

Raith Manor Care Home Service

1 Sunny Braes Court
Ferrard Road
Kirkcaldy
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Telephone: 01595 642 008

Type of inspection:
Unannounced

Completed on:
29 April 2025

Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2014334458

About the service

Raith Manor is a purpose built care home which was opened in 2015. The care home forms part of the Abbotsford Care Group and is located in a residential area of Kirkcaldy, close to the railway station and town centre.

The service is registered to provide 24-hour care and support to a maximum of 60 people, including older people, people living with dementia, and people with other physical and mental health needs. There were 57 people living there at the time of inspection.

Accommodation is provided over three floors with communal lounges, dining areas and bathrooms on each floor. Each bedroom has an ensuite. The home has a garden area and car park to the front.

About the inspection

This was an unannounced inspection which took place on 22, 23 and 24 April 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 11 people using the service
- spoke with six of their relatives
- spoke with 14 staff and management
- considered questionnaire feedback from five people using the service, six relatives and 27 staff
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals.

Key messages

- People experienced compassionate care and support.
- People experienced positive changes to their physical health as a result of their support.
- There was effective management oversight in place.
- Changes to staff deployment had had a positive impact.
- The service should make the environment more dementia friendly.
- Care planning was effective in most areas.
- Support for people who experienced stress and distress was inconsistent.

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?	3 - Adequate
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 made an evaluation of **Good** for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People experienced kind and compassionate care. It was clear that many carers knew people well, meaning that interactions were personal and meaningful. People should have confidence in the people who provide their care and support. Feedback we received was generally very positive. People living in the service told us, "I'm happy here" and "it's like a hotel!" Relatives were also positive about their loved one's experiences. One relative told us, "his experience has been very good" and another said, "there's nothing I'd change." We were confident that people were treated with warmth and respect.

People's health had improved following proactive intervention by staff. This included supporting people with wound care and making prompt referrals to other health professionals. External professionals we spoke to gave positive feedback about the service. They told us that the service were quick to make referrals, where necessary, and that their communication was good. One external professional told us, "we have an excellent working relationship" and another said, "they are proactive and engaging." We were confident that people received the right care and support at the right time.

People who were at high risk of low food and fluid intake were well supported. There were drink stations throughout the home for people to access and hot food, snacks and drinks were provided throughout the day. People had a choice of meals and menus were reviewed seasonally with the input of people living in the service. People told us, "the food is excellent" and "I always go for seconds!" Specific dietary requirements and preferences were documented in care plans and kitchen staff were aware of these needs. Where it was necessary to document people's food and fluid intake, this was done timeously. There was good managerial oversight of food and fluids as there was a regularly reviewed tracker in place to monitor intake and any associated risks. **An outstanding requirement has been met.** We were confident that positive food and fluid intake was being promoted.

Some activities took place during our inspection including karaoke, seated exercises and arts and crafts. We also heard about some people being supported to access the local community, including to go to Church. We found that the service had worked hard on documenting which activities people had taken part in and evaluating their experiences, however, we felt activity planning could be more person-centred. We asked the service to work on establishing people's life history, hobbies and preferences to inform their planning of activities. Some people who preferred not to take part in group activities had taken part in one-to-one sessions. However, we suggested that these sessions were not happening frequently enough. We also felt that some people did not have enough to do between activities and seemed bored at times. Although we saw good progress in this area, we asked the service to work on how they plan activities and meaningful days for people living in the care home. **An Area for Improvement has not been met and remains in place.**

The service should ensure that people who experience stress and distress are supported in a calm and relaxed environment. Multiple call bells sounded frequently in one of the units and although staff mostly responded to these quickly, the noise was often loud. We also asked that the service give consideration to when the TV and radio are on. We found that often one or both would be on high volume even though no one was engaged with them. We also saw instances of people leaving the room or signalling that they wanted the volume to be turned down. We were not confident that the environment was always conducive to supporting people who experience stress and distress. **See Area for Improvement 1 in the 'How well is our care and support planned?' section of this report.**

Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, recorded and evaluated on a regular basis.

This should include, but is not limited to, ensuring people who prefer not to take part in group activities are given the opportunity to experience a meaningful day in other ways.

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

'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)

and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership?

4 - Good

We made an evaluation of **Good** for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

A range of audits were being undertaken to check standards of care and support. Where issues were identified, these were addressed quickly. We found that staff at various levels of the service were involved in the audit and oversight process. This meant that there was a whole team commitment to driving improvement.

A new oversight tool had been introduced. This helped management to track people's changing health needs and take appropriate action quickly. It also allowed them to identify any trends or patterns in areas including accidents, incidents and falls. A whole home weights analysis took place, ensuring everyone was considered in analysis rather than just those who were at risk. We were confident that the management team had good clinical oversight of the service.

The oversight tool also included the service improvement plan which outlined recent changes and next steps for service improvement. We suggested the service expand this plan by drawing on suggestions from people and staff, from review meetings and team meetings. This would ensure that everyone is involved in changes and improvements to the service.

