

Abbeydale Court Care Centre Care Home Service

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Hamilton
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Telephone: 01698 536 200

Type of inspection:
Unannounced

Completed on:
4 June 2025

Service provided by:
Abbey Healthcare (Hamilton) Ltd

Service provider number:
SP2017012945

Service no:
CS2017358108

About the service

Abbeydale Court Care Centre is registered to provide a care home service to a maximum of 109 older people. Within the 109 places there can be up to a maximum of 10 places for older adults aged 50 years and above with care and support needs associated with ageing. The provider is Abbey Healthcare (Hamilton) Limited.

The purpose built care home is situated in a residential area of Hamilton. It has easy access to local amenities and transport links.

The home is built on four levels, three of which are occupied by residents within single rooms with en-suite shower facilities. Each floor has spacious dining rooms and lounges, as well as access to communal bathing facilities. Residents have access to additional spaces including a cinema and hair salon. There is a passenger lift providing access to all floors.

Residents have access to attractively laid out, secure gardens and there is a balcony on the upper floor which overlooks the gardens. Visitor parking is available in the grounds of the service.

At the time of this inspection there were 106 people living at the home.

About the inspection

This was an unannounced inspection which took place between 2 and 3 June 2025 between 07:30 and 16:30. The inspection was carried out by three inspectors and an inspection volunteer 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.

To inform our evaluation we:

- Spoke with 22 people using the service and nine of their family and friends;
- received 41 completed questionnaires and email responses;
- spoke with 36 staff and management;
- received feedback from the Inspection Volunteer who spoke with eight people using the service and two of their relatives;
- observed practice and daily life;
- reviewed documents;
- received feedback from eight visiting professionals.

Our inspection volunteers are members of the public who have relevant lived experience of care either themselves or as a family carer. They speak to and spend time with people and families during inspections to ensure their views and experiences are reflected accurately in the inspection.

Key messages

- People were treated kindly and experienced very good care and support
- Improvements had been made to promote a culture of meaningful connection in the home
- People had access to a range of opportunities to promote stimulation, engagement and enjoyment
- A motivated management team supported a culture of continuous improvement within the home
- Oversight of buzzer response times should improve to ensure staffing arrangements are right and that people's needs are consistently met in a timely manner
- Ongoing refurbishments to the home meant that people experienced a high quality environment that promoted independence and choice
- Development of personal plans to include people's life histories will support staff to understand who a person is and deliver person centered care

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 leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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?

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.

People received compassionate, respectful care by staff who knew them well. We observed kind and caring interactions and saw good relationships between staff and people supported. One relative told us "They treat my dad as an individual and always support him to be independent". Another family member said, "all staff know my mum by name and greet her when we pass in the corridor". This assures us people are treated with dignity and kindness in a person centered manner.

Efforts had been made to foster a culture of meaningful connection in the home, where all staff members actively engaged with the people living there. People were encouraged to form friendships, and staff planned regular opportunities to promote social and emotional connections within the home and community. One resident told us, "I like to socialise and go into the lounge to meet my friend. There's activities on and lots of things that I enjoy. I like to join in and I'm helped to do this". This supports people to feel engaged, happy and included.

There were robust and effective processes in place to monitor people's health and wellbeing. Where people experienced a change in their needs, staff responded appropriately to ensure people remained safe and their needs continued to be met.

We saw an improvement to communication between staff and relatives. Families told us they were kept up to date and they valued the revised keyworker system that was in place.

Meal times were well organised, calm and an enjoyable experience for people. People spoke very highly of the food, one person said "the quality of food is exceptional". Another told us "The chef creates the most delicious food and always has a good choice of dishes on offer". We observed people being offered a choice of attractive and nutritious meals in a method that suited their cognitive abilities. Snacks and drinks were regularly offered out with mealtimes. This helped support people's overall health and wellbeing by maintaining good nutrition and hydration.

Medication was managed well and there were systems in place to monitor and address any issues. The management team had made improvements to the medication management system which ensured people received the right medication at the right time. During our routine checks, we identified that some covert medication documentation required updating. The home were aware of this however a resolution had not yet been established. Improvements should be made to ensure protocols are reviewed in line with best practice to ensure people's rights are upheld and they experience safe and person centered care. (See area for improvement 1).

Staff had received training on infection control procedures and were knowledgeable in how to reduce cross contamination. There was a nominated IPC champion who supported to promote best practice and ensured high standards were maintained. This assured us that staff were taking the necessary precautions to prevent the spread of infection.

