

Abbeycare (UK) Care Home Service

Erskine Mains
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Type of inspection:
Unannounced

Completed on:
11 March 2025

Service provided by:
Abbeycare (UK) Limited

Service provider number:
SP2016012724

Service no:
CS2016347332

About the service

Abbeycare (UK) is a care home for adults experiencing alcohol and/or substance misuse difficulties. It is situated in Erskine close to local transport links, shops and community services. The service provides medical and residential treatment for up to 34 people.

Abbeycare (UK) is a purpose-built care home with two floors. There is a large dining area and various lounges throughout the home. People have unrestricted access to a small kitchen area and vending machines with drinks and snacks.

Bedrooms are single occupancy with en suite shower facilities. There is unrestricted access to a large outside space to the rear and side of the service.

At the time of inspection 24 people were being supported by the service.

About the inspection

This was an unannounced inspection which took place at the service on 27 and 28 February between 09:30 and 21:00 and remotely on 1 and 8 March 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 nine people using the service and two of their relatives
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Management and staff knew each person well and were very good at building positive relationships with people and their families.
- People experienced very good compassionate, respectful, and person-centred care and support before, during and after their residential stay.
- Staff were highly motivated and committed to wanting to provide the very best support to people.
- There was clear information regarding staffing levels required to meet peoples needs, however staffing did not always meet the expectations. Recruitment was underway to add to the staff team.
- Service management should ensure staff training is up to date and relevant learning, reflection and development opportunities offered.

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 staff team?	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.

A wide range of support was available to people from the moment they enquired about the service. This allowed them to better prepare for entering the residential aspect of the service, receive intensive support during their stay and continue receiving ongoing support after discharge. This enhanced peoples' chances of success with their recovery.

While living in the service people were supported by various specialist services, including therapists and nurses. The expectations placed on individuals were high, with a focus on hard work and addressing the issues that led them to seek help. A person told us "I had forgotten how to laugh and it has been lovely hearing other people laughing and actually laughing myself".

People reported positive relationships with staff, who treated them with dignity and respect. Many appreciated that some staff members were in recovery themselves, which helped build trust as they felt staff understood their struggles. A person supported shared "I feel like we are not treated as second class citizens. All staff treat us with respect and like human beings. The empathy felt from staff is evident when you walk in the door."

People should have the choice to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. Support out with the service included planned trips to the gym, outdoor spaces and focused meetings throughout the week. The locations of meetings had been adapted based on peoples feedback and preferences. This encouraged development of connections and continued engagement with their recovery.

During the week, the schedule was structured, although weekends were less so. Some people felt that weekends were long, especially if they had no planned visits and when fewer staff were available. Based on feedback there had been some suggestions from the management team on how this time could be utilised, however people still felt they required something different. We discussed the possibility of some activities around physical or holistic health to further develop peoples experiences and wellbeing.

Additionally, the service supported family and friend connections. This included weekly visits to the service and visits home toward the end of the programme. We saw the length of these visits being adjusted when necessary, ensuring meaningful engagement and promoting peoples' wellbeing.

Although there was a set program, this was able to be adapted to meet individual needs. People shared that they appreciated the flexibility around mobile phone access when this was required, identifying this helped reduce stress and allowed them to focus on their recovery.

People should expect their meals and snacks to meet their cultural and dietary needs, beliefs and preferences. Overall, feedback about the food was positive, although some people felt there could be healthier options made from scratch with higher-quality ingredients. Some also shared that choosing meals a week in advance wasn't ideal. The management team agreed to explore this further and consider adaptations that could be made to this.

Feedback regarding job allocations was mixed. While most understood the need for it and enjoyed the responsibility, some people felt there could be more meaningful roles allocated. People also shared that they were not involved in deciding roles for the upcoming week. We discussed if there could be opportunities to explore having people represented in this process to support a more collective decision-making process.

Systems were in place for the safe recording and administration of medication. Protocols were in place where medication was prescribed "as required", but could be clearer to ensure consistency.

Care plans were in place for each client, with regular key working sessions to review and update them. Staff had access to electronic information which promoted consistency of support. However, detailed information on managing risks and legal requirements was not always recorded.

Several people expressed gratitude for the aftercare support available, giving them hope for continuing their recovery once they left the service. A person shared with us "Aftercare is really important and gives the impression right from the beginning that they are supporting you to deal with life once you leave here, makes it easier to see what life will be like afterwards". Many people shared how the support had positively impacted their lives, including opportunities for volunteering and mentoring after their stay.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths had a positive outcome for people and clearly outweighed areas for improvement.

People's care and support should be consistent and stable because people work together well. Staff shared that they felt the staff team worked well together, looking out for each other and offering help when needed. Staff had a good understanding of each other's roles and respected these, recognising how each role contributed to supporting clients' recovery.

Several staff members held champion roles integrated into their duties, which supported team development and shared responsibility for improving the service.

People can expect to have confidence in staff because they are trained, competent and skilled. A range of training opportunities were available for staff, however there was no detail of what should be completed with clear timescales. Staff reported that the training provided was of good quality and beneficial to their roles. Individual training plans were being developed, although there was no overview of training completed by the team. This made it difficult to identify any gaps in training. The service was responsive, during the inspection had begun working on developing a clear overview of completed training (please see area for improvement 1).

Medication observations and competency checks were carried out before staff assisted with medication, but these were not revisited. As a result, the manager did not always have assurances that staff supporting with medication continued to meet competency standards and adhered to good practice. It would be beneficial to record some narrative on observations, to give feedback on practice and encourage reflective thinking, particularly where the method used is discussion (please see area from improvement 1).

People's' needs should be met by the right number of people. The service had a planned staffing structure, which included a nurse and recovery support workers throughout the day and night and therapists during office hours. However, recent rotas showed that staffing expectations were often not met. There was no clear contingency plan in place, particularly at weekends when fewer staff were available. When short-staffed, staff would adjust the schedule and prioritise key working meetings. Recent recruitment efforts were underway, with new staff expected to join in the coming weeks to address staffing gaps.

Regular supervision was held, covering client related topics as well as personal discussions. Given the challenging nature of the work, it would be helpful to see more discussions on practice-based evidence, focusing on strengths and areas for improvement to encourage reflective practice.

Recovery support staff held regular team meetings discussing a variety of topics, including organisational and staff development. However, we heard the therapy team struggled to find time for team meetings. It would be beneficial to incorporate dedicated time into their schedules for ongoing team development.

Areas for improvement

1. To keep people safe the provider should ensure there is a training needs analysis completed for each of the roles across the service, with clear expectations of training to be completed with timescales.

The manager should have an overview of training completed to ensure all staff are equipped to keep people safe and promote the wellbeing on people supported.

Effective opportunities should be created to encourage staff development and reflection including supervision, team meetings and observations.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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' (HSC 3.14).

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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