

# Arberglen Care Home Care Home Service

9 Udston Road  
Hamilton  
ML3 9HT

Telephone: 01698 824 441

**Type of inspection:**  
Unannounced

**Completed on:**  
1 March 2024

**Service provided by:**  
Acre Care Homes Limited

**Service provider number:**  
SP2005007653

**Service no:**  
CS2005102377

## About the service

Arberglen Care Home is located in Hamilton, South Lanarkshire in a residential area within close proximity to local transport links, shops, and community services.

The provider is Acre Care Homes Limited and the service is registered to provide care and support to a maximum of 22 older people, two of whom may be in receipt of respite care.

There are 21 single rooms, five of these provide en suite toilet and shower facilities. The home is built over two levels with a chair lift providing access to the upper floor. The ground floor has a communal dining area as well as three communal lounges. Two of these are situated at the front of the building with one to the rear. There are shared shower and bathrooms available on each floor.

Parking is available for visitors to the front and side of the building as well as a secure garden area with seating.

At the time of this inspection there were 20 people living in the home.

## About the inspection

This was an unannounced inspection which took place on 26 February between 7.30am and 3.25pm, 27 February between 8.10am and 5.30pm, and 28 February between 10.00am and 5.30pm. 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 seven people using the service and six of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

## Key messages

- Residents benefitted from being supported by warm and respectful staff who were knowledgeable about the people they supported.
- Residents would benefit from an improved dining experience.
- The service had benefited from new fixtures and fittings being installed, however the overall cleanliness and maintenance of the environment required improvement.
- Staff recruitment and induction required improvement.
- Recording within parts of the support plans could have been better completed.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
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?

## 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

People benefitted from a service that had helped build and establish trusting and respectful relationships with residents and relatives. Residents appeared clean and tidy and people we spoke with said that they were always presented well. One relative said their family member was "always clean and tidy".

Staff engaged with residents in a warm and respectful way and were knowledgeable about the people they supported. This meant residents could be confident that staff were aware of important information needed to support them safely.

Although the engagement between staff and residents was respectful and warm, we observed a lack of engagement and stimulation for residents throughout the inspection and residents were frequently seen sleeping in lounge chairs. This put residents at an increased risk of withdrawal and having a negative impact on their physical and mental wellbeing (see area for improvement 1).

The way people spend their day should promote feelings of purposefulness and wellbeing. Residents enjoyed taking part in an organised group activity during the inspection. Activity records showed examples of other group activities that had promoted physical movement and mental stimulation with residents. The service was in the process of developing group and personalised activities further based on residents' suggestions.

In the garden area, a gazebo canopy was noted to be badly damaged and there was a dirty children's rocker. We suggested this area could be improved upon to encourage people to access the outdoor space.

Although the medication administration records (MARs) showed all prescribed medication had been administered, we found three discarded medications on the floor: two within a resident's bedroom and one within a communal lounge area. This meant there was a risk of people's health being affected by not receiving their prescribed medication. The MARs had handwritten entries with no note of where the instructions were sourced from which may have led to inaccurate information being recorded. 'As required' medications had no information about the minimum time required between doses which meant there was a risk of giving too much medication. A requirement has been made in relation to medication administration and recording (see requirement 1).

People should be protected from harm and expect any health and wellbeing concerns to be responded to. We found that staff had identified, assessed and monitored the health needs of residents. Residents' weights and food and fluid intake were monitored to make sure there were no significant concerns. Records showed the service had responded to residents' changing needs through seeking advice from healthcare professionals where required.

Specialised equipment was used where required such as bathing equipment, hoists, special utensils and assistive technology. The use of this equipment had helped to support and maintain residents' independence.

Feedback from three visiting professionals we spoke with during the inspection, was positive about how the service had engaged with them, followed instruction, and raised any health concerns.

People who live in care homes should be able to see their visitors at any time and without restriction. However, relatives and residents told us that visiting was discouraged during mealtimes. We acknowledged that the service operated a 'protected mealtime' in order to promote a calm environment for residents to enjoy their meals. However, we found there had been no consultation between residents and their loved ones as to whether they wished to spend time together during mealtimes (see area for improvement 2).

Some elements of the dining experience promoted good nutrition and hydration and people were supported, where needed, in a warm and encouraging way from staff. However, residents would have benefitted from being aware of all menu choices available to them. One resident told us "they say they will make you something else but you don't know what the choices are".

