

## Abbeycare (UK) Care Home Service

Murdostoun Castle  
Wishaw  
ML2 9BY

Telephone: 01698 386013

**Type of inspection:**

Unannounced

**Completed on:**

26 November 2019

**Service provided by:**

Abbeycare (UK) Limited

**Service provider number:**

SP2016012724

**Service no:**

CS2016347332

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

The service registered with the Care Inspectorate on 29 July 2016.

The service is registered to provide care and support for up to 21 people over the age of 18 who are experiencing alcohol/substance misuse difficulties. The service is provided by Abbeycare (UK) Limited and is situated in Murdostoun Castle within extensive grounds and within commuting distance of Edinburgh and Glasgow.

All rooms are single and provide spacious en suite accommodation with showering facilities. There are communal baths available providing an alternative to showers.

There are kitchen facilities for clients to make snacks and drinks throughout the day, with lunch and dinner served by the in-house chef. Several lounges provide areas for clients to participate in therapy, support group and alternative therapy sessions.

The hospitality team are responsible for cleaning the rooms, communal areas and changing bed linen. There are washing and drying facilities available which clients are encouraged to use for their personal laundry.

The aim of the service is to "provide clients with a private, confidential and safe environment to heal and recover through a period of reflection and rehabilitation, where they can identify the changes they require to make to their life to enable them to maintain on-going recovery."

## What people told us

We gathered feedback from clients in the service by sending out questionnaires and speaking to people during the inspection. We received positive reviews on various aspects of staying at Abbeycare. People told us that the staff were very supportive. They told us that the weekly programme was very good. We heard that the meals were good and they enjoyed the many choices of food, but that maybe some healthier options could also be offered.

Comments received included:

- They are excellent in their communication and support.
- Staff never pass you without asking how you are feeling.
- It is a warm and caring environment.
- The service and support I have received has been excellent.

## 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?	6 - Excellent
How good is our leadership?	5 - Very Good

How good is our staffing?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

**How well do we support people's wellbeing?**

**6 - Excellent**

In order to answer this question we considered and evaluated the following Quality Indicators:

- 1.1 People experience compassion, dignity and respect - graded as excellent - 6
- 1.2 People have a good quality of life as a result of their care and support - graded as excellent - 6
- 1.3 People's health benefits from their care and support - graded as excellent - 6

It is important that staff across the service treat people with compassion, dignity and respect. We observed staff to speak respectfully to and about people and clients looked very relaxed around them. People we spoke with told us that the staff were very supportive. There was a warm and homely atmosphere.

We found that the opinion and suggestions from clients were important to the service, with systems in place for them to give feedback and contribute to goals that they wanted to achieve during their stay.

The way people spend their day should promote feelings of purposefulness and wellbeing. We found that there was a structure weekly programme in place that had a mix of in-house therapies including group work, individual sessions and holistic therapies. People were supported throughout the week to attend local support group meetings, visit a local gym with a swimming pool or just go for a walk in the extensive grounds. We received extremely positive feedback about the programme from clients.

We heard how important keeping in touch with family and re-building relationships was for most people. A visiting policy was in place to support people with this, including those with younger families.

We looked at the overall process for people from their initial enquiry, pre-admission assessment, residential stay with supervised detox and multi-disciplinary team support, through to follow-up after leaving and found this to be very structured with a medical overview from the nurse specialist and consultant psychiatrist. We spoke with current clients and reviewed feedback forms completed by clients throughout the year and concluded that the outcomes for people were excellent.

This autumn the service celebrated former client's success in remaining in recovery by holding their annual gathering. This included around 120 former clients and their families coming together in the service's grounds and is testament to their success for many people.

**How good is our leadership?**

**5 - Very Good**

In order to answer this question we considered and evaluated the following Quality Indicators:

## 2.2 Quality assurance and improvement is led well - graded as very good - 5

People using the service should feel assured that the service has a robust quality assurance system. We found that there were many systems in place to ensure that the service delivered an excellent service. This included audits and checks from various members of the staff team, with any actions identified that needed worked through to continue to evaluate and improve the service.

We read the service development plan for this year and found that this identified key areas to improve the service and had been reviewed on a quarterly basis. We suggested that the quarterly review could be clearer and more detailed so as to show what had been completed and what was still a work in progress, rather than just a date.

As well as their own internal assurances, the service had recently arranged for an external company to visit and review the service. The outcome of this was very positive and any suggestions had been listened to and were being carried out to ensure that it had been meaningful.

People who use the service should be assured that there are robust systems in place to ensure that all staff who should be, are registered with their governing body. We found that this was an area that needed tightened up. Please see area for improvement 1.

Meetings and supervision provide a good opportunity for people to give any ideas or concerns and to hear about any developments within the service. Meetings were held for clients and staff. Individual and group supervisions had taken place for staff. We spoke to both clients and staff as part of the inspection and everyone said that they could give their opinion. A few staff mentioned that at times communication could be better from senior management, but no one we spoke to had any concerns about the service.

