

# Arcadia Gardens Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 March 2021

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300643

## About the service

Arcadia Gardens is registered to provide a service to 72 people. The provider is HC-One Limited.

The care home is situated in the Bridgeton area of Glasgow and is near to public transport facilities. There is a car park to the front of the building and each unit has access to an enclosed garden area.

The building is purpose-built with all accommodation at ground level and divided into three separate units:

McQueen unit - 24 older people

Lindsay unit - 24 older people living with dementia

Bruce unit - 24 older people.

Each unit provides communal lounge/dining rooms and single bedroom accommodation with en-suite toilet facilities.

At the time of the inspection, the McQueen unit was providing up to 18 places for people who were previously in hospital but were not yet well enough to return home. There were 45 residents using the service during our inspection.

The provider's mission statement is:

"Our company is built on the principles of involvement, accountability and partnership. We want HC-One homes to be the kindest homes in the UK with the kindest and most professional staff, where each and everyone matters and each and everyone can make a difference".

This was a follow up inspection. We spoke with people who experienced the service, relatives, staff and external healthcare professionals. We reviewed the content and quality of personal plans including healthcare and risk assessments. We observed interactions between people who experience the service and staff during lunch.

## What people told us

During the inspection we spoke with six people living in the home. Their comments were generally positive and included:

"I enjoy watching tv in my room."

"I want to see my family when they come."

"I like it here they are nice to me, I like to have a wee dance."

"I like to wander about to see if any jobs need doing."

We observed friendly and positive interactions taking place between people living in the service and staff.

During the inspection, we telephoned five relatives. Their comments were mostly positive about the quality of care and the staff. Comments included:

"Staff are doing their best. Nurses can't do enough for you. They are brilliant."

"Sometimes she [relative] is a bit down but it's to be expected."

"His [relative] care is fine. He knows his carers and seems settled."

"Staff are incredible - very friendly and approachable."

"Only been in her room once and while it is clean it looks a bit run down - could do with a lick of paint. She [relative] always looks clean and tidy I feel fortunate she is there."

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

### Requirements

#### Requirement 1

By 15 March 2021, the provider must ensure that people experience support for stress and distress that is reflective of good practice. In order to achieve this, the action you take must include but not be limited to, the following:

- (a) care plans must contain person-centred strategies to manage a person's stress and distress;
- (b) evaluations of care plans and risk assessments that are in place to reduce stress and distress, must show regular review of these and the use of medication to support better outcomes for people; and
- (c) quality checks on care plans and risk assessments that are in place to reduce stress and distress, must demonstrate that they are reflective of current good practice.

This is to ensure that wellbeing is consistent with the Health and Social Care Standards (HSCS) which state:

"I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12)

"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)

Also to comply with Regulation 4(1)(d) Welfare of users and Regulation 5(1)(2)(iii) Personal plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 24 February 2021.**

#### Action taken on previous requirement

We reviewed people's care plans including risk assessments and interventions to manage stress and distress. Improvements had been made in the quality and content of care planning. These were more person centred and reflective of the individual's unique circumstances.

Psychological approaches to help relieve stress and distress were used before the use of medication. This meant people only received medication when all other methods to reduce distress had been tried. When medication was used the effect of this was recorded in the care plan, including if the person's distress reduced and they were calmer. This ensured the medication was effective.

Care plans were reviewed when there was a change in circumstances and on a monthly basis. Senior staff undertake quality assurance audits regularly and recognised the importance of sustaining the improvements to care planning. As a result of the audits, we saw the the quality and consistency of care planning and recording had improved throughout the service.

**Met - within timescales**

## 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 people have access and opportunities to experience meaningful activities, the manager should review care staff roles and remits to include one to one key worker time to provide meaningful activities.

This ensures wellbeing 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)

**This area for improvement was made on 24 February 2021.**

#### Action taken since then

The activity coordinator provided a range of activities to groups, and some individuals, which people enjoyed.

