

Abbotsford Care, Methil Care Home Service

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Unannounced

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Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
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About the service

Abbotsford Care, Methil is a purpose-built, single storey care home located in a residential area of Methil. The home provides 24-hour care for a maximum of 28 older people and 10 people with mental health and personal/physical care needs. Accommodation is provided in three inter-connecting units, each with its own living room and separate kitchen/diner. The home benefits from a secure, enclosed courtyard, easily accessible from two units, as well as larger garden grounds surrounding the property. Adequate parking is provided to the front of the home. Local amenities are close by, many within walking distance of the home.

About the inspection

This was an unannounced inspection which took place on 4 and 5 February 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 12 people using the service and four of their relatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

People's physical health was being well managed

People and relatives had confidence in the leadership team

Staff were well supported in their roles

Steps were necessary to improve facilities within the home

Support plans provided detailed information to guide staff

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 evaluated this key question as 'good'. There were key strengths identified, with some improvements required to maximise wellbeing and promote continued improvement in people's experiences.

People's health should benefit from their care and support. People living in the service told us they felt well cared for, that "staff are all brilliant" and "has a good laugh with them [staff]." We observed practice that was unhurried, respectful and carried out by staff who knew people's needs well. We found evidence of the service seeking regular professional health care support and guidance to meet people's acute health care needs. A visiting health professional commented that the service showed willingness to further develop staff skills and knowledge, asking for additional training and guidance.

Our review of clinical care notes and assessments evidenced that people's care met their needs and was responsive. Charts that were in place to monitor food, fluid and pressure care, were completed consistently, and evaluated to ensure care continued to meet people's needs. This meant that people benefited from care that was comprehensive.

We observed mealtimes that were unhurried. Regular encouragement was offered to people to ensure they ate and drank well. Menus were designed with people's preferences in mind. People told us "3 good meals a day" and commented on the food "Oh its lovely" "braw". People's weight was being well maintained. Those with an adapted diet, were adhered to. We made suggestions around how kitchen staff record, clearly and accessibly, information about those with adapted or modified diets. This maintains a safe and healthy approach to nutrition.

We carried out a sample audit of medication and found safe and effective practices in place. People told us their medication was administered timeously. We suggested the service review any opportunities for people to be more independent with their medication management. This was particularly relevant for adults living within the service whose outcomes were to build independent living skills. This gives people as much control as possible over their health care.

As required medication protocols would benefit from additional information around when certain medications should be administered for those who cannot easily verbalise, for example pain or anti-psychotics. As a result we made an area for improvement (**see area for improvement 1**). Some improvements were also identified around controlled drug audits (**See area for improvement 1 in section "How good is our leadership"**). People should expect clear and comprehensive protocols and audits in order to support the responsive management of medication.

It is important that people are supported to spend their time doing things that they enjoy and meet their agreed outcomes. People living within the under 65s unit of the service had one day per week dedicated 1:1 time with support staff, where they would be encouraged to engage in independent living tasks such as laundry and housekeeping of their personal spaces. On these days people were supported out into the community to do an activity of their choice, this included bowling, swimming, shopping and meals out. Larger group events were planned and delivered throughout the service. Some of these were well attended and enjoyed. Time had been taken to gather feedback on these events to ensure that people had 'fun'.

The service shared with us plans to further develop the engagement opportunities for people. We could see missed opportunities to ensure that the events planned, were outcome focussed and meaningful. When talking about having this to do, one person told us "Could be more to do, but they do their best". To support this further development we made an area for improvement (**see area for improvement 2**). We were reassured by the commitment of the service to improve experiences of people living in the service.

Areas for improvement

1. To support people's health and wellbeing and ensure 'as required' medications benefit people, the service should ensure that 'as required' medication protocols detail when these medications are to be administered and how the person may indicate that they need this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24)

2. 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 evaluated this key question as 'good' where there were important strengths, with some areas for improvement.

The service was operating under a system of dispersed leadership, where there was a registered manager and other senior members of staff who had oversight of different aspects of service delivery. We spoke with members of the senior leadership team who were all of the view this system was working well in practice. Leaders were clear about their role and remit and demonstrated a good understanding of how the model was working in practice.

Staff and relatives told us they felt well supported by the leadership team. Relatives told us communication was very good and they felt well informed about their relatives care and support. Comments included that members of the team were 'professional' and 'caring'. We spoke with an external professional who worked positively with staff stating they are 'welcoming', 'open' and honest'. As a result we felt confident management worked well with stakeholders to prioritise the people living in the service.

