

# The Argyle Care Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 November 2024

**Service provided by:**  
Clearvue Investments Limited

**Service provider number:**  
SP2005007952

**Service no:**  
CS2005111774

## About the service

The Argyle Care Centre is registered to provide care for 58 older people, some of whom may require nursing care. At the time of inspection there were 48 people living in the home.

It is situated on the edge of Helensburgh's conservation area. The home is a short stroll from transport, shops and the wide range of facilities located in Helensburgh Town Centre.

The Argyle Care Centre consists of a modern new-build unit known as 'Argyle House' which has three separate units within. This is linked to a smaller traditional Country House building known as 'Argyle Lodge'.

Car parking is available at the home.

## About the inspection

This was a follow-up inspection following the inspection on 30 July 2024 and 19 September 2024, and focused on the requirements and areas for improvement made during the previous inspections. We evaluated how the service had addressed these to improve outcomes for people. 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 three people using the service
- . spoke with three staff and management
- . observed practice and daily life
- . reviewed documents.

## Key messages

- Improvement was evident in requirements made during the previous inspection.
- Improvement was not evident in the area for improvement that was still outstanding.
- People's needs were being met more effectively in some areas, but needed improvement in others.

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

### Requirements

#### Requirement 1

By 12 November 2024:

A training analysis should be carried out that will then define a clear training plan for the care home.

Mandatory training must have clear timescales set for completion with a minimum of:

- Adult protection
- Infection prevention and control
- Moving and Assisting
- Dementia awareness

being achieved within the first six weeks. All other mandatory training must be completed before staff are signed off by management as being competent.

Managers must then maintain accurate records of staff induction, reflective and observed practice, supervision, appraisals and personal development plans.

This is to ensure that care and support is consistent with 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' (HSC 3.14).

This is in order to comply with Part three (Section 8) of the Health and Care (Staffing) (Scotland) Act 2019.

**This requirement was made on 30 July 2024.**

#### Action taken on previous requirement

Induction training was now being achieved within the first six weeks of employment. Staff now commence training at the start of their contract. Staff induction training covered the areas stated in the requirement but exceeded this by covering other relevant areas such as how to deal with stress and distress, nutrition and fluid monitoring and skin integrity. Once each area of induction was completed and discussed with staff it was signed by a supervisor to confirm that the member of staff was competent in that area of their role.

Managers had a training matrix in place and kept clear and up to date information on all staff training completed, and what training was due to be refreshed.

The service had put in place a "buddy" system for new staff, which meant that they had someone to turn to for advice or information. A series of staff observations were in place to ensure that staff were confident and skilled in provision of care. There was one to one time put aside for newer staff and this allowed them the opportunity to discuss and reflect on their development.

There was an appraisal process in place, and regular supervision for all staff. All of this meant that those receiving care could have confidence in people because they were trained, competent and skilled, were able to reflect on their practice, and follow their professional and organisational codes.

### Met - within timescales

#### Requirement 2

The provider must ensure that staffing levels are increased to the level where there are sufficient members of staff to meet the needs of all people using the service. This should be the case in each house unit. This will ensure the best outcomes for people using the service, as well as improving wellbeing for staff.

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

'My needs are met by the right number of people' (HSC 3.15).

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

**This requirement was made on 30 July 2024.**

#### Action taken on previous requirement

The service had carried out ongoing recruitment for staff in all areas of the care home. They were almost at the stage of completing the staffing complement with both nursing, care and ancillary staff.

There was still some agency use on occasion, however this had significantly reduced from where it had been at the time of the initial inspection. There was increased staff cover in each house unit and it was good to see that staff had time to spend getting to know people. This ensured there was a pleasant and comfortable atmosphere in each unit.

We viewed the services own dependency tool (this shows the number of staff required to support people's needs) and discussed staffing with the manager. We were confident that there were sufficient care and ancillary staff in place to cover both days and nights.

There was an activities staff member in the home seven days a week, as well as a befriender two days a week. The befriender escorted people who were able into the local area where they could meet with others. This meant that people living there could 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.

### 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

The provider must ensure that robust medication administration protocols are in place and that records are completed clearly and accurately. This is in order to prevent the possibility of missed prescribed medication, as well as "as required" medications.

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

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

**This area for improvement was made on 30 July 2024.**

#### Action taken since then

Medication observation of practice was now being carried out throughout the service and managers were picking poor practice or recording mistakes by staff. We saw that there were good medication protocols in place, but these were not always being followed as they should.

A recent daily audit had been introduced to ensure that no medications had been missed and it showed us that there had been significant progress made.

Whilst these actions were effective in improving medication practice, we would need to see evidence over a sustained period before agreeing that the area for improvement has been met.

This area for improvement has not been met.

#### Previous area for improvement 2

The provider should continue to ensure that all personal plans continue to be developed and audited. Time and training should be made available to ensure that all staff have the confidence and competence to complete plans, and for this to be maintained.

This is to ensure that care and support is consistent with 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' (HSC 1.15).

**This area for improvement was made on 9 September 2024.**

#### Action taken since then

We viewed people's personal plans and saw that they had been updated with reviewed information. They were well laid out and we found all areas of personal plans that we wanted to view.

Ten percent of personal plans were audited each month, and training for completing and updating personal plans was still ongoing for all staff. Training compliance was sitting at 85%, and the remainder of staff had until January 2025 to complete it. This continual improvement and ongoing training will ensure staff confidence when preparing and updating personal plans. As all information was up to date and accurate this meant that staff were fully informed and people's outcomes would be improved.

Management audits of personal plans picked up areas of recording that had to be improved. The audit clearly showed an action plan for staff, stating the time by when updates had to "be achieved by".

This area for improvement has been met.

### Previous area for improvement 3

The management team should ensure that they are fully aware of notifications that should be made to the Care Inspectorate and other Governing bodies. These notifications should be sent within the correct timescales.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSC 4.18).

**This area for improvement was made on 30 July 2024.**

#### Action taken since then

Notifications from the service had increased considerably since the area of improvement was made. The service was meeting the expected average from a service of this size. This meant that managers were fully aware of what needed to be passed on to the Care Inspectorate. The notifications were shared by the service, when appropriate, with other governing bodies.

This assured us that Adult Protection issues, and other incidents or accidents were being recognised by managers and reported to the right people.

This assured us that people experiencing care were kept safe and well.

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](http://www.careinspectorate.com).

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