

# Archway Supported Living Services Housing Support Service

Admin Office  
71 Westburn Road  
Aberdeen  
AB25 2SH

Telephone: 01224 643327

**Type of inspection:**  
Unannounced

**Completed on:**  
1 September 2025

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

**Service provider number:**  
SP2003000018

**Service no:**  
CS2018371686

## About the service

Archway Supported Living Services is registered to provide housing support and care at home for adults with learning disabilities in their own home and in the wider community.

The service is provided by three staff teams on a 24-hour basis.

At the time of the inspection, the service was delivered to 12 people.

## About the inspection

This was an unannounced follow up inspection which took place on 28 August 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 seven people using the service.
- Spoke with staff and management.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- Improvements were needed to ensure medication records and protocols are accurate, up to date and reflective of people's current prescriptions.
- Quality assurance processes had strengthened, however, medication audit procedures required further development.
- Improvements were required to ensure appropriate notifications are made timeously to statutory bodies following accidents, incidents or adverse events.

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

The service had an outstanding requirement which we had made at a previous inspection. This was to ensure that quality assurance and improvement processes are carried out competently and effectively. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

During the follow up inspection we found some progress had been made to meet this requirement, but some areas had not yet been met. For example, medication audits did not effectively identify all concerns, therefore were not effective.

During the inspection we also assessed the progress made in relation to two previous areas for improvement. These were in relation to medication administration records and protocols. We assessed that these were not met. We have reported our findings under: 'What the service has done to meet any areas for improvement made at or since the last inspection'.

The outcome of this was that we have made a new area for improvement to include all outstanding areas that need to still improve. **(See area for improvement 1).**

## Areas for improvement

1. To ensure people receive their medication in the way it has been prescribed, the provider should ensure all medication administration records and protocols are accurate and up to date. Quality assurance process should identify discrepancies or errors and where issues are detected, actions should be taken timeously.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19).

## How good is our leadership?

The service had an outstanding requirement which we had made at a previous inspection. This was to ensure that quality assurance and improvement processes were carried out competently and effectively. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

We assessed that some improvement had been made but some areas had not been fully met. For example, some notifications had not been submitted to relevant statutory bodies following adverse events.

Therefore, we have made a new area for improvement to address these outstanding issues. **(See area for improvement 1).**

## Areas for improvement

1. To ensure people are kept safe the provider should ensure appropriate notifications are submitted to relevant statutory bodies following accident, incidents, and adverse events.

This is to ensure 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).

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

## Requirements

### Requirement 1

By 7 February 2025, the provider must ensure that quality assurance and improvement processes are carried out competently and effectively.

To do this the provider must ensure, at a minimum:

- a). Effective quality assurance systems are in place.
- b). Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- c). Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.
- d). Investigate all accidents, incidents and adverse event to identify actions to be taken to mitigate reoccurrence. Appropriate notifications should be submitted to relevant statutory bodies.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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 requirement was made on 30 October 2024.**

#### Action taken on previous requirement

Each supported living service had been appointed a full-time manager. This new structure had increased oversight within each service. The frequency of meetings between the senior leadership and managers had increased which provided the opportunity to review the service's performance and plan developments.

The service had consolidated their audit tools into a single, centralised location. This provided a more structured approach. Plans to initiate peer led audits were in place, however, these had not yet commenced at this time of the inspection. This gave us confidence that they were committed to driving improvement forward.

Each manager had their own system in place to monitor the quality and practice within their service. Checklists were not always completed but were used as a guide. This could lead to inconsistency across the services and increased effort to ascertain if the appropriate checks had been taken.

Some quality assurance processes worked well such as care plan auditing which identified areas of development. However, we observed that the new medication audit had not identified all issues with medication practice, for example, when medication had not been signed for, differences between medication administration records and protocols and medication not being dated when opened. This increased the risk of people not receiving their medication as prescribed. A new medication audit had been developed, however, was still to be fully implemented across each service.

People's views about the service were actively sought through the reintroduction of tenant meetings. This provided a forum for people to influence service improvement and promoted person centred care.

Most 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 reoccurrences. However, we found one incident where assumptions had been made on the cause of markings on a person's body. This represented a missed opportunity to ensure appropriate safeguarding measures were considered. We also found two adverse events which had not been reported to the Care Inspectorate as per our guidance.

Some parts of this requirement have been met. We have made two new areas for improvements to address the outstanding issues.

#### Met - outwith 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 people receive their medication as prescribed, the service should ensure medication administration records are accurate and up to date.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

**This area for improvement was made on 10 April 2025.**

#### Action taken since then

We sampled medication administration records and found they did not always align with the instructions in protocols for 'as required' and topical medication protocols. This meant we could not be assured they were accurate and up to date. This could cause confusion and increase the risk of errors.

This area for improvement has not been met, this area for improvement will be incorporated into a new area for improvement made under key question 1.

#### Previous area for improvement 2

To ensure people receive their medication in the way it has been prescribed, medication protocols should be in place to reflect the current prescribed medication for the person.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

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

#### Action taken since then

Protocols were in place to guide staff where people received 'as required' or topical medications such as creams which provided directions to guide staff. However, we found these did not always reflect the current prescribed medication recorded on the person's medication administration record and some required to be archived as the medication had been discontinued.

This area for improvement has not been met, this area for improvement will be incorporated into a new area for improvement made under key question 1.

## 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).

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.