

# 153 Victoria Street Care Home Service

Dyce  
Aberdeen  
AB21 7BJ

Telephone: 01224 775 232

**Type of inspection:**  
Unannounced

**Completed on:**  
5 September 2024

**Service provided by:**  
Archway (Respite Care & Housing) Ltd

**Service provider number:**  
SP2003000018

**Service no:**  
CS2003000242

## About the service

153 Victoria Street is operated by Archway which is a local, parent-led charity. The service provides respite support for a maximum of six adults or children who have a learning disability and may also have a physical disability. Support is provided to adults and children separately. At the time of inspection there were six adults being supported.

The service is located in Dyce, on the edge of Aberdeen city. The service is a six-bedroom, single storey, purpose-built property, with a range of communal areas including, a sensory room and activity room. The garden is secure and offers a variety of play and sensory equipment.

## About the inspection

This was an unannounced follow up inspection which took place on 3 September 2024. 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 six people using the service and three of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Improvements had been made to people's care plans.
- Progress had been made in ensuring people's care was reviewed.
- Guidance to keep people safe was available and known to staff.
- People's privacy was better safeguarded, in relation to the use of audio and visual monitoring devices.
- Pre-admission procedures had improved.
- People's care was informed following investigations into unplanned events.
- Improvements are required to ensure people benefit from a safe and clean environment.

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

### Requirements

#### Requirement 1

By 15 July 2024, the provider must ensure that people receive care and support that meets their current needs and wishes.

To do this the provider must at a minimum:

- a) ensure that people's care plans are reviewed to reflect their current health and wellbeing needs
- b) ensure reviews take place, that consider a person's goals and aspirations
- c) ensure people's preferences of meaningful activities are considered when planning care and support.

This is to comply with Regulation 5(2)(b)(ii) and 5(2)(b)(iii) 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 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).

**This requirement was made on 13 May 2024.**

## Action taken on previous requirement

Improvements had been made to care plans and leaders had improved oversight of the frequency of annual reviews. All care plans had been reviewed and progress had been made to ensure people had an annual review of their care. Recent reviews focussed on people's goals and aspirations. Some care plans were reviewed as a result of changes discussed at the care review. However, further improvements should be made to ensure that decisions made at review are consistently reflected in the care plan. For example, changes to a person's preferences for personal care. This should result in people receiving consistent care from the staff team. We will review this at future inspections.

Care plans detailed people's likes and dislikes in relation to activities, both in the service and for outings. The service had introduced a group meeting on the day people arrive for their respite stay. Activity plans were made that included one to one support and group outings. This catered to each person's needs and wishes. People were empowered to make decisions about their activities for the duration of their stay.

## Met - within timescales

### Requirement 2

By 15 July 2024, the provider must ensure that people are kept safe and supported with health and wellbeing needs.

To do this the provider must at a minimum:

- a) ensure that people's care plans contain up to date and accurate guidance from allied professionals if this is required
- b) ensure staff are aware of guidance from allied professionals, that are in place to keep people safe
- c) ensure care plans reflect the guidance given by allied professionals and that this is reviewed regularly.

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 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).

**This requirement was made on 13 May 2024.**

## Action taken on previous requirement

Improvements had been made to care plans, clearly highlighting guidance from allied professionals. This included, epilepsy protocols, behavioural guidance from Psychology and Speech and Language Therapy (SALT) guidance. Staff were knowledgeable and confident in providing support in these areas. For example, staff understood the importance of preparing for outings by ensuring they had people's epilepsy medication. This ensured people living with epilepsy could remain safe outdoors. People could be assured that staff followed care plans that supported their needs.

## Met - within timescales

### Requirement 3

By 15 July 2024, the provider must ensure that people's privacy and dignity is not compromised.

To do this the provider must at a minimum:

- a) Review all care plans for people who are monitored using visual or audio devices.
- b) Ensure that the appropriate legal documentation and risk assessment, that supports the use of visual or audio monitoring devices, are in place.
- c) Ensure that all staff are aware of the correct plan of care, to support the use of visual or audio monitoring devices.

This is to comply with Regulation 4(1)(b) 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 rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7).

**This requirement was made on 13 May 2024.**

#### Action taken on previous requirement

Significant improvements had been made to ensure people were treated with dignity and respect. Practice had improved in relation to the use of audio and/or visual monitoring. Current devices were used appropriately and were not available to be viewed by other people using the service. The provider had invested in new technology that will further improve people's privacy. This will be installed imminently. This meant people's privacy was respected during their stay at respite.

Staff understanding of appropriate care for people, in relation to monitoring, had improved. One staff member told us, "We have to have permission, written consent. Different people require different monitoring". Care plans were clear about what type of monitoring had been agreed and when this should be used. People could be assured that staff were aware of person-centred approaches to their care needs, in relation to audio and visual monitoring.