The manager had commenced work to introduce a key worker system that would identify an individual care worker for each person living in the home. We discussed with the manager and quality manager the importance of ensuring the key worker role included the opportunity of 'quality time' where people and their key worker have opportunities to spend time together and engage in activities meaningful to them.

This area for improvement is unmet.

#### Previous area for improvement 2

In order to ensure that the quality of the service improves outcomes for residents, the manager should ensure that the organisation's quality assurance processes including the follow-up of accidents and incidents and responses to complaints continue to involve residents, relatives and staff and demonstrate how outcomes for people have improved as a result.

This ensures 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 )

**This area for improvement was made on 11 March 2020.**

#### Action taken since then

The manager had a range of quality assurance tools including an improvement plan she used to quality assure systems and outputs of the service.

We discussed with the manager the benefit of greater inclusion and participation from people who experience the service, their relatives and interested stakeholders. Their views and comments on their experience of the service and ways to improve it should be considered as part of the quality assurance process.

We directed the manager to the Care Inspectorate's Self-evaluation for improvement guide. The examples of good practice on seeking people's views within the guide would help inform the improvement plan for the service.

This area for improvement is a work in progress and is unmet.

#### Previous area for improvement 3

In order to ensure that the home's environment enables all residents to live a meaningful and fulfilled life, the manager should:

- Continue to involve residents and relatives in its development.
- Ensure that the home's environment is developed in line with best practice guidance for people living with dementia or cognitive impairment.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

**This area for improvement was made on 11 March 2020.**

#### Action taken since then

The current pandemic has affected the progress made in this area for improvement. There were areas of the home including Lindsay unit that would benefit from some refurbishment and redecoration.

The manager was aware of using The King's Fund environmental tool for people with dementia and hopes to implement its use when the visiting restrictions are lifted. The tool promotes the use of improved lighting , signage and colour contrasts which is of benefit to people living with dementia. We discussed the importance of including this work in the service's improvement plan.

This area for improvement remains unmet.

#### Previous area for improvement 4

In order to ensure that people have access to the garden and use of the quiet areas, the manager should:

- Ensure repairs to the glass in the garden room and the wooden ramp to the garden are repaired or

replaced.

- Continue with work to develop the garden areas.
- Encourage staff, residents and relatives to use the quiet areas and the café area to promote privacy, wellbeing and meaningful activities.

This ensures 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)

"I can choose to spend time alone." (HSCS 1.26)

"If I live in a care home, I can use a private garden." (HSCS 5.23)

**This area for improvement was made on 11 March 2020.**

### Action taken since then

People had access to small garden areas attached to their units, however the main central garden area remained in poor repair and not in use. We saw this as a missed opportunity particularly in light of the current pandemic and the restrictions on outings from the home and visiting.

People's physical and psychological health and wellbeing benefits from spending time outdoors and helps reduce stress.

We asked the manager to submit an action plan with timescales for the refurbishment work for the garden.

This area for improvement remains unmet.

### Previous area for improvement 5

In order to ensure that people receive care and support which is personal to them, the manager should ensure that care records reflect a person-centred and outcome focused approach. Care reviews should also help to identify future plans and goals including any planned interventions and outcomes to manage stress and distress. The manager should monitor this via the quality assurance tools and the service improvement plan.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12)

"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).

**This area for improvement was made on 11 March 2020.**

### Action taken since then

People's care plans were more person centred and included information on what was meaningful and important to the person.

Some life histories and interventions to relieve stress and distress were written from the person's point of view and contained a good level of detail.

Care records for wound management were regularly updated to reflect any treatments or changes in wounds. Treatment plans contained photographs and advice from external healthcare professionals. This ensured that any changes or progress of wounds could be visually checked to ensure treatments were effective.

The format of the care plans including the review form was not conducive to person centred recording.

We spoke with the manager about the value of care staff being involved in developing care plans particularly in the key worker role. This would ensure that care staff knew residents well including their past life and history which is important when caring for people with a cognitive impairment.

This area for improvement remains unmet.

## 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)

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