

## Archview Lodge Care Home Care Home Service

Newmills Road  
Dalkeith  
EH22 2AH

Telephone: 0131 663 0646

**Type of inspection:**  
Unannounced

**Completed on:**  
1 February 2021

**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, 72 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."

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

## What people told us

We met 34 people of the 72 people experiencing care during our inspection and spoke with 23. However due to frailty and or communication difficulties not everyone could share their views with us. People told us that they felt well looked after and were treated with respect by staff. Staff were also praised for their kindness.

Some of the comments included:

"The staff at kind and look after me.

"I have been unwell but staff took good care of me."

"The food sometimes isn't very good."

"I have no complaints it's a lovely place."

"Its sometimes difficult when I have to wait for assistance but I know the staff are busy."

"I just like the peace and quiet and like my room."

"The staff are fine the place is comfortable and I feel content here, I have no complaints."

"The staff are helpful, the meals are good and I like spending time in my room.

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic? 3 - Adequate

### 7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic.

People were generally satisfied with the care and service they received. Those who could not share their views looked comfortable and at ease in their surroundings and with staff.

People were encouraged to stay in regular contact with their relatives through phone calls and the use of technology. Visits took place in line with national guidance.

Staff kept relatives updated about peoples' well being and also contributed to care planning reviews.

Social activities were facilitated each day and these took place in accordance with social distancing guidelines. People were assisted to socially distance when using shared areas.

Some people needed support to eat and drink well and for other needs like the application of medicinal creams. To help staff support people well charts were available to record support, but these were disorganised and not always completed. See area for improvement 1, repeated from a previous inspection.

People felt that staff provided their care in accordance with personal choices, and preferences. However, in some care plans we could not always see that people had been consulted. Anticipatory Care Plans had not always been fully completed. Although end of life medicines could be obtained promptly. There was good links with other health care professionals.

We made a requirement about care planning at the last inspection and have repeated this. See requirement 1. We also made a requirement about risk assessments and have repeated this. See requirement 2.

### 7.2 Infection control practices support a safe environment for people experiencing care and staff.

Infection prevention and control (IPC) practices were adequate.

Personal protective equipment (PPE) was situated at key points throughout the care home making it readily available to staff. Staff and visitors wore PPE appropriately.

Staff were performing hand hygiene appropriately. However, some staff missed opportunities for hand hygiene when carrying out the same task for multiple people, for example when delivering food to peoples' rooms. See area for improvement. 2

The home was clean but some improvements were needed to promote IPC.

A few areas needed attention where cleaning was not effective, for example around shower screens and the underside edges of tables. These were brought to the attention of management and were addressed during our inspection. In communal bath and shower rooms we saw some areas such as corners, edges and thresholds that would benefit from regular and effective deep cleans to maintain a higher standard of cleanliness. See area for improvement 3.

There was a good supply of cleaning equipment, products and solutions which were suitable for a range of cleaning purposes. However chlorine releasing agents were not always used according to current guidelines. See area for improvement 3.

Throughout the service we saw a number of handrails, door frames and floor coverings with damage preventing effective cleaning. See area for improvement 4.

The majority of shared equipment was visually clean. However a number of pieces of equipment had not been effectively cleaned in all parts after their last use.

These were addressed when brought to staffs attention. As there was not a build-up of dirt regular cleaning schedules appeared to be effective.

The laundry was clean, tidy and well organised.

Waste was managed appropriately. However, outside waste bins could be used more effectively.

Staff were aware of the testing procedures and followed guidelines, helping to keep people safe.

## **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care**

Staff including housekeeping staff had undertaken IPC training.

However, competency assessments still needed to be completed for all staff. This was being followed up by the manager to ensure safe practices in the home.

Staff said they felt supported in their work and no one had any concerns about staffing levels, access to PPE or equipment and cleaning materials.

Staff were kept up to date about any changes to guidance through daily briefings COVID 19, updates, newsletters the most recent infection control audits.

People said staff were attentive and caring, only one mentioning staff could be busy.

Assessments were completed on a monthly basis to check that people's needs could be met by the right number of staff. Although assessments could be updated on a daily basis should people's needs change, helping to ensure responsive care for people.

The home used temporary staff where required although this has reduced recently, and as far as possible, the same agency staff were used. Systems were in place to ensure agency staff had the skills and experience necessary to care for people well. An induction plan was in place for new agency staff.

The provider had a contingency plan in place which included staffing, and a business continuity plan with an associated action plan in the event of a COVID-19 outbreak.

Staff had access to relevant guidance relating to COVID-19 signs and symptoms and supporting people during the COVID-19 pandemic.

## Requirements

1. By 31 May 2021 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.

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 31 May 2021 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.

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## 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. In addition all charts in use should also be clearly completed in accordance with the directions on these.

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.

2. The provider should ensure that hand hygiene is performed at every opportunity.

3. The provider should ensure that deep cleans are carried out regularly and effectively and that chlorine releasing cleaning agents are always used in line with the National Infection Prevention and Control Manual.

4. The provider should ensure that all maintenance issues including damaged surfaces are reported and repaired in a timely manner to allow effective cleaning.

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

### Requirements

#### Requirement 1

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 June 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 20 February 2020.**

#### Action taken on previous requirement

The provider received written confirmation about the outcome of a complaint 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 complaint 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 was repeated with an extended timescale of 20/06/20. However at this inspection we again saw that not all care plans personal plans recorded all risk, health, welfare and safety needs, in a person-centred manner, to identifies how needs and choices were to be met.

The Clinical Development Nurse was now working with staff in the service to provide staff training to support staff to complete care plans in accordance with the Providers expectations , legal requirements and good practice guidance. Thereafter, all care plans will be reviewed and updated.

Therefore, we have repeated this requirement with extended timescales for implementation

## Not met

### Requirement 2

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)

**This requirement was made on 20 February 2020.**

### Action taken on previous requirement

During the inspection, we saw that the provider had taken the matter very seriously. Based on verbal information given during the complaint 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 manager 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.

The requirement was repeated with an extended timescale of 20/06/20. However at this inspection we again saw that not all care plans personal plans recorded all risk, health, welfare and safety needs, in a person-centred manner, to identifies how needs and choices were to be met.

The Clinical Development Nurse was now working with staff in the service to provide staff training to support staff to complete care plans in accordance with the Providers expectations , legal requirements and good practice guidance. Thereafter, all care plans will be reviewed and updated.

Therefore, we have repeated this requirement with extended timescales for implementation.

## 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

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. In addition all charts in use should also be clearly completed in accordance with the directions on these.

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.

**This area for improvement was made on 1 February 2021.**

#### Action taken since then

The action plan submitted after the inspection reported that :

All Tmars are checked on monthly ordering with MAR charts to ensure there is no duplication of creams and lotions.

Staff to ensure that prescribers instructions on TMARs and the same as MAR charts.

However at this inspection we saw many gaps in the recording of the application of topical medicines. This area for improvement had not been fully implemented and we have repeated this with an amendment to include all charts.

## 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).

However, the requirements and an area for improvement detailed in this report are as a result of a complaint investigation prior to the last inspection in February 2020. We also discussed anonymous complains made to the care inspectorate which had been considered as intelligence.

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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