

Raith Manor Care Home Service

1 Sunny Braes Court
Ferrard Road
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Telephone: 01595 642 008

Type of inspection:
Unannounced

Completed on:
7 August 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 58 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 follow up inspection which took place on 7 August 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 two people using the service
- Spoke with two relatives
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- The service has made improvements in order to make the environment more dementia friendly. A requirement has been met.
- People living in the service have had increased opportunities to take part in meaningful activities. An area for improvement has been met.
- The provider should make further improvements to ensure that people who experience stress and distress are supported appropriately. An area for improvement has not been met and remains in place.

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

Requirements

Requirement 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).

This requirement was made on 29 April 2025.

Action taken on previous requirement

The service had made positive changes to the environment to make it more dementia friendly. A thorough audit of the environment had been undertaken by an external health professional. Subsequently the service produced a detailed environmental improvement plan with clear timescales and responsibilities. Several changes had already been made, including changes to the layout of one of the floors and the use of dementia friendly clocks. New signage had also been ordered. We were confident that the environmental improvement plan would improve the experiences of people living with dementia.

People should expect to be involved in decisions about the layout, design and decoration of the service they live in. One communal area which was not previously being used had been decorated and repurposed. The area is now bright, filled with natural light and has a number of comfortable sitting areas. Although the renovations were only just being completed at the time of our inspection, we saw people using the space and heard about plans to use it for various activities including aromatherapy and relaxation sessions.

We were pleased to see that the service had consulted people and their relatives about plans for the space and their ideas and suggestions had been taken on board. We were confident that this additional space would support positive experiences for people living with dementia.

We observed mealtimes in the service. These were calm, relaxed and well organised. There were no intrusive noises as the radio and TV were either put off or the volume lowered whilst people were eating. We also noted that the use of call buzzers was reduced compared to our last inspection but when these did go off, staff responded promptly. People told us "the food is good" and "it's really nice." People who needed assistance at mealtimes were supported with kindness and dignity. Tables were set and menu cards were on tables, meaning that people living with dementia had clear prompts that this was a mealtime. The two lounges on the floor we observed were fully utilised meaning neither was too busy or noisy. We were confident that people enjoyed a good mealtime experience.

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

It is important that people enjoy taking part in a range of activities which are important to them. We observed daily activities including exercises and card games during our inspection, we also heard about people being supported to access the community to go swimming and attend Church.

A number of weekly clubs took place which were well attended. Some people had recently been supported to go on holiday to Berwick. One person told us they had enjoyed playing snooker recently and a relative told us "he's up to something most days." We were confident that people were able to take part in a range of activities.

Staff deployment was well considered. There was a member of staff allocated to each floor to provide support with meaningful activities. This was an increase in staffing numbers compared to our previous inspection and had facilitated people being supported to access the community and receive one-to-one support where required. Staff told us they felt there were enough staff to support people to do things they enjoy. We were confident that staffing arrangements were right.

There was some level of planning of meaningful activities. New assessment paperwork designed to gather further information on people's interests, preferences and wishes was in place although this was yet to be fully completed. Records of activities had been completed and this included some evaluation, for example whether people had enjoyed the activity and whether they wanted to do it again. Relatives told us that they appreciated the private Facebook group where they could keep up-to-date on the activities their relatives had been enjoying. We were confident that the planning and evaluation of activities had improved but encouraged the service to keep developing this aspect of care and support.

This area for improvement has been Met.

Previous area for improvement 2

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).

This area for improvement was made on 29 April 2025.

Action taken since then

Care planning to support people who experienced stress and distress remained 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. We observed staff practice which was compassionate and skilled in supporting people who showed signs that they may be experiencing stress and distress. Feedback from relatives about staff was positive. We were told "I couldn't fault them" and "they are skilled and compassionate." We were confident that staff had the right skills to support people who experience stress and distress.

However, key information was often missing from care plans. 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 could not be confident that care plans always provided clear guidance to staff.

Records of stress and distress were not always detailed, in particular they did not always clearly state that the use of 'as required' medication had been a last resort, or what impact this medication had. When we discussed this with nursing staff, we did find that they had tried other strategies to support with stress and distress before the use of 'as required' medication. We also found that prompt referrals had been made to other health professionals where required. However this was not well documented and meant there was a risk of slipping standards of care and support. We have asked the service to provide us an action plan to show how they intend to improve this aspect of care planning.

This area for improvement has Not been Met and remains in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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