

Abbotsford Care, Glenrothes Care Home Service

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Glenrothes
KY7 4UQ

Telephone: 01592 631 333

Type of inspection:
Unannounced

Completed on:
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Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2010248949

About the service

Abbotsford Care, Glenrothes (Strathburn Lodge) is a single storey care home situated in a residential area of Glenrothes. The home provides care and support for up to 40 people including older people, people living with dementia, dementia related illnesses and people under 65 who have mental and physical health conditions.

The care home has four units, each with its own dining area and lounge. There are accessible garden grounds around the home with a variety of seating areas. The home is centrally located, with good access to local amenities and bus routes.

About the inspection

This was an unannounced inspection which took place between 25 and 29 August 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 eight people using the service and three of their relatives
- spoke with 12 staff and management
- observed practice
- reviewed documents
- spoke with external professionals

Key messages

People were not consistently supported to experience meaningful days

Identified areas for improvement were not always acted upon

Staffing levels were inconsistent

Furnishings required replacement

Support plans were not consistently reflective of people's care and support needs

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as 'adequate', where there were some strengths, but outcomes for people were compromised by areas for improvement.

We sought feedback from people living in the home who gave mostly positive feedback about their experiences. Comments included 'no complaints' and 'carers are nice and good'. Relatives told us they felt their family members were well looked after and that staff were welcoming when they visited. As a result people felt comfortable in the service.

We observed mealtimes in different units within the service. People's experiences were inconsistent. Some mealtimes appeared well organised, staff offered people choice and there were some opportunities for independence. However, experiences for other people were less positive. We observed missed opportunities for people to be given basic choices, including choice of condiments and drinks. Feedback from people about the food was variable. Some people told us they enjoyed the food, others told us it was 'rubbish' and commented that what was on the menu was not what was served. Staff told us that there had been times where menus had been changed at very short notice. At the time of this inspection the service was operating under contingency plans due to short notice staff absence. This was having a direct impact on people's mealtime experience. We were initially concerned that contingency plans were not sufficient to ensure people received food and drink which met their dietary requirements. The service took prompt action to address our concerns. As a result, people could be left assured contingency plans were sufficient to ensure safe practice. However, the service continue to attempt to address staff shortages in the kitchen. Given the inconsistency in staffing, menus had been adapted and changed. The service should work toward developing a menu which is based on feedback from people and meets their dietary needs and preferences. We made an area for improvement (see area for improvement 1).

People should expect to be supported to experience meaningful days. The service had made efforts to provide activities and engagement opportunities. People benefited from organised events including birthday celebrations and 'chit chat' groups. 1 to 1 time was also facilitated for people who were less likely to take part in group events or preferred to spend time in their rooms. We saw some positive examples of community links which had recently been re-established. Some efforts had been made to record feedback from people. However, activity and engagement was not planned or evaluated on a regular basis. People had limited choice about what was on offer. In some units people opted to spend the majority of their time in their bedrooms. We observed people spending significant portions of the day withdrawn or sleeping. Comments from people included that they were 'very bored'. Given the lack of progress in this area since the last inspection we made a requirement (see requirement 2).

Medication was, in the main being effectively managed. We sampled records of administration of medication which were accurate and up to date. Medication was being audited regularly. The service had developed protocols for as required medication which included sufficient detail to guide consistent practice. We found one example where recording of 'controlled drugs' stock could have been more clearly recorded. Additionally, the service should ensure medication is ordered in ample time to prevent delays in administration. The service agreed to address these concerns promptly. People could be reassured the service were committed to improvement and medication practices were safe.

People should expect their physical health to be monitored and promoted by care staff. Where people are at risk of skin breakdown, plans should clearly direct their support. Whilst people had support plans in place to

direct practice, other records associated with the management of skin integrity were inconsistently completed. We found examples of repositioning charts with gaps. We found other examples across the service where records of application of creams and topical treatments had not been completed. We sampled records to monitor food and fluid intake. Whilst some charts were consistently completed others had significant gaps. Without clear records, we could not be confident in the management and oversight of physical health. As a result, we made a requirement (see requirement 2).

