

# Archview Lodge Care Home Care Home Service

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Dalkeith  
EH22 2AH

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 February 2026

**Service provided by:**  
Barchester Healthcare Ltd

**Service provider number:**  
SP2003002454

**Service no:**  
CS2007143305

## About the service

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

The home is currently registered to provide a care service to a maximum of 78 older people. The provider is Barchester Healthcare Ltd.

Accommodation is arranged over two floors with the upper level accessed by lifts or stairs. There are three units, one of which provides specialist support for people living with dementia. All bedrooms have en-suite facilities with toilet and wash hand basin. Each unit has sitting and dining areas, as well as additional toilet, shower and bathing facilities. From the main reception, people can access a small café area and a hairdressing salon. There are separate laundry, main kitchen, offices and staff facilities.

At the time of the inspection, 69 people were living at Archview Lodge Care Home.

## About the inspection

This was an unannounced inspection which took place on 2 and 3 February 2026 between 09:30 and 17:00. The inspection was carried out by two inspectors 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 eight people living in the home and 12 of their relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documentation
- spoke with visiting professionals
- considered questionnaire responses from people using the service, relatives, visiting professionals and staff

**Key messages**

- Staff were warm, kind and thoughtful in their care and support, contributing to positive experiences for people using the service.
- People could be assured of experiencing good care which supported positive health and wellbeing outcomes.
- Greater opportunities for physical activity and meaningful engagement should be explored to ensure everyone has access to activities that meet their needs and preferences.
- The management team had well-structured frameworks for quality assurance and improvement planning, promoting a culture of continuous development within the service.
- The home was clean, warm and welcoming, providing people with a comfortable and peaceful living environment.
- Some areas of the home required renovation and were included in an ongoing refurbishment programme.

**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?	5 - Very Good
How good is our setting?	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.

We saw consistently positive interactions and engagement between people and staff who knew them well. Staff were responsive to support needs and described as "warm", "kind" and "thoughtful" by people experiencing care and their relatives, contributing to a positive and respectful atmosphere.

There were nursing staff in the care home at all times and we saw good evidence of engagement with external professionals, such as GP, podiatry and nurse specialist services. This helped reassure people of responsive healthcare from the right person.

Staff stored and managed medication safely, maintaining effective systems for stock management, administering of medications including 'as required' protocols in line with prescribers' guidance. Staff followed protocols for safe application of creams and emollients. There was regular auditing of all medication systems. Overall, people could be assured that robust systems and supports were in place to help them take prescribed medications and creams safely.

We saw regular reviews of people's health needs through use of appropriate charts and assessments. We noted minor inconsistencies in records staff used to evidence that people had received support through daily interactions, such as changes in positioning and personal care needs. We suggested improvements in daily care notes to the manager, who agreed that these could include further detail to ensure people's outcomes were recorded.

We observed positive dining experiences at Archview Lodge, with appropriate seating, dignified support and unhurried mealtimes. The meals were freshly cooked with plentiful portion sizes, and feedback from people was overall positive. People could be assured of their dietary and nutritional needs being met. Staff offered drinks and sweet snacks regularly throughout the day. However, the manager and staff should ensure people have access to a variety of snacks, including fresh fruit throughout the day.

The care home implemented an activity programme seven days per week, with up to four different sessions per day, including one-to-one time. We observed activities taking place, often with small groups within the communal areas. For people who were able to access the activity programme, there was positive feedback from them and their relatives.

However, we saw a significant number of people were sedentary throughout the day, with missed opportunities for meaningful engagement and interaction. Some relatives and people expressed a desire for "a greater, more reliable choice of activities, introducing more interactive and physical activities".

We spoke with the management team about the potential to develop personalised activity planning to better reflect people's interests and abilities. We were pleased to hear a physiotherapist had recently joined the team and was providing input one day per week. We were also informed about the forthcoming appointment of senior activities staff member, who would be taking the lead to promote life enrichment within the home. We look forward to seeing positive developments in future, which help support meaningful connections and positive outcomes for all.

**How good is our leadership?****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.

The management team used a comprehensive range of quality assurance tools to monitor and evaluate all aspects of the service. Audit processes were detailed and robust, providing strong oversight of practice throughout the home. Actions arising from checks were clearly defined, with updates recorded to demonstrate progress and completion.

The service actively empowered people, their relatives and staff to contribute to quality assurance. This encouraged people to raise concerns or share ideas, influencing how the service developed. Overall, the quality assurance framework was thorough and well structured, promoting a culture of accountability, shared ownership, and continuous development across the home.