We observed food being transported uncovered and residents' hand hygiene was not supported prior to eating, which was not in keeping with the NHS Scotland National Infection Prevention and Control Manual (see area for improvement 3).

## Requirements

1. By 1 June 2024, the provider must ensure people's health needs are met through safe administration of medication. To do this, the provider must at a minimum:

- a) Complete a root cause analysis to determine the reasons behind medication being discarded and in doing so, identify appropriate solutions.
- b) Ensure staff are trained, knowledgeable and assessed as competent in medication administration, recording, and auditing processes and this is reflective in their practice.
- c) Ensure any handwritten instructions recorded in medication administration records contain the source of the information.
- d) Ensure there are clear and specific instructions for administering 'as required' medication.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

## Areas for improvement

1. The provider should ensure staff interactions and engagement are effective in meeting the individual mental, emotional and wellbeing needs of residents. In doing so, any areas for improvement identified, should be actioned.

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 meets my needs and is right for me' (HSCS 1.19).

2. To promote the rights of people in care homes to see and get support from people important to them, residents and their loved ones should be able to spend time together during mealtimes, if this is their choice. In doing so, all staff, residents and relatives should be made fully aware of the flexibility of visiting arrangements.

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 meets my needs and is right for me' (HSCS 1.19); and 'I am supported to manage my relationships with my family, friends, or partner in a way that suits my wellbeing' (HSCS 2.18).

3. To promote the health and wellbeing of people, the dining experience should be improved upon. This should include:

a) Supporting residents' hand hygiene prior to and after eating food and meals.

b) Covering of food while being transported.

c) Informing residents of menu choices available to them to ensure their individual preferences are promoted and supported.

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 meets my needs and is right for me' (HSCS 1.19); and 'My meals and snacks meet my cultural and dietary needs, beliefs, and preferences' (HSCS 1.37).

## How good is our leadership?

## 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

People should feel confident that they are living in a service that is safe and benefits from a culture of continuous improvement. Audits which were completed on accidents, incidents and falls helped make sure management had an effective oversight of these events. The audits showed how information was analysed to identify contributing factors, patterns and actions to help reduce reoccurrences. However, where discrepancies had been identified through environmental audits, such as cleaning, damage or maintenance tasks, there were not always clear records of any action(s) taken to address the concerns (see requirements 1 and 2 under key question 4).

A service development plan showed ways in which the service planned to improve in the future. However, this did not include timescales for when the actions identified would be taken or identify the responsible person for taking the actions. The development plan did not always consider the findings from the quality assurance systems to have a clear vision for the future of the service and help drive forward improvements (see requirement 1).

People should be confident that the service is well led and managed. People whom we spoke with during the inspection were positive about the management and leadership of the service. Staff we spoke with described management as being "approachable and supportive".

Communication was effective between staff in sharing important information. This meant that staff had the necessary information to provide the right care and support to residents.

People should experience high quality care and support based on relevant evidence, guidance and best practice. The service had policies and procedures in place to make sure everyone was working the same way and in line with best practice. The management team had made sure their policies and procedures were regularly reviewed and updated with current information where required. Staff were advised of any changes to policies and processes as they happened to help keep them informed about best practice.

The service regularly checked that staff were putting skills learned through training sessions into practice. This helped give assurances to residents that they were being supported by a competent and skilled workforce who demonstrated safe practice.

People should benefit from different organisations working together and sharing information promptly where appropriate. We found that the service had notified the Care Inspectorate and Health and Social Care Partnership of reportable events where required.

Records of complaints and concerns made by people living in the care home were recorded. We suggested the service develop this process further to capture positive feedback.

People's finances and property should be kept safe and secure. We found there to be a lack of transparency and recording within the records of cash handling procedures. Financial audits were not being carried out which could leave the service open to financial mismanagement and the possibility of residents' monies being unaccounted for (see area for improvement 1).

A dependency tool was completed for each resident monthly which calculated the hours of support required. However, there was a lack of evidence to demonstrate how the care hours required to meet residents' needs, equated to the numbers of staff on duty. We looked at the staff rota and found the staffing levels to be consistent most of the time, however we could not be assured that this was sufficient to meet residents' needs (see area for improvement 2).