Requirements

1.
By 21 November 2025, the provider must ensure people receive support to spend time in ways which are meaningful to them. To do this the provider must at a minimum:

- a) develop plans which include people's interests, hobbies and the support they require to engage in these
- b) Seek feedback from people and their relatives about how they would like to spend their time
- c) ensure people are aware of the opportunities available to them

This is in order to comply with Regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

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

2.
By 21 November 2025, the provider must ensure people receive consistent support to manage and monitor their physical health in line with their assessed care needs. To do this, the provider must, at a minimum:

- a) ensure topical treatments are applied as directed
- b) ensure people are supported to reposition as directed in their plan of care
- c) ensure records associated with the management of skincare are accurate and up to date
- d) ensure fluids are encouraged and records maintained

This is in order to comply with Regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19)

Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure feedback is regularly sought from people about food quality and choices. This feedback should be clearly used to inform future menu planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

How good is our leadership?

3 - Adequate

We evaluated this key question as 'adequate', where there were some strengths, but outcomes for people were compromised by areas for improvement.

Managers had developed good systems to support oversight of clinical care. Clinical risk meetings were taking place weekly amongst senior staff. Reviews and outcomes were clearly recorded. This allowed staff to easily identify who was at highest risk and actions to be taken as a result. People could feel reassured managers had oversight of clinical care and were taking steps to ensure people had access to the right support at the right time.

There were clear records of accidents and incidents. We found evidence of records which highlighted actions to be taken as a result, including referrals to external agencies. Where the service received feedback from external agencies this was also retained and used to inform future planning. Managers had taken time to analyse accidents and incidents and consider trends. As a result, people could feel confident the service were committed to reducing the risk of future occurrences.

The senior leadership team had handled complaints in the absence of a registered manager. There were clear records of complaints, which were thoroughly investigated. Where investigations highlighted areas for improvement these were clear. The service should take time to ensure learning from complaints and identified actions are embedded in practice.

At the time of this inspection the service was in a period of transition and was operating with support from an interim manager and senior leadership team. Leaders were in the process of recruiting into the management role. There were a range of audits in place to monitor standards across the service. These audits identified key areas for improvement, however these had not been actioned. We were concerned about the significant areas for improvement identified by the service which had not yet been actioned. We asked the service to consider how effective their internal audits were in achieving change. As a result we made a requirement (see requirement 1).

There were limited opportunities for people and relatives to offer feedback about their experiences. There had not been a relative or residents meeting for several months. The service had made plans to hold one in October and recently restarted a newsletter to share updates. The service should ensure they continue to engage stakeholders in ways that are meaningful to them. This feedback should be used to inform future improvement planning. We made an area for improvement (see area for improvement 1).

Requirements

1. By 21 November 2025, the provider must ensure systems to support oversight of service provision are effective in improving outcomes. In order to do this the provider must at a minimum:

- a) Ensure there are regular and effective audits in place covering key aspects of service delivery including the environment, mealtimes, engagement and support planning
- b) ensure areas identified as posing a risk to peoples physical health are addressed without delay
- c) ensure that where areas for improvement are identified they contribute to a development plan and are drivers for change

This is in order to comply with Regulation 4(1)(a)(Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order 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).

Areas for improvement

1. In order to support health and wellbeing the service should promote a culture of responsive and continuous improvement. In order to do this the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and used to inform improvement planning.

This is to ensure that my care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) and "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 4.8).

How good is our staff team?

3 - Adequate

We evaluated this key question as 'adequate', where there were some strengths, but outcomes for people were compromised by areas for improvement.

People were supported by a staff team who knew them well. Interactions between people and staff were warm and staff took opportunities to engage with people throughout the day. Relatives commented how welcoming and friendly staff were. Feedback from external professionals was that staff were engaging and approachable.

People should expect to be supported by staff who are appropriately trained. The provider offered a structured programme for induction. We spoke with staff and managers who discussed a flexible approach towards some aspects of induction depending on staff's previous skills and knowledge. The manager was aware of some challenges ensuring staff felt skilled and confident working across all areas of the service. The manager and provider demonstrated a proactive approach to addressing how the induction process could be improved. People could be reassured newer staff were being well supported and trained.

