

## 31 Two Mile Cross Care Home Service

Kaimhill  
Aberdeen  
AB10 7DL

Telephone: 01224 208 428

**Type of inspection:**  
Unannounced

**Completed on:**  
16 June 2025

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

**Service provider number:**  
SP2003000018

**Service no:**  
CS2003000245

## About the service

31 Two Mile Cross is registered to provide respite care to a maximum of six adults or children with learning difficulties. Adults and children are not supported in the service at the same time. The service is situated in a residential area on the outskirts of Aberdeen city centre.

The home is a six bedded purpose-built unit with a communal lounge, dining area and kitchen.

The service also has a multisensory area and an enclosed garden to the rear of the property.

## About the inspection

This was an unannounced inspection which took place on 11 and 12 June 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we viewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke with six people using the service.
- Spoke with four families.
- Spoke with staff and management.
- Received feedback from one external professional.
- Reviewed online surveys sent out prior to the inspection. We received feedback from one people using the service and seven staff members.
- Walked round the building.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- People and their families were happy with the care and support provided.
- People's health needs were supported well.
- The service would benefit from developing an improvement plan to support the development of the service and continuous improvement.
- Staff worked well together and were responsive to people's needs.
- People benefitted from a warm, clean and comfortable living environment.
- People's personal plans were person-centred.

## 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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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 observed kind and pleasant interactions between staff and the people they supported. It was evident that people found the staff to be approachable, helpful and friendly. This shone through in interactions between each other. There were lots of appropriate good, humoured banter. One person told us, "You get a lot of laughs".

People told us they were well looked after. One family member told us, "They nurture him when he is there", and another shared their relative's view, "Archway they have become an extension of our family".

Social engagement and relationships were considered when planning respite. People in the service spoke naturally amongst themselves and this contributed to the homely feel of the service. One person shared, "I get to see my friends" and a family member told us, "They match him up with his friends". This boosted happiness levels and overall well-being.

Pre-admission phone calls took place and "meet and greet" meetings were held at the start of a respite stay. This ensured people's stay was tailored to their needs and wishes. One person told us, "It gives me a wee holiday".

People were supported to get the most out of life and could spend their time as they wished. There was a range of opportunities and activities, which promoted people's physical and mental well-being, for example, karaoke, art and cinema nights. Sessional events and activities were also celebrated throughout the year. These opportunities provided structure to a person's stay, and enhanced people's mood and wellbeing.

The service supported people to access the local community and places of interest. We heard examples of people shopping, going to the cinema, and on day trips to Edinburgh. One person told us, "Staff always gives us new ideas for outings". This enriched people's lives and gave people a sense of purpose and joy.

The service sought support when required to people's changing health needs. One external professional told us, "They communicate with me timely with queries or issues. They follow my care plans and clients really enjoy their time with them, which for me is the most important thing". Families told us communication was good, and they were informed immediately of any issues.

People's nutritional and hydration needs were met. The service encouraged and supported people to be involved in the planning and preparation of food during their stay. Healthy eating was promoted, and people were encouraged to request the foods they enjoyed. One person told us they "enjoyed helping staff to make spaghetti bolognese for their tea". This meant people were empowered and enabled to be as independent and build skills. People's individual dietary requirements and preferences were known and respected. People who required specialist support for nutrition, such as Percutaneous Endoscopic Gastrostomy (PEG) feeding, were supported well.

Staff used a variety of different communication tools which were adapted to meet a people's needs and level of abilities, for example, symbols and visual planners. We observed staff being attuned and responsive to non-verbal cues from individuals. Makaton sign of the day and had a Makaton information board had

been introduced. This helped people express how they were feeling and assisted people's orientation to their routines and daily plans.

Where people had limited non-verbal communication, we found there was limited information on how to recognise if they were in pain. We signposted the service tools and resources to assist with this.

Medication was managed well. Daily medication checks took place which meant any errors would be recognised and acted upon quickly. We examined a sample of medication administration records and found that people had received the right medication at the right time. This helped to maintain good health. However, the service should ensure medication is labelled with the date of opening. This protects people from receiving medication past its shelf life. We were confident this would be actioned. We will follow this up at our next inspection.

We found that infection prevention and control (IPC) procedures helped keep people safe. The environment was clean, tidy, and free from any offensive odours. Handwashing facilities were available around the unit. Personal protective equipment (PPE) was readily available and in good supply.

Mattress checks were undertaken on a weekly basis. However, we found some bed frames to be worn which would not be conducive to effective cleaning. This could put people at risk from infection. The manager had plans in place to address this.

## 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.

The manager was visible in the service during the inspection and took an active part in the care and support of people using the service. This meant that the manager knew all the people well and understood their care and support needs. The manager demonstrated an understanding about what was working well and what improvements were needed. They ensured that the needs, outcomes and wishes of people were the primary drivers for change.

Quality assurance processes were effective. A system of audits and checks were in place and regularly completed. This helped identify strengths and respond to areas where the service could improve.

The service did not have a service improvement plan. It was positive that the service has undertaken a self-evaluation of the service based on the Care Inspectorate core assurances. They plan to further develop the service improvement plan following a further period of self-evaluation of the service. We will follow this up at our next inspection.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

Some observations of staff practice had been carried out. The manager would benefit from having a plan of observations, a template for these and identify themes where practice can be developed and improved. The outcomes of staff observation should be further discussed and reviewed in staff supervision and appraisal systems. We will follow this up at our next inspection.

The service had a complaints procedure in place. People and their families told us they felt able to raise any issues or concerns with the manager and felt they were very approachable and helpful.

