

# Abbeydale Court Care Centre Care Home Service

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Hamilton  
ML3 7TN

Telephone: 01698 536 200

**Type of inspection:**  
Unannounced

**Completed on:**  
12 July 2023

**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 home, which is purpose built, 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 occupancy rooms with en-suite shower facilities. There are communal bathrooms and bathing facilities on each floor as well as communal dining rooms and lounges. There is a passenger lift providing access to all floors.

There is also a hairdressing salon and quieter lounge spaces for people to use as an alternative to the busier areas.

There are gardens surrounding the home which offer pleasant places to sit. There are car parking spaces to the front and side of the building. At the time of this inspection there were 75 people living at the home.

## About the inspection

This was an unannounced follow-up inspection which took place between the hours of 07.30 and 16.30 hrs, on 11 and 12 July 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

Following an inspection on 2 March 2023 we identified serious concerns regarding the care and support people were receiving. We issued an Improvement Notice to the provider on 9 March 2023. We carried out an unannounced follow-up inspection on 2 and 3 May 2023 to monitor progress with seven requirements. We found that two requirements had been met. The other five requirements were not met, and we extended the timescale to 10 July 2023 to give the service more time to make the improvements.

At this visit we focused on the five outstanding required improvements detailed within the Improvement Notice.

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 7 people using the service and 4 of their family/friends/representatives
- spoke with staff members which included members of the management team
- observed practice and daily life.
- reviewed documents
- spoke with visiting professionals.

## Key messages

- The management and staff team had focussed on improving the areas identified at previous inspections
- Residents told us that staff were kind to them, and we saw supportive, caring interactions.
- Information recorded within the personal plans and documentation used to monitor people's healthcare needs had improved to ensure peoples wellbeing.
- There had been improvements to the quality assurance systems used to improve standards of care and improve staff performance.
- There had been significant improvement made to ensure the safe management of medication in order to care for people safely.
- The service had met all of the seven requirements from the Improvement notice that was issued to the Provider on 9 March 2023. A copy of the Compliance with Improvement Notice can be accessed via the Care Inspectorate website:  
[https://www.careinspectorate.com/berengCareservices/html/enforcements/uploadedEnforcements/Abbeydale Court Care Centre - ILB - Compliance with Improvement Notice\\_Redacted.pdf](https://www.careinspectorate.com/berengCareservices/html/enforcements/uploadedEnforcements/Abbeydale%20Court%20Care%20Centre%20-%20ILB%20-%20Compliance%20with%20Improvement%20Notice_Redacted.pdf)
- As a result of the changes to management and leadership the service was better led, this is key to sustaining improvements.

## 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

The improvements found at this visit has resulted in the evaluation for this key question changing from weak to adequate. Strengths just outweighed weaknesses and whilst the strengths had a positive impact, key areas need to improve.

For this Key Question we looked at the administration and management of medication, as well as staffs' understanding and practice on the use of planned and unplanned restraint.

The management team continued to work in collaboration with the Health and Social Care Partnership, GP practices and local pharmacy. There had been significant support provided to the service to ensure medication was available to people as prescribed. This improvement ensured that people were safe and not at risk of harm.

Medication was recorded on an electronic system. The management team had implemented a comprehensive stock ordering and checking system to ensure that medication was available at the service. This was audited regularly by the registered manager and overseen by the external management team. Staff had received training and competency assessments completed by management to ensure people continued to receive their medication as prescribed. This meant that people were now receiving their prescribed medication at the times as instructed by the prescriber. This provided assurances that people's health, safety and wellbeing needs were met.

Staff told us they had a better knowledge and understanding of the management of medication and stock control. The medication administration records we reviewed provided evidence that people were receiving their medication as prescribed. The medication storage rooms were organised with sufficient stock available to meet people's needs and keep them well. This provided assurances that the service had made the required improvements to maintain people's health, safety, and wellbeing needs.

Despite the work and commitment from the service, GP practices and pharmacy there was still issues. The challenge of the home having to work with 8 different GP practices continues to result in significant time and resource needed to ensure medication is available in the service. For example, using taxis to collect and deliver prescriptions and having a staff member dedicated to the task of processing and overseeing prescriptions. The management team had ensured there were no shortages of medication by providing additional staffing hours to manage this effectively. Whilst we acknowledge this, we suggested the provider review staff hours and cost associated with the management of medication and escalate this accordingly to try find a resolution.

Following a previous serious incident regarding the use of unplanned restraint we assessed staffs' training, knowledge and understanding of this.

The management and staff team had a better understanding of the term 'restraint'. The organisational policy on restraint had been updated to reflect best practice guidance 'Rights, Risks and Limits to Freedom' (Mental Welfare Commission, 2021). This meant that peoples independence and choice was respected and ensured their safety and wellbeing needs were met.

Staff had received training on how to recognise and report incidents of harm including the use of planned and unplanned restraint. Where restraint was used to ensure peoples safety, for example bed safety rails,

there were care plans and risk assessments in place for this. These were reviewed and updated regularly with input from the resident and their legal representative.

Staff we spoke to told us they had received training on dementia which included the management of stress and distress. Staff told us training had improved their understanding and ability to recognise and manage episodes of distress and anxiety positively.