There were clear systems to support oversight of staff training. We identified some development was necessary to improve training compliance across the team. Managers were aware of this and taking steps to address gaps. Some staff identified person specific training they felt they would benefit from. We suggested the provider consider how they support staff to access specific training, dependant on the needs of people they support. As a result, we made an area for improvement (see area for improvement 1).

Staff should work well together as a team to support positive outcomes for people. We spoke with staff who worked during the day and at night. Some staff told us they felt part of a good team. However other staff gave us examples where relationships have been strained. We observed staff working well together to support people and minimise risk. However we were also aware of ongoing tensions between the staff team. We found evidence of this having a direct impact on the environment in which some people lived. We were aware the service had a recent team meeting and was developing opportunities for staff to give feedback. The provider should ensure staff feedback is gathered and utilised to improve team dynamics and as a result we made an area for improvement (see area for improvement 2).

Managers allocated staff tasks throughout their shift to support effective deployment. Staff told us this generally worked well and they recognised the need to be flexible within this depending on the needs of people at the time. We sampled staff rotas which evidenced some inconsistencies in staffing levels. The service continued to rely on regular use of agency staff. However, people benefited from some consistent staff who had been working in the service for a number of years. People told us they felt staff knew them well and the use of agency staff had minimal impact on their experiences. The service continued to actively recruit staff.

The leadership team were not regularly updating their dependency tool or utilising this to inform staffing levels. During our visits staffing levels appeared appropriate to maintain safety. We observed daily life at different times of the day and night. Whilst staffing levels were sufficient, they did not always allow for staff to respond to people's needs and wishes as promptly as we would expect. Feedback from staff about staffing numbers was variable. Some staff felt there were enough staff on shift whereas others felt additional staff would allow them to provide better support more promptly. We asked managers to consider

how effective their process for assessing staff hours, skill mix, and deployment is to continuously enhance outcomes for people. There is an outstanding area for improvement which addresses this area for development (see 'outstanding areas for improvement' section of this report).

Areas for improvement

1. The provider should ensure that service users experience a service with well trained and informed staff. All mandatory training should be up-to-date. 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. This should include regular monitoring to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

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' (HSCS 3.14).

2. To promote the health and wellbeing of people using the service, the provider should ensure staff work well together as a team, providing consistently positive experiences for people living in the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

How good is our setting?

3 - Adequate

We evaluated this key question as 'adequate', where there were some strengths, but outcomes for people were compromised by areas for improvement.

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. We could therefore be confident that people were living in a safe environment.

Standards of cleanliness varied throughout the service. Some areas were clean and tidy, however other areas would have benefited from additional cleaning and attention to detail. We saw some examples of furnishings which were significantly worn. This meant they could no longer be cleaned properly, which increases the risk of spread of infection. Therefore we made a requirement (see requirement 1).

We saw that all staff were wearing appropriate Personal Protective Equipment (PPE) correctly and that disposal of PPE was in line with good practice guidance. Staff sanitised their hands when moving through the home and between tasks. We could be confident that staff understood the importance of infection prevention and control.

People benefited from bedrooms which they could personalise. The service had recently taken steps to improve communal areas by adding artwork and painting. However the general décor throughout the service would benefit from further renovation to improve standards. Relatives told us communal kitchen spaces were uninviting and they preferred not to use them. The service should continue to work towards improving the environment to create inviting spaces for people and relatives to spend time in.

Requirements

1. By 21 November 2025, in order to maintain people's safety and minimise the risk of infection the provider must ensure the environment, including furnishings and equipment are clean and well maintained. In order to do so the provider must at a minimum ensure furnishings and equipment:

- a) are effectively cleaned
- b) which have been compromised are replaced promptly

This is in order to comply with Regulations 4(1)(a) and 14(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

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

How well is our care and support planned?**3 - Adequate**

We evaluated this key question as 'adequate', where there were some strengths, but outcomes for people were compromised by areas for improvement.

We sampled plans across the service, the quality of these was inconsistent. Some plans included very detailed information specific to the person. However other plans lacked the same level of detail to guide consistent care and support. A few plans included contradicting information. The service should review plans to ensure they are accurate and include enough information to guide consistent care and support. As a result we made an area for improvement (see area for improvement 1).

