

## Archview Lodge Care Home Care Home Service

Newmills Road  
Dalkeith  
EH22 2AH

Telephone: 0131 663 0646

**Type of inspection:**

Unannounced

**Completed on:**

26 February 2020

**Service provided by:**

Barchester Healthcare Ltd

**Service provider number:**

SP2003002454

**Service no:**

CS2007143305

## About the service

Archview Lodge Care Home is registered with the Care inspectorate to provide a care service for a maximum of 78 older people. The service is provided by Barchester Healthcare Ltd (referred to in the report as "the provider"). At the time of inspection, 76 people were using the service.

Archview Lodge Care Home is a purpose-built care home on the south side of Dalkeith and is close to main bus routes and local amenities. The home is set within its own well-maintained grounds with private parking.

Accommodation is provided over two floors with the upper levels accessed by lifts or stairs. There are three units, with one unit providing specialist support to people living with dementia. All bedrooms have en-suite facilities with toilet and wash hand basin. Each unit has sitting and dining areas and additional toilet and bathing facilities. There are separate laundry, main kitchen, offices and staff facilities.

The aims and philosophies of Archview include:

"The aim of the staff is to provide the highest possible standard of care within the home. The resident's individuality, dignity, privacy and independence are not compromised because they are elderly, confused or disabled. Our aim is to give our residents the best possible quality of life."

## What people told us

An inspection volunteer took part in the inspection. Inspection volunteers are members of the public who have used a care service in the past or care for someone such as a family member or friend. They help us get the views of people using the care service. We also spoke with people using the service and relatives.

Everyone we spoke with during the inspection was positive about living at the service. Everyone said they were treated with dignity and respect and felt safe. People were very complimentary about staff and their kindness.

Everyone was positive about staff skills and were confident that staff would meet their healthcare needs. People we spoke with said they enjoyed the food. They also enjoyed the structured activities and outings. We were told that in the summer the garden was well used.

Everyone was complimentary about how the service was managed and were confident if they raised a concern it would be addressed.

Relatives told us they were made welcome at the service and were kept well informed about their loved ones' health. Some also told us that staff, the manager in particular, were very supportive of them.

From speaking with people it was clear everyone valued the service and held it in high regard.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experiences and outcomes of people who were unable to tell us their views. We saw that people were comfortable around staff who were caring and friendly in their interactions with them.

In August 2019, we issued 26 questionnaires to the service which 14 people using the service returned to us. We also issued 26 questionnaires for relatives and 17 were returned. We took account of the questionnaires as part of the inspection process. But it is important to remember these views were expressed in August 2019. During the inspection, no one expressed to us any suggestions about how the service could improve.

The positive comments from the questionnaires reflected the verbal comments we received during the inspection. There were common themes around suggestion for how the service could improve. These included, more outings and stimulation, more staff, staff were always very busy, buzzers to be answered more quickly and less changes within the staff team. These views were shared with the manager. The manager told us that while there were some changes in the staff team last year, this was resolved. The manager agreed to take account of these views but was confident these suggestions for improvement had already been addressed.

Two people who completed the August 2019 questionnaires stated they were dissatisfied with the care and support provided. The questionnaires were anonymous and we were unable to establish the nature of the dissatisfaction. No one we spoke with expressed this view at inspection.

## 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?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?

**4 - Good**

People experienced warm, gentle and compassionate care and were assisted in a respectful way that protected their dignity. People looked well cared for. Staff were responsive to people's needs and were seen to be keen to make sure that people were comfortable and well.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. However, wider aspects of respectful and dignified care could be improved. For example, people should expect their personal belongings to be well-maintained and to be for their individual use. Unnamed clothing and storage of personal toiletries in communal bathing areas raised the risk these could be used by others without the owner's consent. The manager will continue to work with staff to improve this aspect of support.

To help people get the most out of life, the facilities on the upper floor were being upgraded. People were excited about this and had been involved in the process. We saw that the refurbishment involved major work, but it was well-managed and disruption kept to a minimum.