### Areas for improvement

1. The service should implement a robust system to ensure that regular checks of the validity of registration of staff are carried out. This should include ensuring that new staff have applied in enough time to acquire their registration within six months of commencing employment.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

### How good is our staff team?

**5 - Very Good**

In order to answer this question we considered and evaluated the following Quality Indicators:

3.2 Staff have the right competence and development to support people - graded as very good - 5

3.3 Staffing levels and mix meet people's needs, with staff working well together - graded as excellent - 6

We received lots of positive feedback from clients about the staff and how supportive they were. People told us that they had no concerns about the skills of staff and gave examples of this.

People who use the service should be assured that there are robust systems in place to ensure that all staff have up to date mandatory training. We found that this was an area that needed tightened up. When we checked records, we found significant gaps, however, after speaking to staff and sourcing training records within other documentation, we felt assured that training had taken place in key areas including detox, seizure management and fire safety. Please see area for improvement 1.

People using the service should feel assured that there are enough staff to support them. The feedback we received from clients and staff was that they felt that there were always enough staff on duty. The service decided on the number of staff using the professional opinion of the clinical nurse specialist who assessed this daily and used the specialist services dependency scale.

Staff we spoke with told us that there was good team working and that they enjoyed being here. Newer staff told us that they had been made to feel welcome and had settled in quickly. They also told us that they had received a robust induction and felt well-equipped to carry out their job role.

### Areas for improvement

1. The service should keep records of the training needs analysis of each member of staff and details of delivery of training.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "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)

### How good is our setting?

### 5 - Very Good

In order to answer this question we considered and evaluated the following Quality Indicators:

4.2 The setting promotes and enables people's independence - graded as very good - 5

People using the service should be assured that the environment is kept clean and odour free. We found the service to be clean, tidy and free from offensive odours.

The building is very old with some parts not able to be re-decorated as they are listed. Some areas did look a bit tired, however, we were told that a refurbishment plan was being devised. We will look at this at the next inspection.

We reviewed the surveys that people completed when they left the service and spoke to current clients. It was clear from these that there was an issue with the comfort of the beds. This had been getting highlighted for some time and it was disappointing that this had not been addressed. Please see area for improvement 1.

We found that people were able to walk around the service freely. People were able to access the gardens either on their own or supported by staff where assessed as needed.

The building had many communal rooms which provided great spaces for group sessions, individual sessions and holistic therapies. Some of the communal areas were for social use by clients and we heard how important this time spent with peers was to aid recovery and offer support after they had left the service.

### Areas for improvement

1. The service should review the provision of beds.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

## How well is our care and support planned?

5 - Very Good

In order to answer this question we considered and evaluated the following Quality Indicator:  
5.1 Assessment and care planning reflects people's needs and wishes - graded as very good - 5.

People should be confident that their care plans give clear direction on how to deliver their support and that they are reviewed and updated when there are any changes in their health or circumstances. We sampled these across the service and found that they contained enough information to guide staff on how best to care and support them. It was clear to see that each client had been involved in the plans and particularly the goal setting section. Clients completed significant event forms each day where they reflected on their experiences and feelings. These were then shared at the morning meetings. We attended a morning meeting and it was clear to see how involved people were on directing their support.

At the previous inspection we had suggested that the clinical nurse specialist should devise a separate care plan to provide information and guidance where an individual client had a specific medical condition that required monitoring. This had been introduced and staff told us that they found them useful.

We heard that the service was in the process of developing an electronic plan that would start at the initial referral and continue right through to after care. We look forward to seeing these at the next inspection.

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

### Requirements

#### Requirement 1

The management must ensure that there are safe working practices in place in relation to food handling, storage preparation and provision.

To do this the management will:

- a) complete the action plan given by the environmental health department within the 28 day timescale they have stipulated.
- b) ensure that all staff have the necessary skills and knowledge to be practicing safely at all times and that they have a clear understanding of their role and responsibilities.
- c) review their current safe practice policies and processes and ensure these are fully implemented, monitored, regularly reviewed and updated as required.
- d) ensure that any catering contractor used is practicing safely with clear plans for how this will be monitored by the management being agreed and in place.

This is to ensure the management of this is consistent with the Health and Social Care Standard 4.23 which states "I use a service and organisation that are well led and managed" and Standard 4.27 which states "I experience high quality care and support because people have the necessary information and resources."

It is also necessary to comply with Regulations 4 (1) (a) and 14 (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**Timescale: 1 March 2019.**

**This requirement was made on 15 January 2019.**

### Action taken on previous requirement

Since the last inspection the service had employed two chefs in order to provide meals in-house. They had followed the guidance of the environmental health officer and now had a pass certificate for their kitchen. We sampled food hygiene records and found systems for completing and monitoring of these to be in place. We received positive feedback about the provision of meals.

**Met - outwith timescales**

## 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?	6 - Excellent
1.1 People experience compassion, dignity and respect	6 - Excellent
1.2 People get the most out of life	6 - Excellent
1.3 People's health benefits from their care and support	6 - Excellent
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?	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 levels and mix meet people's needs, with staff working well together	6 - Excellent
How good is our setting?	5 - Very Good
4.3 People can be connected and involved in the wider community	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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