

## The Argyle Care Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Clearvue Investments Limited

**Service provider number:**  
SP2005007952

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## About the service

The Argyle Care Centre is registered to provide care for 58 older people, some of whom may require nursing care.

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 known as 'Argyle Lodge'.

Car parking is available at the home.

At the time of our visit 48 people were being supported.

## About the inspection

This was an unannounced inspection which took place on 22, 23 and 24 April between the hours of 9:15 and 20:45. 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 12 of their family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professionals

We received other feedback via the Care Inspectorate questionnaires from 42 people, including health and social care professionals, support and care staff, families and people using the service.

## Key messages

- Medication administration and recording for people in the service has sustained improvement.
- People's personal plans were informative with up to date information and changing needs for people.
- Staff recruitment had improved which meant better outcomes for people.
- Quality assurance systems were in place and identified service improvements.

## 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?	5 - Very 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?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

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.

There was a relaxed atmosphere when entering the home and a lot of gentle and humorous interaction between people and staff. Staff knew people well and we saw this by the way kindness and understanding was displayed by them. Staff were also aware of the importance of personal dignity for people and this was apparent in how people were addressed and moved between one place and another.

Staff recognised changes in people's behaviour and presentation. They understood how there could be an underlying reason for this, such as physical discomfort, infections or mental health changes. It was good to see that staff knew their own limits and knew when external professional health input was needed. In these situations the service referred people on to others, such as the G P, or the Community Psychiatric Nurse (CPN). When we read through people's personal plans we saw that staff were able to follow through on the guidance and advice of others and that people's health and wellbeing benefited from having the right people involved at the right time.

A risk meeting took place each week between managers and clinical nursing staff. At these meetings they were able to discuss a number of factors affecting individuals, for example the number of falls by someone or skin integrity issues. This gave good oversight as to what risks there may be, and meant that there could be some future planning put in place for people.

Medications for people were well managed and recorded. Medication recording systems (MARS) were recorded manually, kept up to date and were completed well. This meant that people could feel safe in that they were receiving the right medication at the right time.

Meal times were calm and relaxed with people chatting and friendly towards one another. It was clear to see that people felt comfortable in their surroundings. The menu was clearly displayed and "show plates" were displayed to people to ensure they could make an informed choice. Alternative meals were available for those who did not want either of the choices available. Some people were on special diets and these were prepared by the chef who was well informed and trained in the preparation of specific diets. This all ensured that people received appropriate and safe nutrition each day.

We were able to speak to some people using the service and they were happy with the care they received. They felt that staff were knowledgeable, friendly and "couldn't do more for me" and "the staff are second to none". Relatives were also able to tell us that they were generally very happy with the care their loved ones received, one person told us "there were wee things from time to time, but it's been easy to approach staff and managers to discuss and get it sorted out". Another told us that they were "always kept up to date with any changes for my mum, or if anything happens".

**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 good oversight by managers of key areas in the service. They were aware of where things were going well, as well as any areas that needed improvement. There have been significant changes in management within the home in recent times. As such there have been many updates in systems, as well as new systems that have been introduced. It was good to see that they are now working their way through everything that had needed to be improved, and have already achieved many actions. All of this has meant that people were now living in a well managed and safer environment.

The manager carried out audits regularly using a system called RADAR, and action plans had been put in place to improve outcomes for people and staff. Audits covered areas such as the number of falls by people, intake of fluid recordings, and reviewing of personal plans. Many action plans had already been achieved, however there were still some outstanding.

Managers were able to run reports from electronic recording systems, Nourish system/RADAR. These reports ensured that at any time they could be kept up to date with all information regarding people, such as falls, infections, skin issues etc. They were then able to view and be aware of any patterns in people's health issues and take appropriate actions. This improved the overall wellbeing of people in the service.

There were relevant and up to date policies in place, such as medication, covert medication, and adult support and protection. All staff had access to these policies and this ensured that if unsure of any procedures they could refer to policies to ensure they were keeping people safe and using the best practice.

We viewed recruitment records and saw that the service followed safer staffing procedures and guidance. This ensured that all staff had appropriate references and background checks before being offered employment. This meant that people could feel assured that staff caring for them were genuine.

There was a service improvement plan in place highlighting areas where improvement work is required. These were in the main environmental improvements, and most are already underway. The plan would benefit from further development, and by having dealt with the many changes in systems and improvements, there will now be an opportunity to do this.

Managers used all appropriate methods of recording accidents and incidents in the service and were good at reporting to external bodies such as the Care Inspectorate and Health and Social Care Partnerships (HSCP). This meant that we had good knowledge of any concerns and could investigate as required.

## 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.

Staffing levels within the home were appropriate to the number of people using the service. Although agency staff are sometimes required, in most care homes people prefer their own staff team whom they know and trust. People and their relatives made comment to us that they were pleased that they had noted much less use of agency staff and they liked this.

The staff team responded well to residents and they kept each other informed of what they planning and what had been done. This meant that they all worked well together and this gave people the best chance of positive outcomes. One example of this was at meal times, which can be a very busy time for staff, however we saw that they did not rush people to eat and took time to ensure people had the time to enjoy the experience and get the best out of their communal mealtimes. This was down to staff communicating well with each other.

Staff had good access to online training, and apart from staff absence they were fully up to date on mandatory training. Mandatory training covered areas such as adult support and protection, infection prevention and control and International Dysphagia Diet Standardization Initiative (IDDSI). This the national standard for texture-modified foods and thickened liquids for people with dysphagia (difficulty swallowing). We spoke with staff who had achieved Scottish Vocational Qualifications (SVQ) in care and this was financed by the provider. This meant that people and relatives could be sure they were being cared for by a knowledgeable and informed workforce.