## How good is our leadership?

### 3 - Adequate

The improvements found at this visit has resulted in the evaluation for this key question changing from weak to adequate. Strengths just outweighed weaknesses and whilst the strengths had a positive impact, key areas need to improve.

For this Key Question we looked at quality audits, conducting thorough investigations following serious incidents and notifications to the Care Inspectorate.

There was a range of effective audits in place which contributed to the improved standards of practice we saw when we visited. Examples of these included accidents and incidents, risk assessments, and medication. The outcomes from the audits, were included in actions plans which provided evidence of progress to date. This demonstrated there were better systems in place to identify concerns, learn from these events and improve standards to keep people safe.

Staff were confident in recognising and reporting incidences of harm. This was evident from the improvement we saw in relation to the increased number and detailed content of the notifications submitted to the Care Inspectorate and other governing bodies.

The management team had carried out a review serious incidents and adverse events. This was shared with staff to ensure lessons were learned to prevent a recurrence and keep people safe. This meant peoples' health and well-being was monitored with appropriate professional advice and intervention sought where serious incidents occurred. This provided assurances that the management team had oversight of what's happening in the service to ensure peoples safety and wellbeing.

There had been significant staffing resource brought in by the provider to support the service. A review of the management structure had resulted in a new clinical lead role. The new management team was supported by external management who had been physically present in the service. We received positive feedback from residents, relatives and the staff team. Throughout the process of enforcement, the management team demonstrated a capacity for improvement which had resulted in the improvement notice requirements being met. As the additional resources withdraw from the service the main challenge for the management team will be sustainability of improvements made. Governance arrangements will be key to securing effective oversight of the service to prevent recurrence of significant and serious concerns that led to the issue of an Improvement Notice.

The management team met regularly with both residents and staff to discuss any changes and obtain people's views and suggestions. The use of independent advocacy had been sought to improve residents' participation. This will support people to have their voice heard in the running of the service, and decisions made about care delivery. This provided more effective ways of communicating with people about changes and improvements to the service. Residents and relatives told us they were pleased with recent improvements and could see lots of changes for the better. Results of a recent resident experience survey

had informed a new activities programme that was based on people's feedback and suggestions. This meant that people felt listened to and were involved in a range of activities that was meaningful to them.

Information about the service was available on notice boards, and manager update emails were sent to families and relatives. Staff and families told us, "Communication from management is better and they listen". This gave us assurances that people's views and opinions were sought and valued, as a result of responsive management.

## How good is our staff team?

3 - Adequate

The improvements found at this visit has resulted in the evaluation for this key question changing from weak to adequate. Strengths just outweighed weaknesses and whilst the strengths had a positive impact, key areas need to improve.

For this Key Question we looked at the assessment of staff training needs and the associated training plan.

There was a training plan in place which was reviewed to reflect the ongoing training required to equip staff to meet the individual mental and physical health needs of people experiencing care. Training included medication management, mental health conditions, and dementia awareness including stress and distress. Staff told us they had benefitted from the training and described how it had improved their confidence, knowledge and understanding. This had contributed to the improvements we saw in staff practice, particularly the management of medication and staff interactions with people. Staff supervision meetings were taking place which helped to identify additional training as well as staffs' personal development needs. This will ensure that staff continue to receive the appropriate training and support to carry out their role safely and effectively.

The management team continued to promote staffs' learning and development. For example, the introduction of staff led support groups for nutrition, Infection control and falls. The management team continue to carry out evaluations, observations, and competency assessments. This will ensure the staff team have the necessary skills and knowledge to deliver safe practice to the people they care for.

Within the Improvement Notice a requirement was made about safer recruitment. This required improvement was complied with on 3 May 2023. Please refer to the inspection report via the care inspectorate website:

<https://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=315241> and the associated copy of the Compliance with Improvement Notice:

[https://www.careinspectorate.com/berengCareservices/html/enforcements/uploadedEnforcements/Abbeydale Court Care Centre - ILB - Compliance with Improvement Notice\\_Redacted.pdf](https://www.careinspectorate.com/berengCareservices/html/enforcements/uploadedEnforcements/Abbeydale%20Court%20Care%20Centre%20-%20ILB%20-%20Compliance%20with%20Improvement%20Notice_Redacted.pdf)

## How good is our setting?

3 - Adequate

Within the Improvement Notice a requirement was made about the environment. This required improvement was complied with on 3 May 2023. The improvements were found to be sustained at this visit which has resulted in the evaluation for this key question changing from weak to adequate.

Please refer to the inspection report via the care inspectorate website:

<https://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=315241> and the associated copy of the Compliance with Improvement Notice:

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## How well is our care and support planned?

3 - Adequate

The improvements found at this visit has resulted in the evaluation for this key question changing from weak to adequate. Strengths just outweighed weaknesses and whilst the strengths had a positive impact, key areas need to improve.

For this Key Question we looked at care plans and risk assessments in place to support restraint interventions.

We found significant improvements in the care plans and risk assessments relating to the use of restraint. Written information was clear and set out how people's health and wellbeing needs were to be met. These were reviewed and updated regularly with input from the resident and their legal representative. This meant that peoples independence and choice was respected and ensured their safety and wellbeing needs were met.

Please refer to the narrative of Key Question 1: 'How well do we support people's wellbeing?' for other information related to the use of restraint and staff understanding.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	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
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
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	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



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