Feedback about the management team was positive. Staff and relatives told us the team was approachable and communicated well. One staff member told us, "it's a really supportive management team" and a relative said, "they are very helpful." We were confident that the management team was open to suggestions and ideas about how best to support people.

The management team had oversight of staff training levels. Mandatory training levels often appeared low, however, on further investigation we found this was because there were a significant number of mandatory training courses assigned to staff. There were also frequent instances of training having just gone out-of-date but with plans to renew. We suggested the service should design a tool to give a clear overview of all training which has been completed by each staff member, including online, in-person and delivered by external agencies. This would reduce the risk of the management team missing that someone may not have received training in key areas.

How good is our staff team?

4 - Good

We made an evaluation of **Good** for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

It is important that staffing arrangements are right and staff work well together. Staff deployment was generally well considered. The service had introduced a new 'Hostess' role to support staff at key times of the day, including mealtimes. They were also involved in promoting food and fluid intake and arranging activities. Staff feedback on this new role was positive. The service had also recently recruited new nursing staff. This meant that they would provide more consistency to people living in the service and their reliance on agency workers would be reduced. Care staff, including on the nightshift, told us they felt there were enough staff available in order to meet people's needs.

Staff received regular supervision. There was an organisational target of six-monthly supervision, however, many people chose to meet more frequently. Feedback about the supervisor was very positive. Staff told us, "she is so supportive" and "you can go to her with anything." Supervision meetings included discussions on performance, training, learning and development needs and observations of practice. These were also tracked in the management oversight tool. We were confident that the service promoted staff wellbeing and resilience.

We received good feedback about staff. One person told us, "the staff are excellent" and another said, "the staff are great, they keep me looking smart!" One relative told us, "staff are really caring and skilled." Consistency of care was promoted as much as possible. Each person living in the service was allocated a key worker who undertook their monthly reviews. People were involved in these meetings and in six-monthly review meetings. We suggested that six-monthly review meetings should be more detailed. We were confident that people were included in discussions about their care and support.

Staffing roles and responsibilities at key times of day could be made clearer to support people's wellbeing. Although the atmosphere in the home was generally calm and unrushed, some mealtimes we observed were loud and disorganised. This meant there was a risk that people did not always have a positive mealtime experience. We also noted inconsistencies in how staff supported people who experienced stress and distress. **See the 'How well is our care and support planned?' section of this report for further details.**

How good is our setting?

3 - Adequate

We evaluated this key question as **Adequate**, as strengths just outweighed weaknesses.

People were supported in an environment which was cleaned to a good standard, meaning people were living in a pleasant and dignified environment free from malodour or dirt. Domestic staff were visible throughout the inspection. We checked cleaning schedules and found all tasks were being completed regularly. The laundry was well organised and tidy. Regular audits helped to maintain standards. We were confident that the risk of infection spreading was reduced and people were kept safer as a result.

Maintenance records showed that equipment and utilities had been serviced and checked within recommended timescales. There was a clear process for reporting maintenance issues and these were resolved quickly. We could be confident that people were living in a safe environment.

The service should make improvements to the environment to ensure that it is dementia friendly. **See Requirement 1.** Some areas of the home lacked clear and contrasting signage to direct people who lived there to key areas, such as the lounge, dining room, bathrooms and bedrooms. We also found that some areas of the home were not being utilised well to support people with dementia. One communal room in particular was not being used at all. People living in the home would benefit from this area being utilised effectively, with consideration given to their needs and preferences. The service told us they had already received advice from external health professionals on this and were planning to make improvements as soon as possible.

The service should make improvements to ensure people with dementia have a positive mealtime experience. **See Requirement 1.** The TV and radio remained on during some mealtimes which contributed to a noisy environment. Whilst some people preferred to sit in chairs in the lounge to eat, there were no tables available to them. This was not conducive to promoting positive food and fluid intake. There were not enough clear indications that it was mealtime in the home. Although tables were set and photo menu cards were available, there were no tablecloths on tables and not enough tables for all those who might want them. People were supported to wear plastic aprons, rather than more homely ones, which would have been more dignified. We could not be confident that the environment was supporting people to retain as much independence and choice as possible.

The service should ensure that people who experience stress and distress are supported in a calm and relaxed environment. **See Area for Improvement 1 in the 'How well do we support people's wellbeing?' section of this report.**

Requirements

1. By 28 July 2025, the provider must ensure that people live in an environment which is dementia friendly.

To do this, the provider must, at a minimum:

- a) complete an environmental audit and create an action plan to track planned changes (the King's Fund Assessment Tool is recommended);
- b) design and use all available space within the home effectively, taking into account the needs and preferences of the people who live there;
- c) ensure that people's needs and preferences are considered at mealtimes; and
- d) monitor noise levels and take appropriate action should noise become intrusive.

