# Ardfenaig Residential Home
# Care Home Service

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**Type of inspection:**
Unannounced

**Completed on:**
15 May 2026

**Service provided by:**
Argyll and Bute Council

**Service provider number:**
SP2003003373

**Service no:**
CS2003014233

## About the service

Ardfenaig Residential Home is a registered care home for 16 older people with a range of care and support needs. This includes one place for a short break or respite care.

The service provider is Argyll and Bute Council and the service is managed by Argyll and Bute Health and Social Care Partnership.

The home is in a rural location in Ardrishaig, near Lochgilphead. It is a converted traditional two-storey building with an extension. There is a lift available between floors for those who need it. The home is set within its own grounds overlooking Loch Gilp. Parking at the home is limited.

There were 14 people living there at the time of inspection.

## About the inspection

This was an unannounced inspection that took place on 13 May (11:45 - 19:30) and 14 May (09:00 - 16:30). Feedback was provided on 15 May 2026. Two inspectors carried out the inspection.

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

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances; wellbeing; leadership; staffing; the setting and planned care/support.

This was an inspection to provide assurance that better performing services continue to deliver care and support that meets people's needs. It is not a validation of previous evaluations, and no new evaluations (grades) have been awarded.

During this inspection, we confirmed that people continued to receive care that met their needs and protected their safety, wellbeing and rights. We knew this because we:

- spent time with people using the service
- received feedback from two relatives, 15 staff and management and two visiting professionals
- observed practice and daily life
- sampled relevant documents.

## Key messages

### Legal assurances

We found the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place and a range of policies and procedures that promoted good outcomes for people. This meant that people were safe and protected from harm and could have confidence in the organisation providing their care and support.

### Wellbeing

People's health needs were well-supported with a local nurse commenting: "Get more information from staff here than we would anticipate regarding wound care, pain, and other health needs." A family member also told us that their loved one had lost weight when living by themselves but "loved the food and was putting weight on now." We were assured that people's overall health needs were well looked after.

Staff encouraged family, friends and local groups to visit people. That supported good emotional and mental wellbeing for people.

Management and staff had identified two situations where medication processes had not been properly followed. They had looked into what had gone wrong and were adopting a lessons learned approach. This approach would offer confidence in staff competence going forward and contribute to keeping people safe and well. We were encouraged by external team support to address the concerns going forward. However, work in that area needed to be completed. Please see What the service has done to meet any areas for improvement we made at or since the last inspection?

Adult support and protection procedures were in place but we identified room for improvement. Local management, and the provider, agreed to look at strengthening processes to keep people safe.

### Leadership

We were impressed with two different staff meetings which were well attended with discussions and actions well recorded. The meetings offered a good level of oversight of what was happening in the service. Staff discussed how people were and what actions had to be followed up to support their care.

Management kept appropriate records of accidents and incidents. That allowed them to track themes and identify if they needed to respond on a wider scale.

Staff participated in required training which supported good knowledge and understanding of how they could best support people. Online and face-to-face training was used. External professionals offered training which staff enjoyed and used to promote their practice.

An improvement plan was in place but the manager acknowledged that they had not been able to set time aside to update it due to competing priorities. That said, we did hear and see where improvements had taken place which benefited people.

### Staffing

Recruitment processes followed good practice and new staff received a thorough induction. That reduced risk and supported people's safety.

Staff supported people in a respectful, dignified manner and also with lots of chat and fun. Staff knew people well and what was important to them to live a good life. They used that knowledge to deliver person-centred care.

People benefited from a consistent staff team, supported by planned rotas and stable staffing patterns. The team had been through a period of instability, due to increased absences. Contingency arrangements were in place to respond to changes in staffing, helping to maintain safe and good quality care.

Management had a clear understanding of people's assessed support needs and planned staffing accordingly. The use of regular staff and bank staff provided continuity and flexibility, ensuring people received the support they required.

### Setting

People benefited from a home that had a warm, welcoming and homely atmosphere. It was clean and fresh. The building was old and some areas did look tired. However, people spoke highly of the home and their lives there. Appropriate measures were in place to maintain the building and a plan for redecoration was in place. Maintenance records confirmed external equipment checks and servicing had been carried out to ensure people were not exposed to harm and felt safe and secure.

