

153 Victoria Street Care Home Service

Dyce
Aberdeen
AB21 7BJ

Telephone: 01224 775 232

Type of inspection:
Unannounced

Completed on:
29 May 2025

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 inspection which took place between 26 and 29 May 2025. 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 six of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed the results of 19 surveys returned to us prior to inspection.

Key messages

- People looked happy on arrival at respite and were welcomed warmly by staff.
- People were supported to maintain good health.
- People benefitted from a choice of outings but appeared bored at times when in the service.
- Medication management policies required improvement.
- Leaders had good oversight of people's care needs.
- Staff turnover had improved, resulting in a stable staff team.
- Improvements had been made to the environment; however, cleaning should be improved.
- Care plans were detailed; however, people were not always supported to meet their goals.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People looked happy on arrival at respite and were welcomed warmly by staff. People enjoyed, and appeared relaxed in, staff company. Staff supported people to remain clean and well dressed for the duration of their stay. One family told us "They always come home looking well." People could look and feel their best in a relaxed atmosphere.

The service communicated with families prior to admission. Staff communicated with families to complete a pre-visit questionnaire. This should result in a seamless transition between care at home and the service. However, the admission process appeared to be rushed, with several people arriving at the same time. This resulted in a lack of information that could lead to inconsistent care and support. For example, staff did not ask when people had last taken medication, to ensure the next dose was given at the correct time. The provider should review admission procedures to ensure there is sufficient time to do this effectively. **(See Area for improvement 1)**

People were asked what outings they would like during their stay. This resulted in various outings including walks, picnics, trips to the shops, and train journeys to neighbouring towns. People appeared to enjoy these activities. However, people did not always benefit from meaningful activities when at home. People appeared bored at times. Some families told us that there were not enough activities at the service to keep people busy. The provider agreed to review its activity programme, which should ensure people have more fulfilling experiences. We will review this at future inspections.

People were supported to eat food that was right for them. People had a choice of lunch time options, and evening meals were pre-selected based on people's food preferences. Food and snacks were prepared to suit people's texture requirements, and in line with speech and language therapist (SALT) guidance. People who required specialist support for nutrition, such as Percutaneous Endoscopic Gastrostomy (PEG) feeding, were supported well. People benefitted from the right support to meet their dietary needs.

People were supported to maintain good health. Staff monitored people who had epilepsy and recorded any changes in their seizure patterns. When people's needs changed, the service made appropriate referrals. For example, when one person had difficulty swallowing, staff informed the SALT. This resulted in an assessment and new safe swallowing guidance. Staff had good knowledge of people's health needs and supported people to access health assessments when required.

Medication management required improvement. People's care plans did not identify the level of support they required. This could result in people receiving the incorrect amount of support. "As required" medication was not always supported with a care plan. This could result in people not getting the required medication at the right time. People who were being given medication without their knowledge, did not have risk assessments and the necessary care plans in place to support this. The provider must review medication policies and procedures to ensure the safe management of medication. **(See Requirement 1)**

Requirements

1. By 18 August 2025, the provider must ensure that people experience safe and effective support with medication. To do this the provider must, at a minimum:

- a) Review the medication policy and procedure, ensuring it reflects statutory requirements and best practice guidance.
- b) Ensure all people receiving support with medication have a clear care plan detailing the level of support they require.
- c) Ensure all "as required" medication has a clear care plan.
- d) Ensure people who are given medication covertly, have the required legal agreements and care plans in place.

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 states: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

Areas for improvement

1. To ensure that people experience a safe and enjoyable arrival to the service, the provider should review pre-admission procedures. This should include a review of pre-admission documentation and the arrival process. This should result in all necessary information being shared between families and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'My care and support is consistent and stable because people work together well.' (HSCS 3.19) and; 'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity.' (HSCS 4.17)

How good is our leadership?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The service had an improvement plan that resulted in some actions to improve the service. However, the improvement plan did not highlight the views of people and families. Leaders should explore how they seek the views of people and families to enhance the service improvement plan.