The service did not identify or respond to an adult support and protection timeously. The management team were addressing this. Staff we spoke with had a good understanding of the processes to be taken if they were worried about a person's safety or wellbeing and the expectations of their role. The manager should ensure that all concerns are reported timeously to the relevant statutory organisations. We were confident this would be actioned. We will follow this up at our next inspection.

Systems were in place to safeguard people's finances and people had access to their money when needed. This promoted choice and a sense of wellbeing for people

A Facebook page shared relevant and valuable information with families on activities and developments in the service. This helped keep families informed and updated. Comments from families on this page was very complimentary about the service.

## How good is our staff team?

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 observed that staff worked together well, in a positive and calm manner. It was clear that staff felt happy at their work and were enthusiastic about caring for people. We observed staff to be responsive to people's needs. Staff treated people with dignity and were respectful. One person told us, "Staff are nice and helpful" and a family member shared, "staff are just fantastic".

People had support agreements in place which detailed their agreed individual support package. This meant people received personalised care to meet their needs.

Staffing levels appeared appropriate at the time of our inspection. Although the service appeared to have enough staff, there were no systems in place to record how decisions about staffing were made. The management team determined the number of staff and skill mix required through their professional judgement and taking people's needs into account when planning respite. It was positive that the management team were exploring different methods and dependency tools to enhance this process. This will provide assurance that people are supported by the right number of staff. We will follow this up at our next inspection.

Rota planning was done in advance. This provided stability for people. The service had relief staff which they used to fill gaps in the staff rotas. Consistent staff helped ensure people were supported by staff they knew well.

Staff retention was good. We sampled staff files, and the service followed safer recruitment guidance. This helped keep people safe.

Staff described their colleagues and managers as supportive and approachable. There were clear points of contact should staff need support at any time. However, some staff had not received supervision for some time and supervision had not been carried out at the frequency specified in the service's own policies.

These meetings are important as they provide opportunities for managers and staff to discuss any concerns; discuss practice and training requirements. We had confidence the manager would take this forward, we will follow this up at our next inspection.

Team meetings and daily staff handovers took place. A wide variety of topics was discussed and captured in meeting minutes. This meant staff were provided with the opportunity to share any ideas or concerns that they had. One staff member told us, "I feel listened to and I know things have been dealt with".

There were a number of learning and support opportunities available for staff. The service had a training matrix and good overview of staff training. Records were in place evidencing staff had accessed a wide range of training appropriate to their role. This meant that people experiencing care could be confident that staff were trained and competent. However, staff we spoke to felt they would benefit from training in diabetes care. This had been identified by the manager who was actively trying to source this.

## How good is our setting?

## 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 benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light, and sufficient space. Some of the areas within the unit had been recently refurbished providing new and refreshed facilities for people. One person told us, "The building is nice; I like the colours" and a family member shared they liked "all the little touches".

The atmosphere within the unit was pleasant and homely. People benefitted from single bedrooms which were bright and homely. They could choose to spend time in their bedroom or use communal areas and were encouraged to bring in their own personal belongings for their stay. This meant they had the right to privacy when they want. For example, one person brought in their games console and told us they enjoyed "chilling in their room" playing their games. This contributed positively to a comfortable living environment.

Personal care facilities were available in the form of a shower room and a bathroom. The addition of a new spa bath which included lights and music provided a relaxing experience for people to enjoy. This benefitted people's health and wellbeing.

The unit benefitted from a newly refurbished sensory room which provided people with a safe and calming space to explore different sensory experiences.

People with sensory or other cognitive impairments were supported through some provision of signage throughout the building. This supported orientation in the unit.

The garden was safe, accessible and well kept. This area was used for a variety of different activities in the better weather. People were involved in gardening. One person had visited a garden centre and planned to plant fruit trees, whilst others had painted planters. This provided people with ownership and a sense of achievement.

Equipment was maintained well, with safety checks being carried out at planned intervals. Cleaning schedules were in place which were regularly audited by the manager. This helped to ensure people were

safe and enjoyed a pleasant, homely environment.

## How well is our care and support planned?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from having a key worker who was responsible for coordinating the delivery of their personal plans. This promoted consistency and ensured that people had the opportunity to build trusting relationships with the person supporting them.

People benefitted from personal plans that were based on people's individual needs, strengths, and preferences. Plans were organised and easy to follow. There was good detail within the plan to guide staff around how best to care for and support each person. During the inspection we highlighted some areas for improvement where the information recorded needed to be clearer or updated to reflect the support that was provided. For example, one person's plan contained vague statements and another person's plan lacked an epilepsy support plan. We will follow this up at our next inspection.

Goals were set in accordance with the things that were important to people and things they wanted to achieve. To make this process more meaningful the provider should evidence and record people's progress towards meeting their goals and outcomes.

Where a risk had been identified, a risk assessment had been undertaken. This helped to ensure risks for people were effectively managed. These could be further enhanced to ensure they were person centred and personalised to the person. We will follow this up at our next inspection.

Some people had not received a review meeting within the regulatory timescales. The manager was actively addressing this. We also found some review meeting minutes to be brief and lacked detail. We brought this to the manager's attention and had confidence that this would be addressed.

Information about people's legal representatives, such as Guardian and Power of Attorney, and the powers they held were available in support plans. This meant that staff knew who to contact and involve when making decisions about people's care, or when arranging care reviews.

The service had consent forms in place, should there be any restrictions of a person's movement put in place, for example, bed rails or a sensor mat. A few of these still required to be signed by the person, or their relative to confirm agreement. The manager was addressing this at the time of the inspection.

We found daily notes contained detail on the activities people had undertaken and reflected the support people received and how they had presented.



## 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	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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