The service had reviewed risk assessments for all people who require audio and/or visual monitoring. The risk assessments and associated care plans reflected the Health and Social Care Standards and recognised that these interventions are a form of restraint. The provider had ensured decisions made about the use of monitoring devices were agreed with guardians, who had the necessary legal powers to make this decision. Decisions had been made in partnership with, and in the best interest of, the person or their appointed welfare guardian. We have advised that the provider should enhance their oversight of people who require restraints such as, audio and visual monitors. This will ensure people have the necessary documents in place to ensure their choice, privacy and safety.

**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

To ensure that people experience care that reflects their current needs, the provider should ensure that staff communicate changes to people's needs effectively.

This should include but is not limited to:

- a) Review current pre-admission procedures to ensure they capture necessary information on people's current health and wellbeing needs.
- b) Ensure changes to people's needs are recorded in daily notes.
- c) Review current handover procedures to ensure that pre-admission information is shared with all staff.

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 consistent and stable because people work together well' (HSCS 3.19).

**This area for improvement was made on 13 May 2024.**

#### Action taken since then

Pre-admission procedures and documents had been reviewed. The documents sampled prompted staff to ask relevant questions to parents and guardians. Three parents told us they were contacted and given an opportunity to update the service on any relevant changes. One parent told us, "I passed on that they have a disco and will need support". It was positive that this event was recorded on the service pre-admission documentation and discussed at the handover. People could be assured that staff were aware of changes in health, routine and upcoming activities.

Daily notes had improved. The service had reviewed the format of the daily notes to ensure relevant information was recorded and could be monitored with ease. Most families reported that they were given sufficient information after a respite stay. People could be assured that daily notes were improving communication between the staff and their parent/guardian.

The handover process had improved. Pre-admission documentation was used to ensure changes in health, routine and upcoming activities were discussed at each handover. Staff passed on relevant information about people's health needs, for example, arrangements for one person who had specific dietary requirements. Handovers were person focussed and supported consistency within the team.

**This area for improvement has been met.**

#### Previous area for improvement 2

To ensure that people benefit from a culture of continuous learning, the provider should, at a minimum:

- a) ensure that all unplanned events are investigated

- b) ensure that appropriate notifications are made to relevant bodies
- c) ensure that any learning from these events is shared with the staff team
- d) communicate the outcome of investigations with people and families, when unplanned events take place.

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).

**This area for improvement was made on 13 May 2024.**

#### Action taken since then

Improvements had been made to the quality of investigations undertaken by leaders, when unplanned events took place. Incident records now prompt leaders to consider when notifications should be made such as, to the Care Inspectorate or Adult Protection Team. One recent unplanned event resulted in changes to a person's care plan. This should reduce the likelihood of reoccurrence. People could be assured that leaders investigated unplanned events to reduce the risk of harm.

Leaders informed families, and individual staff were debriefed, following unplanned events. Outcomes from investigations were beginning to be discussed with the wider staff team; however, this needs to be embedded into practice. Learning should be shared to ensure the staff can consistently implement improvements to reduce the likelihood of harm. We were assured that future team meetings have an ongoing agenda item to prompt leaders to discuss findings from unplanned events. This should ensure a culture of learning within the team. We will review this at future inspections.

**This area for improvement has been met.**

#### Previous area for improvement 3

To ensure that people benefit from a safe and clean environment, the provider should, at a minimum:

- a) ensure that leaders have good oversight over the service's general cleanliness
- b) ensure that staff are aware of and complete cleaning records
- c) ensure that cleaning products and chemicals are stored safely.

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 5.24); and

'My environment is secure and safe' (HSCS 5.19).

**This area for improvement was made on 13 May 2024.**

## Action taken since then

Leaders recently introduced a weekly audit, that included environment spot checks and sampling of cleaning schedules. This had not yet improved outcomes for people. Cleaning schedules were not being followed consistently. Bedrooms should be deep cleaned before people arrive for respite; however, we found two bedrooms were not fully cleaned. Improvements should be made to ensure that people stay in a clean environment.

Cleaning products in the service should be stored in a locked cupboard to ensure people remain safe at all times. We found a delivery of cleaning products had been stored in a bathroom which was accessible to all people. There was a risk that people could access this and cause themselves harm. Leaders' quality assurance checks had not picked this up, so this remained a risk. We highlighted this to leaders who ensured the cleaning products were removed. The service should review how it stores chemicals and ensure all staff are aware of how to store chemicals safely, to reduce the risk of harm.

**This area for improvement has not 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](http://www.careinspectorate.com).

## Detailed evaluations



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