## Requirements

1. By 1 June 2024, the provider must ensure that the service development plan is developed to clearly set out the actions required to improve and maintain the service. In doing so, this should identify responsible people for taking actions and timelines for actions to be completed. Findings from quality assurance systems should be used to inform the development plan and consideration should be given to the involvement of residents and their loved ones in the process.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## Areas for improvement

1. To minimise the risk of potential financial abuse and effectively support residents to manage their finances, the provider should ensure the in-house cash handling system is transparent and follows best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

2. In order to ensure residents are supported by the right number of staff, there should be clear evidence of how staffing levels are calculated based on the dependency assessments of residents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

## How good is our staff team?

## 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

People benefitted from a responsive staff team who sought clinical advice from healthcare professionals timeously for people's changing needs. Generally, we observed staff supporting and engaging with residents and visitors in a warm and respectful way. Feedback from residents and relatives was positive about the staff.

People should have confidence that they are supported by trained, competent and skilled staff who are able to reflect on their practice. Staff told us they felt supported in their roles. Supervision and direct observations had taken place with staff and this time was used to reflect on their practice and identify any learning and development needs. Staff meetings were held weekly which allowed important issues to be discussed and actions taken for improvement.

Staff knew and could discuss the needs of residents well. This meant people could be confident that staff were aware of important information needed to support them safely.

We looked at a sample of four recruitment files and three of these showed that the 'Safer Recruitment through Better Recruitment' best practice had not always been followed. There was a lack of evidence to demonstrate that staff had their skills, experience, qualifications and values appropriately considered prior to employment (see requirement 1).

People should be confident they are being cared for by trained, competent and skilled staff. We saw a wide-range of training completed by staff, which included mandatory and refresher training. Training included infection prevention and control, moving and assisting and adult support and protection and most staff were up to date with this. The manager gave us assurances that individual overdue training we identified would be prioritised. Staff who spoke with us could confidently describe adult support and protection procedures and their roles and responsibilities in following this.

The service had staff champions who provided a link between theory and practice in key areas of practice including Fire Safety and End of Life. They also helped promote best practice in these areas among staff.

Not all staff were aware of the Care Home Infection Prevention and Control Manual contents such as Standard Infection Control Precautions and Transmission Based Precautions. We also took into consideration how staff IPC practices had impacted on the quality of the environment and is identified under key question 4 of this report (see area for improvement 1).



The service regularly checked that staff were up to date with their professional registration. Staff were supported to work towards meeting any conditions indicated on their professional registration.

## Requirements

1. By 1 June 2024, the provider must demonstrate safer staff recruitment and selection procedures to safeguard people who use the service and meet legal requirements. In doing so, the provider must demonstrate that prior to employing staff they:

- a) Have requested and been provided with accurate and appropriate references relating to any potential new staff's suitability to work in the service.
- b) Have requested and been provided with a satisfactory Protecting Vulnerable Groups scheme check.
- c) Have completed a thorough risk assessment and put in place appropriate safeguarding measures where appropriate checks have been unable to be obtained.

This is to comply with Regulation 6(1), Regulation 7(1), and Regulations 9(1) and (2)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## Areas for improvement

1. The provider should ensure that staff are aware of the most up to date Care Home Infection Prevention and Control Manual and in doing so, ensure that the skills and practices demonstrated by staff comply with this.

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' (HSCS 3.14).

## How good is our setting?

### 2 - Weak

We found the performance of the service in relation to this quality indicator was weak. We found strengths could be identified, but these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

People should be able to spend their time in private and communal areas of the home to meet their needs and wishes. A refurbished wellbeing room helped to support residents' mental health and provided a quieter environment for them to spend their time. Residents could also access an activities room if they wished to partake in organised or individual events. Residents were kept safe with a secure door entry system at the entrance to the care home.

People should be able to decide on the decoration, furnishing and layout of their bedroom. We saw

examples where residents had personalised their bedrooms as they wished to make them more 'homely'. We also observed several new wardrobes being installed in bedrooms during the inspection.

Cleaning and housekeeping practices required improvement. We acknowledged that some positive action was taken during the inspection to address several stained chair cushions and a stained mattress and bedding which we identified. We found that not all cleaning tasks had been completed and in some areas dirt and residue had built up. This meant that people could not be assured of living in an infection free environment (see requirement 1).