Where people are subject to restrictions upon their freedom, these should be proportionate and agreed with persons who have legal responsibility. We were aware of people who were subject to a variety of different restrictions to their freedom. We sampled plans which did not include sufficient information about ways in which restrictions were implemented in practice. Additionally the service did not have consistently clear records of who held legal authority to make such decisions. The service should ensure they retain legal records of Guardianship orders and Powers of Attorney including the powers granted within these. As a result we made an area for improvement (see area for improvement 2).

People should expect that their personal plan is regularly reviewed. Plans should be reviewed in consultation with the supported person and/or their representative. We found evidence of reviews taking place within some units of the service. Some reviews included the person and their representative. However other reviews were basic and there was a lack of evidence of involvement from the person. Some plans had not been reviewed for an extended period of time. The provider was aware that some people had not had a review for longer than expected. The provider should implement plans to ensure people have reviews in a timely manner. As a result we made an area for improvement (see area for improvement 3).

Areas for improvement

1. In order to support health and wellbeing of people the provider should ensure support plans consistently include detailed, accurate guidance to guide care and support in line with people's needs and preferences.

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).

2. In order to promote the welfare, choice and safety of people the provider should ensure records of legal powers are clearly documented and copies retained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSC 2.12).

3. In order to ensure that people's views influence their care and support, the manager should ensure reviews take place regularly and that minutes of review meetings reflect how the person and their legal representatives have been consulted and involved in discussions.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state; 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12).

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

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 should include meaningful engagement with people who experience advanced physical and/or cognitive impairment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 21 October 2024.

Action taken since then

We saw some examples of organized events, for example weekly "chit chat" groups and birthday celebrations. 1:1 time was also facilitated for people who were less likely to take part in group events or preferred to spend time in their rooms. We also saw some positive examples of community links that had recently been re-established, for example coffee groups, tea dances and adapted golfing. Efforts were made to record people's feedback from these events.

Although we found these pleasant examples of engagement, they were not on any planned or regular basis. People had limited choice on what to be engaged in. Events were not clearly planned with consideration to people's likes, interests or wishes. The service shared their plans with us on how they intend to improve people's experiences in this area. We have made a requirement in line with this essential improvement.

Previous area for improvement 2

The provider should ensure that audit processes are effective and fully utilised to support the identification of areas for improvement. The provider should then take action to ensure improvements are made within a timely manner, to support positive outcomes for people.

This is to ensure that care and support is consistent with 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)

This area for improvement was made on 21 October 2024.

Action taken since then

The service was in a period of transition with an interim manager in place at the time of inspection. The service was being supported further by the senior leadership team. The service was in the process of recruiting into the management role. There were some processes in place to monitor key aspects of service delivery including audits undertaken by the leadership team. However, there was a lack of evidence that

identified areas for improvement had been acted upon. We have made a requirement in line with this essential improvement.

We will reassess progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 3

Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should develop systems to support oversight of when supervision and appraisals have taken place and when they should be undertaken again.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 21 October 2024.

Action taken since then

Managers and senior staff had begun to undertake supervision with staff. There were clear systems to support oversight of supervisions which had taken place and when. Managers and senior staff continue to work towards ensuring all staff benefit from supervision sessions and receive these on a regular basis.

The service had made some progress towards meeting this area for improvement. We will reassess this area for improvement at the next inspection.

Previous area for improvement 4

The service should be able to demonstrate staffing levels, skill mix and deployment of staff contribute to supporting the emotional and physical wellbeing of people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people' (HSCS 3.15) 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 21 October 2024.

Action taken since then

The leadership team were not utilising and regularly updating their dependency tool. As a result this did not reflect people's current care and support needs. Whilst staffing levels appeared sufficient to maintain safety, they did not always allow for staff to respond to people's needs and wishes as promptly as we would expect. There were inconsistencies in staffing numbers and skill mix across this service. We found evidence of this having a direct impact on people's experiences.

As a result, this area for improvement remains. We will reassess this area for improvement at the next inspection.

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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate
5.2 Carers, friends and family members are encouraged to be involved	3 - Adequate

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