Leaders had good oversight of people's care needs. Leaders completed various audits and checks to ensure people remained safe and had positive experiences. This included health and safety, finance, and medication audits. We highlighted that an environment audit would benefit the service. This should result in a home that is consistently clean and well maintained. We will review this at future inspections.

Leaders assessed staff competency in some areas such as moving and handling, and medication practice. We advised leaders to further develop assessments based on people's need's. For example, to observe staff practice in relation to safe swallowing. This will ensure that competency assessments are meaningful to the people they support. We will review progress in this area at future inspection

Leaders completed detailed investigations when unplanned events, such as accidents or incidents, took place. Learning from all unplanned events was shared with the wider staff team. This allowed staff to reflect on practice and make meaningful improvements to people's lives.

Complaints were managed well. Leaders responded promptly when families raised concerns. Families told us that communication had improved. One family said, "I feel Archway have taken our complaint on board, communication is much better now." People and families had confidence that they would be listened to.

How good is our staff team?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People benefitted from a stable staff team. People benefitted from warm interactions from staff they recognised. Families reported that staff turnover had improved, resulting in more regular support from familiar staff. While there was a small staff vacancy, the provider was actively recruiting to fill the vacancy. People experienced care and support from staff they were familiar with.

When short staffed, the service had its own internal relief staff. The service used agency staff who were familiar with the service. When this was not possible a robust induction was in place. One agency staff member told us "I did my induction the last shift I was on, and today I am reading the care plan for this lady before I support her." The service had a policy that meant agency staff did not work alone, with complex tasks being carried out by Archway's own staff. Agency staff were supported to ensure they could support people safely.

People were supported by staff who communicated well. Staff took part in daily handovers, to share important information. Staff attended regular team meetings. The service recently hosted a team building day, where staff had the opportunity to feedback on the services performance. Staff worked well together, resulting in consistent care and support.

Whilst we did observe many warm interactions between people and staff, at times, people did not experience meaningful interactions. Staff were, at times, task focussed, resulting in periods of time where people were bored and looking for interaction. The provider should review staffing arrangements to ensure consistent levels of support is available to people. **(See Area for improvement 1)**

Leaders planned rotas in advance. Core staff numbers stayed the same, with additional staff for people who were funded for extra support. However, some staff told us that there were not enough staff to meet all people's needs. Leaders assured us that they were reviewing funding arrangements, which may result in improved staffing levels to meet people's assessed needs. However, we were not confident that staffing levels were sufficient for all groups of people who attended respite. The provider should develop a staffing tool that identifies the amount of staff needed for each group of people, based on individual needs. **(See Area for improvement 2)**

Areas for improvement

1.
To ensure that people have consistently positive experiences, the provider should ensure staff have sufficient time to spend with people. To do this the provider should, at a minimum, review staffing arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.' (HSCS 3.1)

2. To ensure that people have enough staff to meet their needs the provider should review staffing levels. To do this the provider should, at a minimum, develop a staffing tool. This should consider factors such as, group size, people's physical health, mental wellbeing, level of independence, and personal preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'If I experience care and support in a group, the overall size and composition of that group is right for me.' (HSCS 1.8) and 'My needs are met by the right number of people.' (HSCS 3.15)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Communal areas and bedrooms were warm and had plenty of natural light. The halls and living room had recently been decorated. The living room had new furniture and people looked comfortable in their surroundings. One person took great delight in showing us a poster they had been involved in making to brighten up the walls in the hall. People were asked their opinions on paint colours for the bedrooms, and these were due to be decorated soon. People benefitted from a comfortable and homely place to rest and relax.

Bathrooms were dated and were not appealing. The provider had conducted a property condition report, and bathrooms were highlighted as an area for improvement. The provider should continue to make the necessary improvements so that people can enjoy improved facilities.