People should experience an environment that is well looked after and has well maintained premises, furnishings and equipment. Residents were kept safe through the use of equipment where it had been assessed as required. Regular checks were carried out on the equipment and accessories used to make sure they remained safe for use, and to help identify and act on any wear and tear. The stairlift had been replaced to help people access different floors of the building.

However, we found a number of areas that required to be addressed as a result of ineffective maintenance and/or quality assurance. This included a broken corridor light; poor standard of floor coverings and a malodour which was present throughout our inspection. Some furniture within the lounge was damaged such as the television unit and the fire surround and there was damage to woodwork throughout. This would mean that cleaning would have an increased risk of being ineffective. The fire escape ramp had a build up of moss and a plant pot had fallen over, which would have put people at risk of slipping or tripping if it required to be accessed. We also observed roof space being accessed by vermin.

Audits had at times helped identify environmental concerns however there was not always a note of any action(s) taken to rectify the issue(s). The audits had also not identified some of the environmental issues we found during the inspection (see requirement 2).

Some of the environmental issues identified within the development plan had no timescale identified for addressing issues such as water damaged wall coverings. This has been covered under key question 2 (see requirement 1, key question 2).

People should be confident that the home environment has been designed to promote independence. We found that signage to help direct people to their bedrooms and to communal areas was lacking, and clocks did not always display the correct time. This could lead to people becoming disorientated and/or entering other areas (see area for improvement 1).

The laundry area was cluttered and storage of linen within the laundry was not being managed in line with best practice guidance. Dirty laundry was not always being appropriately transported appropriately to reduce the risk of cross contamination (see area for improvement 2).

## Requirements

1. By 1 June 2024, the provider must ensure that the premises are suitable for the provision of a care service and that safe infection prevention and control practices are always followed to ensure the safety and wellbeing of service users. To do this the provider must, at a minimum:

a) Ensure all areas and equipment used within the home are free from contamination and are cleaned or disinfected effectively, in doing so;

b) Quality assurance checks must be effective and demonstrate how they have led to improvements where issues are identified surrounding the cleanliness of the environment.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

2. By 1 June 2024, the provider must ensure that people live in a setting which is safe and well-maintained in relation to the building and equipment. To do this the provider must, at a minimum:

a) Ensure the environment is maintained in a good state of repair and able to be effectively decontaminated and cleaned, in doing so;

b) Quality assurance checks must be effective and demonstrate how they have led to improvements where issues are identified surrounding the safety and maintenance of the environment.

This is to comply with Regulation 3 (Principles) and 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).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

### Areas for improvement

1. The service should review the environment for people living in the home and how it helps orientate and support people's independence, particularly those living with dementia. The King's Fund tool is a useful assessment to support this (<https://www.kingsfund.org.uk/sites/default/files/EHE-dementia-assessment-tool.pdf>).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use as the environment has been designed to promote this' (HSCS 5.11).

2. The provider should ensure that the management and processing of laundry is improved in line with the NHS Scotland National Infection Prevention and Control Manual.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

### How well is our care and support planned?

### 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

People should be confident that their support plan clearly sets out how their needs will be met, and guides

staff on how best to support them based on accurate information. Every resident in the home had a support plan in place which aimed to direct staff on the type of care and support the resident needed. Support plans had been reviewed on a six-monthly basis, in line with current legislation and residents and/or their carers had been involved in this.

Ongoing reassessments had helped make sure residents needs were reviewed to make sure care being provided continued to be appropriate. There was supporting documentation in place to demonstrate the extra support or observation given to specific residents. This had helped to make sure people were supported safely and in line with the relevant risk assessments. Monthly updates had been completed on care plans and assessments.

However, at times evaluation of care plans was not meaningful. This meant that we could not determine how well care plans had met people's care and support needs. Some care plans for people living with dementia, lacked information about how people presented and how to engage meaningfully with them. They also lacked information about how to effectively engage with people experiencing periods of stressed and distressed behaviour (see area for improvement 1).

## Areas for improvement

1. Support plans should be developed further to reflect more person centred information. In doing so:

- a) Care plans for residents living with dementia and/or stress and distress should be comprehensive and guide staff on how best to support each resident.
- b) Care plan monthly evaluations should be outcome focused and reflective of how effective the planned care has been.

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

## 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.