The environment was tidy and clutter free. People could move about freely which promoted their independence. The housekeeping team followed cleaning schedules with the housekeeping senior checking the quality of staff work. We signposted management to the updated infection prevention and control guidance. Staff were responsive to our discussions. They were keen to promote good practice to keep people safe from possible outbreaks of infection.

### Planned care and support

Staff worked with people and their families to design personal plans which contained up to date and relevant information. People had personal plans which captured their needs, outcomes and preferences. We sampled a few plans which included clear support details and rich information about the person and their preferences. That enabled tailored and person-centred support to be delivered.

Reviews were carried out every six months or more frequently, if required. People and their families felt involved in care planning. Risk assessments were in place as required. Senior staff checked care plans regularly to ensure they were up to date. That reduced the risk of staff following outdated and incorrect information.

A pre-admission assessment was recently developed by the manager. It was a detailed document that explored lots of relevant information about people as they were planning to move in. That helped greatly with care planning and supporting a real sense of who the person was and what mattered to them.

## 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 service should ensure people's day-to-day activities are meaningful and planned by responsible staff. They should be accessible for everyone living in the home.

They should as a minimum:

a) reflect people's individual preferences
b) maintain and enhance people's level of independence, skills, and abilities
c) maintain records of meaningful engagement and activity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

**This area for improvement was made on 2 December 2025.**

#### Action taken since then

During our inspection, we observed a variety of activity going on which enhanced people's overall wellbeing. Staff knew people well and were able to offer several opportunities to spend their time.

Care plans, daily notes and staff meetings were used to record what people were interested in and what made their day go well. Staff assessed people's health, wellbeing and compatibility of individuals alongside what resources were available to develop appropriate care plans. That allowed people to be involved in the decision-making process, which allowed for individual preferences.

Regular daily activities were offered as a group or individually. There were regular events such as yoga, therapy pets and community coffee mornings. A lack of public transport in the area impacted on the ability to get out and about more often. Management were exploring private transport options for people to widen their opportunities.

A few people took part in daily tasks such as folding napkins and preparing teacups and saucers. Another told us about their role in maintaining the outside garden planters. Such practices should be further encouraged to continue to promote independence and individual identity.

We shared suggestions on how to enhance communication around activities by the use of photos.

This area for improvement has been met.

### Previous area for improvement 2

The manager should ensure that senior staff carry out formal recorded observations of practice with all staff. This is to ensure that people are receiving the best care in the right way and have the best outcomes. This should then be discussed with staff giving guidance when needed or praise and recognition when due.

This is to ensure that care and support is consistent with the 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. outcomes are met' (HSCS 3.14).

**This area for improvement was made on 2 December 2025.**

#### Action taken since then

Formal recorded observations of staff practice were not up to date.

Recent medication errors had highlighted a need for refresher training and competence checks of staff practice. Observations had taken place of medication support but the outcome of the observation was not recorded. Staff got feedback at the time but that meant that there was no clarity on what had gone well and what needed to improve for individuals or as a team. Observations needed to be recorded to ascertain the strengths of staff practice and also where further training and development was still required.

We highlighted a need for the work to improve medication errors to be sped up and completed in full both in training and observations. That would support increased confidence in the competence of the staff team.

It is important that staff practice in a variety of areas is observed. Managers must ensure that observations of practice are a consistent aspect of the support offered to staff. That would then reassure people that staff are able to put their training into practice and are competent in their role.

This area for improvement has not been met.

### Previous area for improvement 3

The provider should explore ways in which a secure, attractive and private garden space can be made available for people to use as and when they wish. A decision should then be made that ensures this is made available to people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I live in a care home, I can use a private garden' (HSCS 5.25), 'My environment is secure and safe' (HSCS 5.19) and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

**This area for improvement was made on 2 December 2025.**

#### Action taken since then

People benefited from a stunning loch side garden with wonderful views of mature trees, plants and the loch. Staff worked hard to ensure the area was well presented and accessible for those using aids and equipment for getting about. A few people preferred not to go out but watched the local wildlife with enthusiasm from the window. That promoted lots of chat and fun.

A garden space at the back of the building was being renovated to provide secure garden space. That would support people who wanted to be outside by themselves but would need support from staff to venture further. The fencing and gate in that area was awaiting sign off from the local authority health and safety team before access could be fully available.

This area for improvement has not 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

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