The management team used a range of methods to gather feedback and drive improvement across the service. These included six month care reviews, annual surveys and regular meetings for people using the service and relatives. Ambassadors were appointed to represent the views of people using the service and advocate on their behalf. Day to day communication between people, their relatives and staff was strong, ensuring people were kept informed when there were suggestions for improvement or changes in people's care and support needs.

The manager had carried out a self-evaluation which benchmarked the service's performance against standards of good practice, identifying a number of areas for development. The service's improvement plan was well structured and closely monitored, demonstrating a proactive approach to continuous development. It showed that the management team had a clear view of what was working well and where further action was required, while also reflecting the manager's capacity to drive change and follow through with identified improvements. It would be encouraging to see how this develops over time, particularly how the self-evaluation and improvement plan align, and how they incorporate feedback and ideas from other stakeholders.

## 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.

Archview Lodge care home provided a clean, warm and welcoming environment for people, visitors and staff. The design of the home offered plenty of natural light, along with space for people to move around easily and spend time with others. People could have privacy in their own rooms where they could spend time with their visitors or have meals in private. Everyone had access to garden areas with seating and raised beds to provide interest and relaxation. This contributed to a comfortable and homely environment which supported people's wellbeing and helped them feel more at home.

There were dining and lounge areas throughout the home where people could come together for companionship, activities and meals. Whilst these were good spaces for people to be with others, we suggested seating could be arranged differently, to facilitate more interaction in smaller groups. This arrangement would enable staff to spend short periods with these smaller groups, helping to create more stimulating and sociable interactions.

The accommodation was clean and free from intrusive odours. A dedicated housekeeping team worked well together to ensure standards were maintained in line with Infection Prevention and Control (IPC) guidance. We identified a few minor issues, which were addressed immediately by housekeeping staff. Overall, people experienced clean and tidy premises, furnishings and equipment.

People had access to spacious shower or bath facilities, depending on their preference. A lack of storage within the home however, resulted in a large amount of equipment being stored in all bathrooms. This presented a physical barrier, that had to be removed each time someone wished to have a bath. We advised the manager to seek solutions to improve access to all bathing facilities. The manager acknowledged this and agreed to prioritise alternative storage arrangements. Addressing this will support people's dignity, comfort and independence.

There were clear processes in place for regular monitoring and upkeep of the premises. All necessary safety certificates were in date, which meant the facilities and equipment were well maintained and kept people safe. There were a number of areas of the home which required repair or renovation. These issues had already been identified by the manager through routine audits, and quotes had been obtained for the necessary work. It was positive to see improvements being planned and initiated, as some areas of the home had been in need of a refresh for some time.

## 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 promote good health and wellbeing outcomes for people experiencing care, the provider should ensure all monitoring charts are completed for each intervention or treatment. This should include, but is not limited to the completion of charts to record support for oral healthcare and the administration of topical medication.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 12 April 2024.**

#### Action taken since then

The service had moved to the use of an electronic care management system in July 2025. A specific staff member had been allocated responsibility to 'champion' the system and provide ongoing support to staff as they adapted their practice.

We saw regular reviews of monitoring around people's individual health and wellbeing outcomes. Monitoring of wound care and people's weight was thoroughly completed, particularly where individuals were identified as being at higher risk. Staff made appropriate decisions to increase the frequency of monitoring were made appropriately, ensuring interventions could be planned in line with any changes in need.

Although there were a small number of gaps in monitoring, these were minimal, therefore we were satisfied that sufficient improvements had been made in this area of practice.

This area for improvement is met.

#### Previous area for improvement 2

To support people's health and wellbeing the provider should ensure that people's care and support plans are reviewed and updated when their needs change. This should include, but is not limited to, ensuring information is contained in all relevant sections of support plans and there is an effective auditing system to evaluate care and support plans and implement any identified actions.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 8 November 2023.**

### Action taken since then

The manager had an effective audit process in place to ensure care and support plans were evaluated and identified actions were implemented.

All care and support plans had been reviewed during the implementation of the new electronic care management system in July 2025. Processes for updating plans were assigned to senior care staff and nurses, in addition to the management team.

We sampled plans and saw a good level of individualised information and personal outcomes detailed within them. Care and support plans were evaluated monthly, or sooner when people's changing needs required information to be updated. Staff discussed and amended plans during people's six-monthly care reviews.

We were satisfied the improvements had been made in relation to this area of practice.

This area for improvement is met.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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