We sampled records of accidents and incidents which were clearly recorded. We were reassured external professionals and next of kin were notified where appropriate. The service demonstrated a lessons learned approach to the analysis of accidents and incidents. We saw further evidence of the service using recognised tools to support oversight of incidents and falls. Where managers received a complaint this was clearly recorded. We found an example of a comprehensive action plan detailing actions to be take to reduce the risk of recurrence following an incident. As a result people could feel confident managers took steps to reduce risk, keep people safe and improve outcomes.

We sampled different aspects of quality assurance systems, used to assure positive outcomes. Whilst some systems to support oversight were working well others required development. We found examples where audits of controlled drug records were incomplete. Where managers have identified a need for audit processes these should be completed and reviewed to support oversight and potential improvement. As a result we made an area for improvement (**see area for improvement 1**).

The leadership team told us they met regularly with the registered manager to discuss service delivery. We sampled minutes of these meetings which were basic. Without clear records we could not be assured of collective leadership, which includes the registered manager, to monitor and promote comprehensive quality assurance and improvement across all areas of the service. (**See area for improvement 1**).

People living in the service and their families should expect to be regularly consulted and involved in improvement planning. We found evidence of a resident meeting having taken place. Whilst we recognise other consultation meetings had been planned with people and their relatives, these had not yet been undertaken. The service should continue to develop process for consultation with people to ensure they are kept up to date with changes an consulted about future planning. As a result we made an area for improvement (**see area for improvement 2**).

Areas for improvement

1. To support a culture of continuous improvement, managers and leaders at all levels within the service should have a robust and clear understanding of their role. This includes in monitoring practice and identifying, directing and supporting improvement. The service should ensure robust systems are in place to ensure effective collaboration across all areas of service delivery. Where areas for improvement are identified, they should clearly contribute to a development/improvement plan.

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).

2.
To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people's views, suggestions and choices are gathered on a regular basis and that this information is used to drive future improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.9).

How good is our staff team?

4 - Good

We evaluated this key question as 'good' where there were important strengths, with some areas for improvement.

We observed staff in practice at different points of the day, throughout the service. We saw examples of staff responding to people's needs promptly in a way that demonstrated positive values in line with the Health and Social Care Standards. People could feel confident they would be supported by staff who were kind and caring. We observed some missed opportunities from staff to enhance people's outcomes. Some staff would benefit from support to develop their initiative. Managers were receptive to this feedback. People could be reassured feedback was acted upon during the inspection.

Staff compliance with mandatory training was good. Staff were being encouraged and supported to keep up to date with training. Staff had access to and were completing additional training specific to their role. We found examples of staff being supported to upskill and move into different roles within the organisation. Managers also set up opportunities for staff to engage in training with external professionals. Feedback from other professionals was that staff turn out was good and they were engaging throughout training. One member of the leadership team was undertaking additional training as an SVQ assessor, demonstrating a commitment towards ongoing development for staff. As a result people could feel confident they were receiving support from staff who were well trained.

Staffing arrangements should be right, and staff should work well together. The service was using a dependency tool, which was regularly reviewed. Staff described working well together and we saw respectful and professional working relationships during the inspection. We were satisfied staffing levels were always sufficient to maintain safety and provide people with necessary care and support. The service had identified a benefit to having an additional staff member on each shift and took steps to implement this in practice. However, it was clear the service had experienced some challenges maintaining this. Staff told us this had an impact on the time which could be spent with people on a 1:1 basis. People could feel reassured the provider was striving to enhance opportunities for people by increasingly staffing levels. The provider continues to attempt to recruit the right staff to provide care and support.

How good is our setting?

3 - Adequate

We evaluated this key question as 'adequate' where there were some strengths but these were just outweighed by weaknesses.

People should benefit from high quality facilities which support their outcomes. Some areas of the service had been redecorated recently. However this was not consistent and other areas required attention to bring them up to the same standard. We found examples of walls, skirtings and door frames which were in need of re decorating. Some furnishings within the service were also in need of replacement. We were aware the service had imminent plans to replace dining room chairs. Other furnishings required replacement including chairs in communal living spaces. We found examples of furnishings and flooring which were worn and damaged. We had concerns that due to damage these items could no longer be cleaned effectively. We found other examples of furniture and fixings which were unclean. Arrangements in place to monitor standards of the environment had not been effective in identifying these areas for improvement. As a result we made an area for improvement **(see area for improvement 1)**.

We saw examples where people's bedrooms had been decorated with their own belongings. People's bedrooms were made homely and personal. One person told us their bedroom was their favourite thing about the service.

People benefited from access to technology. People told us the internet connection was good. People spoke about being able to access technology which was important to them including games consoles, Netflix and you tube.

