

Ardfenaig Residential Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Argyll and Bute Council

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CS2003014233

About the service

Ardfenaig Residential Home is a registered care home for 16 older people with a range of care and support needs. This includes one place for a short break or respite care.

The rural service is owned and managed by Argyll and Bute Health and Social Care Partnership and is situated in Ardrishaig near Lochgilphead.

It is a converted traditional two storey building with an extension. There is a lift available between floors for those who need it. The home is set within its own grounds overlooking Loch Gilp. Parking at the home is limited.

There were 14 people living there at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 5 November between 13:00 and 20:30, 6 November between 10:00 and 17:30 and 7 November between 10:00 and 14:45. The inspection was carried out by one inspector from the Care Inspectorate. 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 five people using the service and four of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

Key messages

- The care home had a homely and friendly environment.
- People who lived there were happy and comfortable, and felt at home.
- Staff were kind, knowledgeable and well trained.
- The environment was clean and cared for, and staff followed all infection prevention and control practices.
- There was a quality assurance framework in place that was used well by the manager.

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?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a warm and welcoming atmosphere in the home at all times, and people being supported were relaxed and comfortable in their environment.

We spoke with family members who were visiting their loved ones and they all told us that they were more than happy with the care and support given. They felt welcome when visiting at any time of the day, and made comment that they were always contacted or updated when issues would arise for their loved one. One person told us that when visiting and going into the home it felt like "walking into a big warm cuddly slipper". People living there told us that staff were always attentive. We saw that staff treated people with care, compassion and dignity. All of this assured us that people were comfortable and felt cared for.

There was sufficient staffing throughout the home at all times of the day. Staff worked a shift pattern from early morning through to mid evening (night shift from mid evening to early morning), this meant there was good continuity of care for people. Staff knew people very well and they were able to recognise any changes in people's presentation that may have indicated ill health. As such they were able to deal with them appropriately using the right intervention.

People have the right to have medications administered safely and at the right time of day. During our visit we saw that this was what happened for people.

External health professionals, such as the district nurse, dietician and GP, were regular visitors to the home. Some of these visits were for scheduled appointments and others were when staff had contacted them around concerns for people. Health professionals told us they were confident that staff knew when to contact them regarding people's health concerns. They also said that the staff team were happy to ask for guidance and able to implement appropriate treatment plans. This meant that people's health concerns were dealt with in the right way and medical interventions were appropriate.

Food and nutrition had improved for people in the home with home cooked food being served daily. There was a process in place where people were being consulted around daily menus. The catering manager had good knowledge and understanding of International Dysphagia Diet Standardisation Initiative (IDDSI). This ensured that people with swallowing difficulties received food that they were able to eat safely. There were hydration stations available in communal areas, which meant that people could get fresh drinks and snacks as and when they wished.

Regular therapy pets were brought to the home, for people who enjoyed pets to spend some time with. During our visit we saw that some people were involved in activity some of the time, and that there was several one to one events happening with people. However, there was no structured activity plan in place. Having some structure to each day is helpful for most people; it helps people plan their day, and have something to look forward to. This assists with mental and often physical, wellbeing. There is no appointed activities worker and care staff fit this into their day. It would be useful to have a few staff who could take on the responsibility of weekly activity planning. (See area for improvement 1).

Areas for improvement

1. The service should ensure people's day-to-day activities are meaningful and planned by responsible staff. They should be accessible for everyone living in the home.

They should as a minimum:

- a) reflect people's individual preferences,
- b) maintain and enhance people's level of independence, skills, and abilities,
- c) maintain records of meaningful engagement and activity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a quality assurance framework in place which the manager used well. They were happy to share quality assurance tasks to senior carers and who were aware of their roles and responsibilities. Where it was recognised that any areas were not meeting the required standard then information was shared with staff and guidance on how to improve it. This meant the service had a culture of continuous improvement in place.

A service improvement plan had been completed and was regularly updated by the manager. They were looking for ways to improve the service plan, which we discussed. The manager was now completing the plan by using the Care Inspectorate self evaluation framework. This meant that other members of staff were involved and fed back to the manager. This led to staff feeling valued for their input.