This is to comply with Regulation 4(1)(a) and (b) 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:

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

How well is our care and support planned?

4 - Good

We made an evaluation of **Good** for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People's care and support was well planned. Clinical care was overseen at weekly clinical risk meetings for each of the three units. We also observed handover meetings at the start of each shift. Changes and developments were discussed in detail and actions were then planned. We were confident that people received the right support at the right time.

Record keeping was generally completed timeously and supported people's health needs. Records, charts and risk assessments showed that guidance from care plans and external health professionals was being followed. We saw documentation showing that people were being appropriately supported with positional changes, wound care, and food and fluid intake. We were confident that people's health needs were being met.

A range of assessments informed support plans. These were outcome focused and helped guide staff on how best to support people to meet their needs. They also highlighted people's personal preferences and wishes. However, information was not always easy to find within care plans as guidance concerning particular needs or outcomes was spread across different sections of the plan. Some staff told us they did not often have time to read through entire care plans and often relied on new information being passed on at handover meetings. We were confident that the staff we spoke to had a good understanding of people's needs, but we suggested the service should consider how their care plans are presented in order to make them more accessible.

Care planning to support people who experienced stress and distress was inconsistent. Staff we spoke to were able to tell us in detail about triggers which caused stress and distress, how to minimise the chance of people experiencing stress and distress, and how to respond if they did experience stress and distress. Support from external health professionals had been provided and training on the topic had been well received. However, some stress and distress care plans we looked at lacked detail and guidance. This meant that there was a risk of people experiencing stress and distress if they were being supported by new staff or staff who did not know them well. We found that records of stress and distress were not always detailed, in particular, they did not clearly state that the use of 'as required' medication had been a last resort, or what impact 'as required' medication had. We could not be confident that care plans always provided clear guidance to staff. **See Area for Improvement 1.**

Areas for improvement

1. To support people's wellbeing, the provider should ensure that people who experience stress and distress are supported appropriately.

To do this, the provider should, at a minimum:

- a) ensure that personal plans provide information to staff about possible contributing factors to stress and distress in order to prevent stress and distress from occurring if possible; how to support people during any episodes of stress and distress; any known triggers for stress and distress; and established methods to alleviate stress and distress;
- b) ensure the use of 'as required' medication for stress and distress is a last resort with all preceding actions and subsequent outcomes clearly documented; and
- c) ensure accurate and detailed records of stress and distress are kept, in order to identify possible patterns or trends and to support referrals to health professionals.

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

'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)

and

'My care and support meets my needs and is right for me' (HSCS 1.19).

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

Requirements

Requirement 1

By 10 February 2025, the provider must make proper provision for the health, welfare and safety of people using the service.

In particular, the provider must:

- a) ensure individuals have access to fluids throughout the day and night to promote good hydration;
- b) review the menu to ensure individuals have adequate choice and visual choice of meals;
- c) ensure accurate and reliable record keeping in relation to food and fluid intake and pressure area care;
- d) ensure the care team have access to clear and detailed guidance regarding individual's hydration, nutrition and pressure area care needs;
- e) ensure the care team have access to clear guidance of the risk to individuals of dehydration, under-nutrition and pressure sores; and
- f) ensure adequate management oversight of the risk assessment, care planning and record keeping regarding hydration, nutrition and pressure area care.

To be completed by: 10 February 2025

This is in order to comply with:

Health and Social Care Standard 1.15: '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.'

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 18 November 2024.

Action taken on previous requirement

People who were at high risk of low food and fluid intake were well supported. There were drink stations throughout the home for people to access and hot food, snacks and drinks were provided throughout the

day. People had a choice of meals and menus were reviewed seasonally with the input of people living in the service.

People told us, "the food is excellent" and "I always go for seconds!" Specific dietary requirements and preferences were documented in care plans and kitchen staff were aware of these needs. Where it was necessary to document people's food and fluid intake, this was done timeously. There was good managerial oversight of food and fluids as there was a regularly reviewed tracker in place to monitor intake and any associated risks. We were confident that positive food and fluid intake was being promoted.

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 promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, recorded and evaluated on a regular basis.

This should include, but is not limited to, ensuring people who prefer not to take part in group activities are given the opportunity to experience a meaningful day in other ways.

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

'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)

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 10 June 2024.

Action taken since then

Some activities took place during our inspection including karaoke, seated exercises and arts and crafts. We also heard about some people being supported to access the local community, including to go to Church. We found that the service had worked hard on documenting which activities people had taken part in and evaluating their experiences, however, we felt activity planning could be more person-centred. We asked the service to work on establishing people's life history, hobbies and preferences to inform their planning of activities.

Some people who preferred not to take part in group activities had taken part in one-to-one sessions. However, we suggested that these sessions were not happening frequently enough. We also felt that some people did not have enough to do between activities and seemed bored at times. Although we saw good progress in this area, we asked the service to work on how they plan activities and meaningful days for people.

This area for improvement has not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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