People benefited from being able to develop their interests and get the most out of life. The enthusiastic activity coordinators worked hard to make sure planned activities were tailored to people's preferences. We saw several well attended activities where people were stimulated and had fun. There was a strong focus on the importance of keeping physically active and the exercise classes were skilfully facilitated. Well established links with the local community and the use of local facilities meant people maintained not only their connection with the local area but met new people. The café style area on the ground floor was well used by visitors and residents and was a real hub of activity.

However, outwith set activities, for some people their choices in how they spent their day was more limited. We saw a number of people sit for long periods in sitting rooms with no stimulation or engagement other than if direct care was being provided. We saw that care staff understood the importance of social engagement and made efforts to do this, but were busy delivering direct care. The manager was confident this was not an accurate reflection of how people spent their day and was impacted by the building refurbishment. We will monitor progress at future inspections.

We questioned if the staffing levels allowed time for care staff to engage socially with people. The manager was confident the staffing levels met people's direct care and social needs. We asked the manager to consider how staff were deployed to ensure staff had time to engage socially with people who spend their day in the sitting rooms.

Everyone praised the well presented food and snacks. People chose where they wished to dine and experienced pleasant, sociable mealtimes where assistance was given promptly and discretely. This meant that there was less risk of unnecessary weight loss. Good oral healthcare benefits people's nutrition and general health but we saw examples of oral hygiene equipment which was not well-maintained. The manager agreed to address this and we will monitor progress at the next inspection.

We saw that people experiencing pain were given comfort in a compassionate way and good efforts were made to alleviate discomfort. However, people at risk of experiencing pain should expect their care plan to reflect the planned care. This was not always the case. Care planning is discussed under How well is our care and support planned.

Although people experienced healthy skin, some needed creams and ointments applied to maintain this. We could not be assured that this was happening as there was inconsistent information and records to support care delivery. (See area for improvement 1)

Medication was well managed and supported people's health and wellbeing. It would be better if staff remembered to record the effect of any medication that was given when required, to measure if the intervention was effective. The provider used a system to record the location of the placing of medication patches. It would be better if staff followed the provider's recording procedures. We will monitor progress at the next inspection.

People should expect any equipment they use, including shower chairs, bed rail bumpers, floor safety mats, to be well-maintained. This is important in ensuring people's wellbeing and comfort. The manager agreed to address this and we will monitor progress at the next inspection.

## Areas for improvement

1. In order to ensure good outcomes for people experiencing care, the provider should clearly evidence that people who require applications of creams and lotions are receiving this in accordance with the prescriber's instructions.

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

4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**3 - Adequate**

Healthcare assessment tools were used to assess people's care needs, for example, identifying the risk of falls. Information about people's legal status helped protect them if they were unable to make decisions about their healthcare.

However, people should expect their care plans to reflect all aspects of their wishes and care needs and give clear direction to staff about how to deliver their care. This is important because it helps staff give consistent and safe care in the way people want. From care plans we sampled, we could not be confident that plans always supported this. For example in relation to pain management and supporting people when they become stressed or distressed. We could not be confident that the plans always contained the most up-to-date information about people's care.

We were advised that a more person centred care plan format was being devised.

Following a complaint investigation, two requirements were made about care plans and staff responsibility in relation to maintaining accurate records. When given verbal information about findings during the complaint investigation, measures were put in place to improve the recording of care. We acknowledged everyone had worked hard to meet the requirements but staff need more time to make the necessary changes. (See requirement 1 and 2)

We have repeated both requirements with extended timescales to give the service more time to meet these. Repeating these requirements has impacted on the evaluation of this key question. This has been difficult for an otherwise well performing service. We will plan a timely inspection to monitor progress in meeting the requirements and re-evaluate the service performance in this area.

## Requirements

1. By 20 June 2020, the provider must demonstrate that all personal plans record all risk, health, welfare and safety needs, in a person-centred manner, which identifies how needs and choices are met. In order to do this, the provider must ensure that documentation and records are accurate, up-to-date, sufficiently detailed and reflect the care planned, or provided for people.

This is to ensure care and support is consistent with the Health and Social Care Standards.

1.19: My care and support meets my needs and is right for me.

This is also 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).

