

# Abbeyfield House Care Home Care Home Service

1 Kilwinning Road  
Irvine  
KA12 8RR

Telephone: 01294 279 019

**Type of inspection:**  
Unannounced

**Completed on:**  
28 February 2025

**Service provided by:**  
abbeyfield irvine and district society

**Service provider number:**  
SP2005007525

**Service no:**  
CS2003001140

## About the service

Abbeyfield House Care Home is registered to provide a care home service to a maximum of 28 older people with two respite placements available at any one time. The provider is Abbeyfield House Care Home.

The service is located in a residential area of Irvine close to local amenities, transport links and walking distance from the town centre. The care home is a two-storey property that has been extended to provide bedrooms on the ground and upper floors with lounge and dining facilities on the lower level. All bedrooms have en-suite facilities including wet floor showers with four of the 24 rooms being double occupancy. Residents have access to a secure patio/garden area.

## About the inspection

This was an unannounced inspection which took place on 25, 26 and 28 February 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 seven people using the service and seven of their relatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Very good proactive and enthusiastic approach to activities, outings, events and entertainments that all staff are fully engaged with.
- Good consistent team of staff who demonstrate care and compassion in their daily interactions.
- Person-centred approach evident within the ethos and practice of the service, staff know people well and their individual preferences.
- New manager in post who has knowledge and experience of the care home.
- Residents and relatives we spoke to were very happy about the quality of the staff team and the care and support they provided.
- The care home environment was kept clean, tidy and had created a nice, homely atmosphere.

## 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 leadership?	4 - Good
How good is our staff team?	4 - 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?

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 was a good consistent team of care staff who knew individuals' preferences and care needs well. This helped to ensure people were cared for and supported by familiar faces and staff who knew them. This also gave relatives a level of confidence and reassurances that their loved ones were being cared for and looked after. This meant staff recognised and responded to any changes in people's presentation and wellbeing.

Interactions we observed between staff and residents were warm and caring. People benefitted from positive relationships, making the care home a pleasant place to live. We received many positive comments from people living in the care home and from the relatives we spoke to, who told us staff were kind, caring and helpful.

We reviewed a sample of the personal plans and found they were being reviewed regularly with the involvement of the individuals and their relatives. This helps to ensure they continue to meet people's needs and wishes. There was a range of health/wellbeing assessments used to identify people's needs and then appropriate care plans were put in place. When required, staff made appropriate referrals to external professionals and followed advice and guidance received. This helped to support people's health and general wellbeing.

There was an active and enthusiastic approach to ensuring that people had access to and joined in activities, outings, events and entertainment. Although there was designated activity staff, there was a very good ethos of inclusion and all staff joined in and engaged in the activity programme. This helped to ensure that everyone in the home benefitted and was able to engage in the activities, outings and events.

This level of activity and support was impressive, from getting people out and about. Staff also did various events and fund raising activities. We saw that staff assisted people with activities to meet their social and recreational needs. Some people had been supported to access the local community and a variety of events and entertainment had been arranged. This helped people to get the most out of life.

People's nutritional needs were supported well with good range of food and beverages available on the menu and any specific dietary requirements were also identified, assessed and provided for. The standard of the food on offer was of a good quality. There was a relaxed atmosphere at mealtimes. Where people required help to eat and drink, staff provided this in a kind and considerate manner. This meant that people were supported at a pace that suited them. The service planned to review the mealtime arrangements as part of the ongoing refurbishment programme and review (see area for improvement 1).

### Areas for improvement

1. To support people's health and wellbeing, the provider should continue to ensure that the quality of people's mealtime experiences is reviewed to ensure the best option arrangements and setting for mealtimes, given the restrictions and the available space within the environment are fully utilised.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35); and 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

## 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.

The service has a new manager who has worked in the home for several years and knows the people well and the staff this has helped to ensure continuity of management. There was good interactions and communication between the manager the staff team which helped to create good team dynamics and professional respect. This was evident in the discussion and communications observed during this inspection.

We saw that the staff team benefitted from discussions with nursing staff following adverse incidents within the service. This allowed an opportunity for reflection and changes to practice to be made when required.

People benefit from a culture of continuous improvement. Quality assurance systems help to identify where improvements are needed. Audit tools were available to support some quality assurance processes. As the new manager, we advised with regard to reviewing the quality assurance documentation and allow them time to establish the systems (see area for Improvement 1).

We saw evidence that team meetings had taken place. This allowed the staff team to share their views on the service. We asked the management team to review the frequency of formal staff meetings. The management team were approachable and visible within the care home and available to support staff where required. This made staff feel valued.

The manager routinely shared information and communication with relatives providing updates and which allowed relatives and friends close to the people living in the care home to be kept up to date with daily life.

