or their representative makes a decision not to take medication as prescribed this should be clearly documented. We asked the service to review recording of missed medication. As a result, we made an area for improvement (see area for improvement 1).

We reviewed the management of 'as required' (PRN) medications. Whilst we found protocols in place for some medications, this was inconsistent. The information included in protocols was not sufficient to guide staff in the consistent administration of these medications. We sampled records which showed PRN medications to manage pain were being offered regularly. However, we were concerned about instances where people were unable to verbally articulate when they required PRN, including for the use of agitation or distress. We found examples where staff had utilised this medication, however we could not be confident practice was consistent. As a result, we made an area for improvement (see area for improvement 2).

We sampled personal plans and risk assessments. Some plans included good detail about how to support a person, however, this was not consistent. Where risk assessments had been undertaken, they were not always used to clearly inform personal plans. Where people required frequent support, care charts were not always completed to reflect this care had been given. Whilst we recognise people living in the service appeared to have been supported to maintain good physical health and wellbeing records did not demonstrate this. Without clear plans and care records people are at risk of falling standards. As a result, we made an area for improvement (see area for improvement 3).

We sampled records of falls which demonstrated people received prompt attention from staff to assess their physical health and emotional wellbeing immediately after. The manager had oversight of falls and considered any potential trends or patterns. The service utilised assistive technology for some, to reduce the risk of falls. Where someone suffered an unwitnessed fall, staff reported undertaking additional checks during a 24 hour period to assess for any potential injury. However, during inspection, the service was unable to demonstrate this practice had taken place. We could not be assured people were receiving appropriate checks post fall. As a result, we made an area for improvement (see area for improvement 4).

People had access to money 24/7 should they wish. The service had appropriate procedures in place to allow people access, whilst safeguarding their finances. People could be satisfied their money was being handled safely.

Areas for improvement

1. In order to promote people's health and welfare, the provider should ensure medication administration records include where medication has not been administered, why this decision has been made and by whom. The provider should seek appropriate medical advice about the potential risks associated with any missed medication and ensure discussions and documentation clearly reflect this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

2. In order to maintain people's health and wellbeing, the provider should ensure comprehensive protocols are in place to support the administration of as required medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

3. In order to maintain people's health and wellbeing, the provider should ensure personal plans are consistently reflective of people's current care and support needs and charts are completed in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

4. In order to maintain the safety of people living in the service, the provider should ensure appropriate post falls checks are undertaken, in line with best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our staff team?**5 - Very Good**

We evaluated this key question as very good where there were major strengths.

We observed staff who were kind and patient with people throughout the inspection. Staff demonstrated genuine warmth and clearly knew people well. People told us staff were "fantastically kind" and "committed". Visiting professionals also fed back about staff advocating on people's behalf to support positive outcomes.

Feedback from people and relatives was that staff were visible within the service. Throughout the inspection, staff were present in various areas of the home. There were enough staff to allow them to respond promptly to people's needs. We sampled staff rotas, including staff deployment and dependency assessments. We were reassured staffing arrangements were right both day and night. Managers had recognised a benefit to having more staff at different times of the day, based on people's needs and wishes, and during mealtimes. The service had responded to this and staffing numbers were higher during these times. This allowed staff to respond promptly to people. People could be reassured staff would be available to meet their needs at a time that was right for them.

The service employed a consistent staff team. The service did not rely on agency staff in any role. As a result, people benefited from staff who knew them well.

We observed staff working well together. Staff told us they felt part of a good team. Newer members of staff said they were welcomed and the induction period prepared them for their role. Staff said they felt confident asking each other questions if they were unsure and recognised the importance of continual development. People could be confident staff worked well together to support positive outcomes.

Staff were meeting regularly. Team meetings were being used to discuss service provision, share ideas and keep staff up-to-date with best practice. Minutes of meetings demonstrated good communication taking place across the staff team. There was evidence of forums being used to upskill care staff. It was clear the manager was committed to driving improvement.

Staff received regular supervision sessions with senior staff or the manager. We sampled records which evidenced good conversations taking place including feedback from colleagues. There was a focus on staff development and upskilling senior care staff. Visiting professionals fed back about staff "embracing" new responsibilities. People could feel confident staff development was a priority.

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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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