Areas for improvement

1. The service should make improvements to oversight of covert medication pathways to ensure they remain accurate and reflective of individual's current needs and capacity. Documentation should be regularly reviewed in line with best practice guidance, with timely action taken where reviews are overdue or documentation requires updating.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "If I need help with medication, I am able to have as much control as possible." (HSCS 2.23).

How good is our leadership?

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.

The management team were motivated to ensure the service reached its full potential and maintained very good outcomes for people. People told us they appreciated the open door policy from the management team and we heard very good feedback on the leadership in the home. One person told us "I feel that you are listened to and know that the team will do their best to resolve any issues". This helps people feel supported and listened to.

There were a range of methods in place to evaluate people's experiences which supported with overall service development. Quality assurance processes provided a comprehensive overview of how the service was performing. It was positive to see a range of staff involved in the audit process, which helped foster a culture of continuous improvement in the home.

The management team were successfully using self-evaluation to drive meaningful improvements in Abbeydale Court. The service improvement plan was in place and documented planned areas for change. This showed a commitment to improving the service provision. There was an improvement focused culture in the service, and a determination to enhancing people's experiences and quality of life.

People told us they valued the opportunities to share feedback and get involved in the service. Regular resident, relative and staff meetings were taking place, and relatives told us they appreciated the frequent updates from the registered manager. Questionnaires for residents, staff and stakeholders showed positive feedback and it was good to see the service's analysis had been shared with people. A resident representative role had been developed to ensure that people's voices were heard in shaping the service to meet people's needs.

Where things went wrong or concerns were shared, the management team undertook robust investigations. We saw evidence of learning from events and actions taken to reduce future risks. Detailed monthly analysis were completed to identify themes, trends and take appropriate actions to keep people safe and maintain high standards of staff practice. This supports good outcomes for people.

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.

People were positive about the staff team. They said, "the care staff are lovely and a great help. We have such a laugh together". A relative shared, "All the staff caring for him are excellent and I can see he relates well to them all". We observed very positive interactions and saw residents and staff enjoying their time together. This assured us people experienced warm, compassionate and nurturing care and support.

There had been a recruitment drive due to some changes within the staff team. People could be confident that staff had been recruited safely in line with safer recruitment best practice.

A robust induction programme was in place to help staff become familiar with the needs of each person being supported. Staff had access to a variety of training opportunities to meet different learning styles including online, face to face, shadowing and observations of practice. A mentoring system was in place to support new staff prepare for their roles. This ensures people are supported by skilled staff who are the right fit for the role.

People could be confident staff had the necessary skills and competence to support them. Staff had access to appropriate training to support and develop their skills to inform good quality care. The management team had oversight of staff development needs and new training was tailored to meet this need, for example positive behaviour support training. The training undertaken meant staff had been helped to obtain necessary knowledge and skills to support people in the home. This supported the quality of people's care and helped to increase staff confidence and work satisfaction.

A number of staff had been allocated "champion" roles in a range of areas. These roles were being used to reinforce good practice across the home and provided a positive support to the staff team. Direct observations of staff practice were taking place and had been used to encourage staff to adhere to good practice when providing support. Areas included moving and handling, dignity and respect, meaningful activity and mealtime supervision. The management team acknowledged that some staff had yet to receive an observation and this was an area they were continuing to develop.

Staff supervision was taking place. Feedback from individual staff members suggested that they had received supervision on a regular basis, and this was seen as reflective and supportive. Staff wellbeing was a focus in supervision.

Staff worked well together and told us they felt supported by their colleagues. Staff were flexible to meet the needs of people in the home. During the inspection, we observed staff were available and responsive to people's needs and arrangements allowed for a sufficient skills mix.

However, feedback on staffing arrangements was mixed. Some staff told us arrangements were adequate, while others described feeling rushed and under pressure. Some relatives shared concerns that there was not always appropriate staff supervision and availability in the communal areas. We received mixed feedback on buzzer response times and some people told us they had to wait for staff to attend to support them. At the time of inspection there was no clear monitoring system to provide oversight of response times. The service should strengthen its systems for monitoring staff response times to nurse call alert system to ensure that residents' needs are consistently met in a timely manner. (See area for improvement 1). This will support the overall assessment of staffing levels and ensure that arrangements continue to meet people's needs and support good outcomes.

Areas for improvement

1. To ensure people consistently receive prompt support when they need it, the service should improve how it monitors and evaluates staff response times to the nurse call alert system. This should form part of the overall staffing assessment.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17)

How good is our setting?

