

## Castleview Day Care Support Service

c/o Currie Court L.R.U.  
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Ardrossan  
KA22 8ET

Telephone: 01294 468560

Type of inspection: Unannounced  
Inspection completed on: 23 May 2018

**Service provided by:**  
North Ayrshire Council

**Service provider number:**  
SP2003003327

**Care service number:**  
CS2003034610

## About the service

Castleview is a Day Care Service for older people located in Ardrossan Ayrshire. The service provides support and stimulation for up to 16 older people three days per week and up to 12 people with dementia two days per week. The service is owned and managed by North Ayrshire Council. The overall aim of the service is stated as:

"To provide a safe, secure and friendly environment for service users".

## What people told us

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

We spoke with five people who were attending the service on the day of the inspection. People told us how important attending the service was to them and how it had improved their overall wellbeing. They spoke about 'loving the company', 'getting out to meet people' and how it had reduced their feelings of isolation.

People told us they were asked their opinion about how they wanted to spend their day and were kept informed about changes to staff. They told us they had been asked their opinion about the quality of food and were pleased to see that improvements had been made following their feedback. They could choose from a selection of activities and were involved in decisions about how any money raised in funds could be used. One person felt that there could be more opportunities to get out on 'nice trips' but, overall, it was a 'nice place'.

## Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

## What the service does well

Castleview Day Care service continued to use a number of methods to seek the views of those using the service. This included the use of service user meetings, surveys and day to day discussions. People had made suggestions about activities, entertainment, food and outings, and a number of these had been actioned. The recommendation made in the last inspection report about ensuring that surveys were evaluated and dated had been met. People using the service were encouraged to participate in the personal planning process and in six monthly reviews.

A personal plan was in place showing the levels of support individuals required with activities of daily living such as personal care, mobility, communication, social interaction and medication. Risk assessments were carried out for areas of support needs with appropriate control measures identified and put in place to reduce any identified risks. The information in personal plans were linked to the new Health and Social Care Standards.

Personal plans took account of the outcomes that individuals wanted to achieve from their attendance at the service. These were mainly to reduce isolation and loneliness and have the opportunity to pursue their interests, participate in stimulating activities and also try new things. Individual goals were reviewed at each review meeting and support plans updated to reflect decisions made at the review.

Records were maintained showing how each service user had spent their day at the service, including any activities they had participated in.

A key worker system was in place. The keyworker is a nominated member of staff who takes a particular interest in specific individuals' care and support arrangements. The service should continue to develop the scope and responsibility of key workers as part of a staff development plan.

We saw a good rapport between staff and service users. Service users were assisted with personal care in a discreet manner, ensuring their privacy and dignity was respected at all times.

People spoke about how much they enjoyed coming to the service. They told us that they enjoyed coming to meet friends and how it helped them to feel less isolated. One person said 'It helps me to keep in touch with what's going on. When you're stuck in the house you miss things'. People using the service told us that they were encouraged to take part in the activities but they could opt out if they wished. They told us that the food was good and one person said 'it had greatly improved'.

There were examples where a small number of people had accessed a musical group in the local community and there had been opportunities for intergenerational activities with pupils from one of the local primary schools.

We made a requirement in the last inspection report about the service ensuring they had sufficient numbers of staff on duty to meet the needs of people attending the service. From our observations on the day of the inspection, we could see that individuals received the attention they required timeously and that this requirement had been met.

North Ayrshire Council had a comprehensive range of policies and procedures available to support staff in their role. This included policies in training, development and recruitment.

We made a requirement in the last inspection report about evidencing that staff had completed Adult Support and Protection training. This evidence was now available. However, although this requirement had been met we noted that some of this training was now outwith North Ayrshire Council's own policy of ensuring refresher training was completed at three yearly intervals.

Training records showed that staff had accessed training relevant to their role and the needs of people attending the service. Training records now included 'pre and post training discussions' which included an opportunity to reflect on the training completed and how this had informed practice and could be used to improve outcomes for service users. The recommendation made in the last inspection relating to the quality of training records had been met.

Staff had completed dementia training at Skilled Level linked to the Promoting Excellence Framework. This informed staff practice and enabled them to support those people with dementia who attended the service.

Communication systems included a meeting each morning with the staff team to plan the day to discuss specific needs of those attending and allocate tasks. A number of staff meetings had taken place. The minutes of meetings showed that information was provided about corporate and service wide developments, including reviews of policies and procedures. Staff discussed service users' needs and shared ideas and how the service could continue to improve. An action plan was provided with the minutes and followed up at the next meeting.

The service continued to achieve good outcomes for the people using the service. The service did meet the aims and objective to alleviate social isolation, build confidence and to provide an essential part of the overall care packages that supported people to live in their own homes for as long as possible.

## What the service could do better

We had made a recommendation in the last inspection report relating to the quality of information in personal plans about the support individuals required to take medication. This remained outstanding. (recommendation 1)

The recommendation made at the last inspection relating to the use of specific risk assessments such as multi-factorial risk assessments had not been met. (recommendation 2)

We noted that the bins in the service for the disposal of certain types of waste were not emptied on a daily basis. This means that these bins can be in the building for some days before the contents are emptied. Although a contract was in place for this waste to be collected at intervals during the week, good practice would expect these to be emptied on a daily basis, possibly to an appropriate secure receptacle outside the building. The provider should review the current arrangements for dealing with this type of waste. (recommendation 3)

North Ayrshire Council do not have a policy of routinely re-checking staff through the Protection of Vulnerable Adults scheme after a specific period. This is only done if for example a member of staff is appointed to a new post within the Council. 'The Care Inspectorate expects care services to periodically re-check the suitability of care service staff as a matter of good practice'. (Safer Recruitment (Through Better Recruitment), Care Inspectorate and Scottish Social Services Council 2016). (recommendation 4)

Although a keyworker system was in place, the service should continue to develop the scope and responsibility of key workers as part of a staff development plan.

We acknowledged that the service had not had a senior day care officer in post for a number of months and that the service had been reliant on senior cover from a number of individuals. As a result, the service had not had the opportunity to make improvements and develop in the way it was hoped. For example, we saw that staff meetings and supervisions had not taken place at regular intervals. However, this post had recently been filled and we were pleased to meet the appointed senior who was due to take up her post imminently. The new senior member of staff demonstrated an understanding of the areas of improvement and development required in the service. The service should develop a service improvement plan to reflect the improvements required.

We also raised the need for staff to be mindful of some of the language used in records which showed examples of negative labelling such as 'bad behaviours'. The service should address this as a focused area for improvement which we will revisit at the next inspection.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 4

1. The provider should improve the quality of information in care plans relating to how individuals take medication while at the service. This should include:

- whether the individual did or did not need support
- the type of support needed
- where medication was held when in the building
- medication records should have the name of the medication, dosage and time given (descriptions of the medication can also continue to be used where needed).

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

2. The provider should introduce, where required, specific risk assessments based on current good practice for specific issues such as the prevention of falls. This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

3. In order to comply with good practice in relation to infection control and manage instances of unpleasant odours, the provider should review the current arrangements for the disposal of certain types of waste. This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

4. In order to comply with current good practice North Ayrshire Council should periodically re-check the suitability of care service staff through the Protection of Vulnerable Adults scheme, (Safer Recruitment (Through Better Recruitment), Care Inspectorate and Scottish Social Services Council 2016)). This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11) and I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

## 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).

## Inspection and grading history

Date	Type	Gradings
27 Jul 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
31 Jul 2014	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
31 Jul 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
8 Sep 2011	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
30 Sep 2010	Announced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate
10 Nov 2009	Announced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
11 Mar 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate

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