Management/staff culture was good in the care home and staff told us they were happy to speak to and approach the manager, (and/or seniors), when there was anything they wanted to discuss. Overall management were very approachable and this meant that concerns and issues could quickly be resolved, and outcomes for people improved.

There was a regular "Bullet In" paper that was shared with families, residents and staff. This ensured that everyone knew what was happening in the care home, such as fund raising events, new staff, and special events happening for those who lived in the home. This was also an effective way of letting people and families know that they were looking to consult with them on particular issues, such as menus, activities and decor in the service.

The manager had a good overview of all training that staff had undertaken. Each member of staff now had an individual training plan in place that was kept up to date. They could access this at any time and were alerted when staff may need to refresh any mandatory training.

There was an effective induction process in place for new staff that was followed through until signed off as achieved. This included areas of mandatory training, information on the local authority, policies, procedures and codes of conduct. Checks were also carried out on Scottish Social Services Council (SSSC) for each individual member of staff to ensure they had registered. All of this meant that the manager knew staff were fit to practice.

Managers and senior staff are responsible for ensuring that staff know how to provide care well and in the right way. In order to do this they should observe staff practice and record the outcome. They can then address this with staff and provide guidance, arrange training or give recognition when a task was carried out well. Staff did receive regular supervision, which was a recorded conversation, however their practice had not been formally observed. We discussed this with the manager and how to best achieve it with the team. (See area for improvement 1).

Areas for improvement

1. The manager should ensure that senior staff carry out formal recorded observations of practice with all staff. This is to ensure that people are receiving the best care in the right way and have the best outcomes. This should then be discussed with staff giving guidance when needed or praise and recognition when due.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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. outcomes are met' (HSCS 3.14).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were dedicated to their work. Care and support was consistent and stable because the team worked so well together. Communication was good between each team, day shift/night shift and handovers that we observed between teams were thorough.

The care team all met on a weekly basis to discuss people's needs and any progress that had been made. When something was shown not have been followed through externally then actions were identified and appointed for individual staff to deal with. This ensured that any needs people may have had were provided for as quickly as possible.

Regular team meetings took place with management presence. These were recorded and shared with any staff who could not make the meeting, however there was generally a good attendance. These meetings ensured that staff were aware of any new initiatives in place and also gave the whole staff team opportunities to raise any concerns as a group. This meant that for some staff who were less confident on a one to one basis they still had an opportunity to share their views and opinions.

Staff caring for people in a care home require to have a minimum qualification of Scottish Vocational Qualification level two (SVQ 2). This qualification ensures that they are aware how to provide the best care for people. Most of the staff team had an SVQ 3 (or SVQ 4 for senior staff). Staff also received mandatory training as part of their induction process (which is regularly refreshed) this covered areas such as Adult Support and Protection, Dementia Awareness, and Moving and Handling. This ensured that people could be confident that they were receiving care from trained and knowledgeable staff.

A few of the staff team were asked to "act up" in the senior role from time to time. This worked well and gave them opportunities to be aware of the different responsibilities in that role, as well as the different decision making skills. It also gave the opportunity to consider progression in their role.

At times of staff annual leave or illness the service relied upon "bank" staff covering the vacant shift. One of the benefits of living in a rural community is that people knew each other, and often the "bank staff" were health professionals from the local area. This meant they brought their health knowledge with them, which in turn gives positive input to both staff and people in the service. It also helped to provide the real community feel within the home, which benefited everyone.

Family members we spoke to all told us that they had good relationships with staff and "one thing (they) really appreciated was that (they) felt listened to". This helped reduce anxieties for family members, particularly when their loved one had only recently moved into the care home.

Staff recruitment was carried out appropriately for all posts in the care home. Suitable references were sought, Protection of Vulnerable Groups (PVG) was completed, and all other document checks, such as right to work in the UK, were carried out by H R professionals within Argyll and Bute local authority.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

On entering the care home there was a warm and homely feel. It was clean with no malodours. The decor, layout and style was compatible with an old country house. We saw that people were sitting comfortably in the T V room and the sitting room.