Residents, relatives and staff spoke positively about the manager and her team of staff. Relatives we spoke with commented that if they had any issues they were dealt with promptly and professionally with good outcomes.

### Areas for improvement

1. The service and manager need to review the quality assurance documentation and ensure audits are meaningful and effective in identifying issues or concerns, but also to evaluate and analyse the data and information to inform changes and developments to further improve and enhance the service provided.

This is to ensure that care and support is consistent with the 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).

## How good is our staff team?

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 was a good consistent team of staff being led by good manager who has a visible presence within the home. This helped to create a good ethos of teamwork and staff working well together, which helped to support good positive outcomes for people. Relatives we spoke to commented on this and were appreciative of this, which gave them comfort and confidence that their loved ones were being cared for appropriately.

The manager ensured there was regular supervision and support sessions available to the staff team and this helped to give staff the opportunity to reflect on their daily practices but also consider their learning and development needs as well.

The service had implemented dependency assessments to ensure individuals' needs were properly reviewed, and this helped to deploy the staffing levels and skills of the staff team to deliver care and support that met the individuals' assessed needs. We also saw that staff were flexible and responsive to any changing needs of people and that the staff teams were supported and managed by competent senior staff to ensure people's needs were met accordingly.

The service had implemented several champion roles for staff to help take forward various topics related to the care needs of people living in the care home. Some of these included; management of falls and risk, pressure care, oral health and other areas of care. This helped to ensure individuals with these identified needs were supported with the most up-to-date and effective interventions.

We reviewed the recruitment procedures and saw the service had implemented appropriate and effective processes to ensure that anyone being employed within the care home were suitably vetted and checked prior to working with vulnerable adults. This gave reassurances to people living in the care home and their relatives that care staff were suitable and appropriate to work in care.

Feedback we received from people living in the care home and their relatives we spoke to was very positive about the quality of the entire team in Abbeyfield. This again helped to give reassurances and comfort to relatives that their loved ones were being looked after by competent, caring and knowledgeable staff.

## 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 had a good standard of cleanliness throughout, there were no offensive odours and the environment was homely and well presented. This was down to the hard work and effort by the domestic and housekeeping staff. The fabric and furnishings were appropriate and suitable for older people. We noted that domestic staff adhered to robust cleaning schedules.

The housekeeping team had good knowledge of their roles and responsibilities to ensure that cleanliness of the home was maintained. There were effective systems in place to ensure that there were good standards of cleanliness. We observed the domestic staff to be knowledgeable about cleaning products and their use.

We also noted how well they engaged with the people in the care home. We saw some really nice engagement and interactions.

We heard from the manager about the service provider's plans to refurbish areas of the home that were perhaps a bit dated and this will help to further improve the environment and standard of the home.

We reviewed the required servicing and maintenance arrangements within the home and found no issues of concern. All the necessary equipment within the home was appropriately checked and serviced as required by health and safety regulations. The maintenance records we checked were all up to date and demonstrated that regular checks of the equipment and safety of the home were completed. The maintenance worker had a good understanding of their role and was working hard to ensure that the home was safe to live in.

Our only advice was to streamline and archive older documentation and keep folders with the most up-to-date documentation to hand (see area for improvement 1).

### Areas for improvement

1. The provider needs to continue to invest in the upgrading and refurbishment of the care home environment. We heard about future plans for further refurbishment of various rooms within the home and this was encouraging. The manager and maintenance person need to streamline the documentation in relation to the servicing and maintenance records and archive older documentation.

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).

## 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.

We reviewed the care and support plans in place and noted these were person focused and provided good details of the individuals and their care and support needs but also importantly, they provided a good personal picture of that person and their character life history and preferences. This meant people were not just seen by the level of need and support they required but respected and cared for as an individual person.

We saw that the staff team involved people in their care arrangements including their relatives to ensure the person was supported in the way they would wish to be. This was clearly evident in all the interactions we witnessed during our inspection visits and the feedback from people and relatives we spoke to.

Care and support plans were up to date, which helped to guide staff about the agreed care for the person and ensured a consistent approach. Risk assessments were up to date and reflected into plans of care. This helped to minimise risk and safeguard people. The care plan documentation included good information regarding people's choices and people's preferred routines. This ensured that people's choices were respected. Care plans were being regularly reviewed and audited to ensure that they are reflective of

people's current care and support.

There were good comprehensive clinical governance processes in place which informed regular reviews and discussion about the management of individuals clinical risks. This ensured that people's healthcare needs were effectively supported. The staff had also built up good relationships and support for external medical and health professionals to ensure that people in the care home were properly supported and could access relevant health care depending on their individual health needs.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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