People could spend time outdoors in an enclosed garden. The grass and shrubs were well maintained and attractive. However, some garden furniture was not well maintained and could result in minor injuries. We highlighted that wooden furniture and chutes needed to be sanded and painted. The provider assured us they will make these improvements. We will review this at future inspections.

People had room to move around with ease. Each person had been supported to make a sign for their bedroom door. This allowed people to easily identify their room for the duration of their stay. Bathrooms, offices and fire escapes were clearly signposted. People could, where able to, navigate the building independently.

The service did not use all areas of the building to their full potential. The activity room was used for storage and families commented that this room could be better used. The provider should seek people, staff and families' views on how best to use of this room so that people have more choice of where to spend there time. We will review this at future inspections.

Staff took time to ensure day to day cleaning was completed. However, we were not assured that bedrooms were thoroughly cleaned before the next group of people arrived for respite. Some areas, such as ensuite bathrooms had stains on the wall. We highlighted this to staff who took steps to improve this before people arrived. The provided should ensure that the service is thoroughly cleaned in between different groups of people using the service. **(See Area for improvement 1)**

The provider had not acted on all recommendations from a recent Scottish Fire and Rescue Service audit. Whilst leaders had reviewed people's emergency evacuation plans, the provider had not provided the necessary equipment to evacuate all people safely. This could result in delays in people being supported to leave the building in an emergency. The provider must ensure that they have the necessary equipment to evacuate all people. **(See Requirement 1)**

Requirements

1.

By 14 July 2025, the provider must ensure all people can be evacuated from the building safely. To do this the provider must, at a minimum:

- a) Ensure sufficient equipment is available to safely evacuate people who are unable to move themselves, as required in the Scottish Fire and Rescue audit.
- b) Review personal evacuation plans for all people, to include the use of equipment purchased to aid in evacuation.
- c) Ensure staff are adequately trained to use equipment purchased to aid in evacuation.

This is to comply with Regulation 4(1)(a) and 14(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 states: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

Areas for improvement

1.

To ensure that people benefit from a consistently clean and comfortable environment, the provider should review cleaning procedures in the service. This should result in thorough cleaning and infection control procedures in between different groups of people.

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

states: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24)

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

All people had a care plan that had recently been reviewed. Plans were reviewed before each visit to respite. Families told us they were able to contribute towards care planning. Plans were accessible with information that was easy to find. Care plans contained information that was person centred and supported good health. This included people's likes and dislikes and also information on how to support their health and care needs. Staff could access the information they needed, to support people well.

Care plans were updated following significant events, such as incidents. For example, one plan was updated with new strategies following an episode of stress and distress. People benefitted from plans that reflected their changing needs.

Some people had restrictions placed upon them to keep them safe. Staff were aware of how to support people with any restriction. For example, staff knew to ensure that cleaning products were locked away to prevent harm. Care plans had the necessary legal agreements and professional input to ensure that people were not unlawfully restricted.

Most people had had a care review. Reviews were person centred and focussed on people's goals and wishes. However, care plans did not always reflect what people wanted to achieve. For example, one person wanted to be more independent in household tasks when at respite. Plans had not been made to support this goal. The provider should ensure that care planning supports people to meet their goals. **(See Area for improvement 1)**

Areas for improvement

1.

To ensure that people are supported to get the most out of life, the provider should ensure that people are supported to work towards their goals. To do this the provider should ensure that care plans are outcome focussed and that records are kept to evidence people working towards their goals.

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

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 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

Cleaning products were stored in a locked cupboard to ensure people remained safe at all times. Staff were aware of the risks to people and ensured cleaning products were put away after use. People were kept safe from harm.

The service was neat and tidy and communal areas appeared clean. Cleaning records indicated regular cleaning was completed. However, bedrooms were not thoroughly cleaned in between groups of people attending respite. People should expect consistently clean and safe places to sleep. The provider should review cleaning procedures to ensure thorough cleaning takes place between groups of people.

Whilst only some aspects of this area for improvement have been met, this will be removed and a new area for improvement has been made. **(See key question 4 *How good is our environment?" Area for improvement 1)**

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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