There were some small areas throughout the home that were in need of decorative repair, and some areas that would benefit from a refresh. We discussed this with the manager and there are plans in place to make these improvements.

People's bedrooms were all of a size where they could sit comfortably with visitors and maintain privacy. All had good furnishings and they were fresh and well kept. People had their own belongings in their rooms and this individualised them to people's own taste. All rooms had private ensuite facilities. Ensuites were spacious and showers were all in good condition. People did also have access to a bath if this was their preference.

Some new furnishings had recently been purchased for communal areas. These were chosen after consultation with people using the service and were placed around communal areas as people wished. The consultations helped give people a sense of belonging within the service and offered them choice, encouraging independence.

There were attractive garden areas outside that were well laid out and overlooked the loch. In better weather the gardens were used regularly by people while accompanied by staff. There was no safe and secure outside area that people could access independently. This was in part due to the placement of the building and the access across a small road to the gardens. People have the right to a secure outdoor space that they can use freely. We discussed this at length with the manager and provider as to how it may be achieved. (See area for improvement 1).

The care homes "handyman" was proactive and looked daily to see what he could do to make improvements. Some people living there had an interest in helping with repair tasks and when appropriate they were encouraged to do so. This gave people the opportunity to use life skills and feel useful and valued. Maintenance checks were carried out regularly within the correct time scales. Some of these were completed internally, and others were carried out by external companies.

Domestic staff ensured that all areas were clean, including people's bedrooms. They followed all good practice regarding infection prevention and control (IPC) using the correct cleaning products, the right equipment and also carrying out regular mattress checks. The care home laundry followed all IPC guidance regarding separation of laundry items, washing temperatures and drying of items. This ensured that people were protected as much as possible from any cross infection, as well as always having a clean and comfortable mattress to sleep on.

Areas for improvement

1. The provider should explore ways in which a secure, attractive and private garden space can be made available for people to use as and when they wish. A decision should then be made that ensures this is made available to people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I live in a care home, I can use a private garden. (HSCS 5.23) and My environment is secure and safe. (HSCS 5.17 and 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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A new system of preparing information in personal plans had been introduced to the service. This meant that there was space for all areas of care needed to be completed. These covered areas such as fluids and nutrition, tissue and skin care, weights and medical interventions. The personal plans we viewed were all well composed and up to date. Not all plans had been fully completed as yet, however the process was well underway. We discussed this with the manager and were confident that this process would continue until all were completed.

There was information at the start of the personal plan that gave information on the life history of the individual. These were done well and on reading they brought the person "to life". It meant that staff or visiting professionals knew the person's background, their interests or hobbies, important family members and their likes and dislikes.

People's plans were person-centred, based on what they wanted to be achieved. At the start of every section people's strengths and current skills were recorded, as well as their personal needs. This meant that people were encouraged to do what they could for themselves and where possible maintained a level of independence.

Personal plans were reviewed internally every two months and updated with any change in needs. Statuary reviews took place every six months. The statuary review was an opportunity for the person to have their say in how they wanted their care to continue. External health professionals and/or family members were also invited to the statuary review. For people who were unable to speak for themselves then it was important that others were able to advocate for them and their wishes. This meant their voice was heard each time, and their views taken into account.

Future planning was discussed with people and their family, if appropriate. This was particularly effective for people who may be nearing the end of life and ensured that their wishes were 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

To further support the health and wellbeing of all people experiencing care, the provider should ensure that all care plans are updated within the new template which has been introduced.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 15 June 2023.

Action taken since then

The area for improvement was made over two years previously and since that time there had been further improvements. New care plans had been redeveloped and the staff team had been involved in feedback around developing them further. There is now more information in them.

The manager had been on secondment for a year and during this time the process had fallen behind. However, they had since returned on a permanent basis and it was now back on track.

Group sessions now take place with all staff and discussion and guidance is given on completion. We saw the changes that had been made and we are fully confident that this way of working will continue.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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