Managers discussed the ideas they had to improve this environment. Ideas included consideration of those with cognitive impairments. However, at the time of inspection there was limited signage to support people with way finding. The service would benefit from developing a clear and accessible environmental improvement plan. This plan should be informed by best practice guidance, people who use the service and their relatives. As a result we made an area for improvement **(see area for improvement 2)**.

Areas for improvement

1.

In order support people's wellbeing and comfort the provider should ensure that the environment, including furnishings are well maintained. Where furnishings are no longer fit for purpose they should be discarded and replaced.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

2. In order to support a culture of continuous improvement the provider should develop a SMART (Specific, Measurable, Achievable, Relevant and Time Bound) environmental improvement plan. This plan should be informed by feedback from people who use the service, their relatives and relevant stakeholders.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16) and "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21).

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good' where there were important strengths which impacted positively on outcomes for people.

Assessment and personal planning should reflect people's needs and wishes. We found that care plans held a good level of detail to guide care. Plans were clearly individualised and had involved people and their families in their development. All plans sampled included a section describing the person in detail which meant staff could familiarise themselves with people's past lives, hobbies and interests. This provided an important background to care.

Overall, risk assessments to assess resident's care needs were carried out regularly and then used to inform the care plan. We found care records contained sufficient detail to guide staff in delivering day to day care. Where identified risks had occurred, there was thorough review of these. As a result, people could be reassured the service was taking steps to learn from and minimise any future distress for people.

Where people's freedom was limited there was evidence of appropriate legal powers being in place. Families and representatives had been involved in decisions around any restrictions. This meant that people could be confident that the correct systems and processes were in place to protect them. The provider had good oversight over the standard of record keeping in personal plans.

Care records sampled showed that key professionals from the multi-disciplinary team were involved in people's care. Referrals had been made promptly and care was adapted on the advice which was received. Support plans were informed by recognised assessment tools, which were regularly reviewed. This gave assurance that personal plans were based on clear and up to date information. Staff were using personal plans to deliver care effectively.

Plans reflected people's needs and held adequate detail to guide staff in their practice. People and their families had been involved to some extent in contributing to their personal plans. Some reviews we sampled would have benefitted from improved recording of people's view to ensure these were fully reflected. The service is currently working towards improving engagement from people and had plans in place to support future practice.

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

The provider should ensure that service users experience a service with well trained staff. All staff should complete mandatory training in a timely manner. In addition any other relevant training should be completed where it is appropriate to the role performed by the staff member, to meet the assessed care and support needs of service users. Regular monitoring should demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

This is to remain 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' (HSCS 3.14).

This area for improvement was made on 20 July 2023.

Action taken since then

We sampled staff training records and quality assurance systems used to support oversight of training. These records demonstrated staff compliance with training was good. Staff completed mandatory training and additional courses associated with their role to support ongoing learning and development. Managers had sought training from external professionals and one we spoke with said staff were engaging and receptive.

We found examples of staff being supported to reflect on practice in meetings with management. Staff were also supported to utilise eLearning resources to support reflection and consider how training could be implemented into practice.

Staff were receiving regular supervision sessions with the management team. Members of the leadership team were undertaking observations of staff practice. As a result of observations managers had identified areas for development and sought external training where necessary.

As a result this area for improvement was met.

Previous area for improvement 2

The provider should ensure that people are given the support they need to maintain good standards of personal care, in line with their assessed needs, choices, and preferences for care.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 8 February 2024.

Action taken since then

We sampled personal plans which provided good detail about people's personal preferences and their care and support needs. Personal plans were regularly reviewed to ensure they remained relevant. We sampled charts which were completed consistently. The service demonstrated good oversight of the management of continence.

Staff were appropriately trained and skilled to support people to ensure their personal care needs were being met. We observed staff responding to cues from people who required assistance to attend to personal care needs. People told us they felt well supported by staff to maintain their personal care in line with their wishes and preferences.

As a result this area for improvement was met.

Previous area for improvement 3

The provider should ensure that people's rooms are clean and comfortable for their use. Standards of hygiene and cleanliness throughout the home should be monitored regularly, with outcomes analysed, and improvements made where required.

This is in order to comply with: Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

This area for improvement was made on 8 February 2024.

Action taken since then

During our inspection standards of cleanliness throughout the service were not consistent. We found examples of furnishings which had not been properly cleaned. We found other examples of furnishings which were damaged to the extent they could no longer be properly cleaned. We have suggested the service develop an environmental improvement plan to support improved maintenance of the environment.

As a result, this area for improvement has not been met. We will reassess progress towards meeting this area for improvement at the next inspection.

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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