Face to face training was taking place, and on day one of inspection we saw that training was taking place on "managing behaviour that challenges". Some staff had already attended this course and told us that this had already improved their practice in that area. Moving and handling training was also in place for the following day.

There had been recent recruitment of a training manager by the provider and this was making a positive difference for staff. They were able to carry out observation of staff practice and then feedback to staff what they did well, or where they needed to improve. This was then recorded and followed up at their next one-one session with managers. This meant that staff learned to use best practice in areas of care when supporting people.

Staff appraisals had taken place and they had promoted open discussion between management and staff. This encouraged staff to think of their own professional development and how they could develop their career.

A new Chef had been employed by the service and they had many years experience in care home kitchens. They had made significant improvements in preparation and storage areas within the kitchen, as well as the process in the way that food was delivered and served in each unit. Kitchen assistants told us that they were now enjoying having more time to cover all aspects of their role.

All staff told us that management were very supportive and they felt they could approach them to discuss any areas of concern they may have.

**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.

The home looks and feels welcoming on arrival. The decoration in the main house was pleasant and there was always a clean and fresh smell around the building. Rooms were large, nicely laid out and were personalised with people's own belongings. This helped people feel "at home" in their own room. In the newer larger building all rooms have en suite facilities and there is good signage throughout to help people find their way. Assisted bathing is also available in separate bathrooms for people who prefer to bathe than shower.

Some recent redecoration had taken place in Argyle Lodge and it looked well, however it is a much smaller and older building and does not have the same facilities. Rooms are not en suite and there is no easy access to the top floor. There is a bright and attractive conservatory/dining room that is well used by people. Work on replacing this building should be starting this year sometime, and this will benefit people.

Housekeeping staff have a good cleaning schedule in place that ensures all areas of the home are kept clean. This is done by using infection prevention and control cleaning processes that are used by all staff when carrying out tasks. This protects people as much as is possible when there is any infection/virus in the home.

Having outside access to nice surroundings is important to people and can help improve people's well being. There is a garden on the lowest level, with lift access, and non restricted access for people. While we were there people were using the garden to enjoy the sunshine and sit and chat with friends. There is also an attractive sitting area outside on the ground floor that can be accessed by people when accompanied by staff or relatives. This a secured area as it is at the entrance/exit to the home.

People have the right to live in a well maintained and safe environment. We saw maintenance checks were carried out as per recognised time scales. However, the records that were kept evidencing these checks were not always up to date. Small emergency repairs were carried out quickly, but it could be difficult to keep a check on them, as all were not recorded. (Please see area for improvement 1).

A fire drill requires to be carried out twice a year and we could see no evidence that this had taken place. While we were there a fire test took place and we saw that everything happened as it should, and all fire doors closed automatically. There was also an incident when the fire alarm went off, and it was good to see that all staff gathered at the named place to carry out evacuation. Fortunately, this was a false alarm and no evacuation was required.

Other checks were carried out by external contractors, such as fire risk assessment, boiler check, and Portable Appliance Testing (PAT), and these were all up to date as they should be.

## Areas for improvement

1. The provider should ensure that people are kept safe by having clear fire procedures in place. In order to do this they should:

a) At a minimum ensure evacuation procedures are clear and up-to-date. They should take account of risks in the environment and staffing levels throughout the day and night

b) ensure all staff are given information, instruction and training on the actions to be taken in the event of a fire.

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

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

## How well is our care and support planned?

## 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.

People's personal plans were up to date, concise and contained relevant information on how they wanted to be supported. People's wishes and views were clearly recorded.

Regular internal reviews of people's personal plans are needed and they should be recorded to ensure support staff have access to view changes for people. This ensures that staff are fully aware of all changing needs and can provide care and support at an appropriate level.

Personal plans were reviewed internally on a four-weekly basis and where changes had occurred this was recorded appropriately.

Statutory six month reviews were taking place for people where all people's needs were discussed in greater detail. There was some confusion amongst a few families around what was a review of the personal plan and what was a "meeting". We discussed how it could be useful to raise this at a relatives meeting. This would allow the service to emphasise that the service wants to hear relatives thoughts on reviews and on loved ones outcomes. This is particularly important when the person may have incapacity and is unable to speak for themselves.

Most people had future planning in place and these plans were mainly written from a medical perspective. Whilst this was positive it would have been good to see some personal notes from people about their wishes when they reach the latter stage in life, for example, what type of environment would they like to be in, what visitors do want, or would they like religious or spiritual attendance. It can be a difficult area to address for both staff and people in the service, and it would be helpful for staff to have training in that area of care. The manager was aware of this and had discussed it with the training manager.

When looking through personal plans we were able to see that legal documents were in place such as Power of Attorney, (POA) Sect 47 Certificates Adults with Incapacity (AWI). We saw that where AWI's were not in the care plan then the service were actively pursuing the certificates with GPs.

External health professionals shared with us that they were satisfied with how and when they were contacted pertaining to any concerns about people, and were confident that staff followed advice and/or treatment plans that were put in place.

## 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

People were protected by safe medication management policies and practices, and good practice was observed throughout medication rounds. Records were all completed accurately and we saw that there had been no missed prescribed medications. Nursing staff were knowledgeable about medications and the impact on people, including any adverse effects they could have.

Due to a recent change in medication recording sheets from pharmacies it was no longer possible to record "as required" medications on the sheets. However, this was now recorded elsewhere within personal plans.

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).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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