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.

People benefitted from a comfortable, warm and high quality environment. One person told us, "The home is always clean. The home has lots of natural light and has a peaceful and calming atmosphere". They were able to move around each unit as they wished and choose where to spend their day. There were a range of spaces people could access, including the cafe, cinema room, sensory room and garden. It was positive to see residents were able to mix across the floors, and one relative told us "My mum loves going to the cafe on the top floor. This gives her the experience of going out with family".

Bedrooms were bright, spacious and personalised to people's preferences. Clear signage was in place to support way finding, and we saw an improvement to identification of people's bedrooms. This supports positive outcomes for people in the home.

There are planned refurbishments ongoing within the home, and it was positive to see the progress that has been made since the last inspection. Staff had complete the best practice King's Fund Tool to identify areas which could be improved to promote a dementia friendly environment. An environmental improvement plan was in place and we saw a number of improvements to the home to support people living with dementia. The addition of points of interest using tactile and sensory materials supported a pleasant and enjoyable place to live.

The home was very clean and in a very good state of repair. Appropriate safety checks and measures were in place to maintain the environment to safe standard. We highlighted a need to ensure staff had appropriate access to the repairs reporting system. The management team were in the process of addressing this technical issue.

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.

Personal plans were in place which set out how their needs will be met as well as their wishes and choices. We saw improvements to collaborative working with people using the service and relatives being involved with the production of care plans and care reviews. Plans provided good information for staff and we saw evidence of best practice assessment tools being used.

Risk assessments were in place and up to date and we saw risk assessments completed for those at risk of harm and included, due to falls, skin breakdown or poor dietary intake. The assessments recorded how to

keep people safe, and the actions needed to reduce risk. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

Personal plans included required supporting legal documentation. This ensured that people's rights were protected, and that people supported and/or their representative were involved in making decisions and choices where necessary.

People's personal plans reflected people's specific health conditions and provided guidance and approaches staff could use to provide effective support to people. There was good information seen in relation to supporting people who may be experiencing stress and distress. The home were in the process of implementing more detailed positive behaviour support plans which will guide staff on how to minimise people's experience of stress and promote their wellbeing.

Although personal plans contained good information on people's health and care needs, they lacked details on personal centred information and life histories. Personal plans should continue to be developed to ensure they effectively capture people's values, life histories and a sense of who they are (see area for improvement 1). This will help build relationships, initiate conversations and support staff to get to know them including what is important to people.

Plans were regularly reviewed and updated on a monthly basis or when there had been an identified change in need. Despite this, we identified some inconsistencies and contradictory information which may be confusing for people. Regular audits of personal plans were taking place which identified some of these discrepancies. Ongoing improvements will ensure that plans remain clear, accurate and useful.

Areas for improvement

1. To ensure people's needs and preferences are met and people experience good outcomes, the provider should develop personal plans to include life histories and ensure they reflect people's background, values and what is important to them.

This is to ensure care and support is in line with the Health and Social Care Standards (HSCS) which state: "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)

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 meet the social, physical and psychological needs of the people living in the service the provider should promote a culture of meaningful connection. This should include but not limited to:

- a) increased observations of the lived experience of residents;
- b) training and positive role modelling for staff through consideration of staff champion roles; and
- c) personal plans are developed to capture what meaningful connection means for each person including how to engage in meaningful conversations based on resident's interest, life history and communication preferences.

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

This area for improvement was made on 9 August 2024.

Action taken since then

We found that there had been improvements in the culture of the staff team and their engagement with the residents in Abbeydale Care Home. We observed positive meaningful connections between residents and staff from a variety of roles. The service has introduced a new role, care coordinator, whose role is to train and provide role modelling to all staff members. We identified that personal plans should be improved to reflect the individual's life history which would enable staff to engage in meaningful conversations therefore we will make an area for improvement aimed at targeting improvements in personal planning (see Key Question 5 - how well is our care and support planned).

This area for improvement has been met.

Previous area for improvement 2

To ensure people experience interventions that are safe and effective, as required medication protocols should contain clear, up to date and accurate guidance on when medication should be administered including the steps to take prior to administration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

This area for improvement was made on 9 August 2024.

Action taken since then

We examined a range of documents and found that the as required medication protocols were in place to guide staff. Staff were compliant in fully completing all paperwork including recording the effectiveness of administered as required medications.

This area for improvement has been met.

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
1.1 People experience compassion, dignity and respect	5 - Very 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	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
4.2 The setting promotes people's independence	5 - Very 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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