2. By 20 June 2020, the provider must ensure that personal plans record all risk, health, welfare and safety needs, in a coherent manner, which identifies how service user needs are to be met. In order to do this, the provider must:

- ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- provide training so that staff are aware of their responsibility in maintaining accurate records and demonstrate that managers are involved in monitoring and the audit of records.

This is to ensure care and support is consistent with the Health and Social Care Standards.

1.19: My care and support meets my needs and is right for me.

This is also 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)

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

## Requirements

### Requirement 1

Following a complaint investigation by the Care Inspectorate, the following requirement was made.

The provider must demonstrate that all personal plans record all risk, health, welfare and safety needs, in a person-centred manner, which identifies how needs and choices are met.

In order to do this, the provider must ensure that documentation and records are accurate, up-to-date, sufficiently detailed and reflect the care planned, or provided for people.

To be completed by: 20 February 2020.

This is to ensure care and support is consistent with Health and Social Care Standard.

1.19: My care and support meets my needs and is right for me.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 4 February 2020.**

## Action taken on previous requirement

The provider received written confirmation about the outcome of the investigation in February 2020. The provider had until the 18/02/2020 to ask for a review of the decision. The provider accepted the investigation findings and on 18/02/2020 submitted an action plan detailing how the service would meet the requirement. This action plan was taken account of at this inspection. Although the timescale for meeting the requirement was 20/02/2020, as the inspection was ongoing on that day, we checked on the progress being made toward meeting the requirement.

During the inspection, we saw that the provider had taken the matter very seriously. Based on verbal information, given during the investigation, the management team started to take action to improve care plan records. Various systems and processes had been put in place to improve how people's care was recorded and ensure information was accurate and up-to-date. For example, meetings with staff to reinforce the importance of person centred care planning, weekly audits of care plans, changes of care needs discussed at daily clinical meetings and families' involvement in "resident of the day" process.

However, this is a large service and it takes time to fully implement a requirement of this nature. The service needs more time to fully implement this requirement and it is reasonable to extend the timescale.

The requirement will be repeated with extended timescales under How well is our care and support planned. This requirement has impacted on the overall evaluation of that key question.

**Not met**

## Requirement 2

Following a complaint investigation by the Care Inspectorate, the following requirement was made.

The provider must ensure that personal plans record all risk, health, welfare and safety needs, in a coherent manner, which identifies how service user needs are to be met. In order to do this, the provider must:

- ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.

- provide training so that staff are aware of their responsibility in maintaining accurate records and demonstrate that managers are involved in monitoring and the audit of records.

To be completed by: 20 February 2020.

This is to ensure care and support is consistent with Health and Social Care Standard.

1.19: My care and support meets my needs and is right for me.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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During the inspection, we saw that the provider had taken the matter very seriously. Based on verbal information given during the investigation, the management team started to reinforce staff understanding of their responsibility to maintain accurate records. At the time of inspection, some staff had already received training about their responsibility to maintain accurate records. Future training dates had been arranged initially for registered nurses and principal carers but there were also plans to provide this training to all care staff.

However, this is a large staff team. The management team was eager to provide training in a meaningful way that would improve staff practice in a positive way and this takes time to achieve. The service needs more time to fully implement this requirement and it is reasonable to extend the timescale.

The requirement will be repeated with extended timescales under How well is our care and support planned. This factor has impacted on the overall evaluation of that key question.

**Not met**

## 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

Following a complaint investigation, the following area for improvement was made.



In order to ensure good outcomes for people experiencing care, the manager should ensure that there are effective systems in place, to enable the service to react and adapt appropriately when people's care needs change. If people need to move on to a new care service, they should be confident that this will be managed in a timely, transparent and professional manner.

This is to ensure care and support is consistent with Health and Social Care Standard.

2.20: If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.

**This area for improvement was made on 17 December 2019.**

#### Action taken since then

The provider received written confirmation about the outcome of the investigation in December 2019. The provider submitted an action plan in January 2020, detailing how the service planned to implement the area for improvement. This action plan was taken account of at this inspection.

During the inspection, we saw the area for improvement had been implemented.

## Complaints

Please see the following sections of this report - What the service has done to meet any requirements we made at or since the last inspection and What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website for details of complaints about the service which have been upheld.

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## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

  

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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