

# Careoligy Elderly Daycare Support Service

Hayfield Clinic  
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Kirkcaldy  
KY2 5AD

Telephone: 01592 210 212

**Type of inspection:**  
Unannounced

**Completed on:**  
12 September 2024

**Service provided by:**  
Careoligy Limited

**Service provider number:**  
SP2019013366

**Service no:**  
CS2019376938

## About the service

Careoligy Elderly Daycare is a day care service for older people situated in Kirkcaldy. It was registered with the Care Inspectorate in January 2020 and is owned and managed by Careoligy Ltd. The property is a single storey and has disabled access. The building is set in a well-tended landscaped garden with adequate car parking at the side and rear of the service.

The service provides day care and support to a maximum of 12 people; during the inspection, 21 people were receiving the service. This was Careoligy's first Care Inspectorate inspection.

## About the inspection

This was an unannounced inspection which took place between 05 and 12 September 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with thirteen people using the service and two of their relatives
- spoke with staff and management
- observed practice
- reviewed documents.

## Key messages

- People we consulted with spoke very highly of the service.
- There was a stable staff group who knew people well and vice versa.
- People could choose how to spend their day, and who with.
- People's independence was promoted.
- Personal plans relating to people's social needs need improvement.

## 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?	4 - Good
How well is our care and support planned?	3 - Adequate

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.

It was clear there were well-established relationships between staff and the people they supported. There was lots of fun and appropriate use of humour. People were not rushed, and staff took time to support them. People told us they found the staff approachable, helpful and friendly and this shone through in the interactions between them. People were clearly happy to be there. They told us "The staff are excellent, the service is fantastic, they can't do enough for you, we have a great laugh, we feel safe, they're like family".

People's health benefitted from the social connections and relationships they had made at the day service. This enhanced the sense of community within the service and people feeling included. People's relatives told us they also benefitted from the service in the knowledge that their loved ones were safe and enjoyed attending. One person told us "They're brilliant, she likes it, and it gives me respite. I know she is safe; they tell me everything. The staff are great; she really likes coming here. I would contact them if I had any concerns. I can't think of anything that would make it better". Another told us "It's fantastic. I won't have a bad word said against Careoligy; they're brilliant. They tell me everything. I would give them 200% of my time, they help us so much".

People's cognitive ability and independence were promoted daily. We saw people had access to newspapers, books and participated in quizzes and reminiscence activities. This can improve memory and promote self-worth. The service had a weekly plan of activities, which included arts and crafts, games and sing-a-longs to their favourite musicals. Seasonal events were celebrated, which helped people remain orientated to the pattern of the year and stay connected to the wider world. One person told us "We choose our activities every day, we do what we want and have a good laugh". This meant people were spending their time meaningfully to promote feelings of wellbeing. Those who didn't want to participate in certain activities could choose to sit in another lounge and bether with each other, or enjoy a movie in the cinema room.

People had the opportunity to join in daily chair exercise, yoga sessions, massage therapy and namaste. People had access to the garden area which led directly off one of the main lounges. These things encouraged people to move regularly and remain as active as they could be. They also contributed positively to people maintaining good health and mobility.

The service was provided, and managed by a predominantly nurse-led staff team. This resulted in people's health care needs being regularly reviewed and evaluated. Ailments were recognised and addressed quickly, including accessing other healthcare professionals where appropriate. There was a stable staff team and good communication meant all staff were kept up to date with any changes in people's health and wellbeing.

We saw people's nutrition and hydration needs were being met. Fluids were encouraged throughout the day and meals were home made by one of the directors, taking into account people's likes and dislikes. We observed lunchtimes and found them to be very pleasant, relaxed experiences for people. One relative told us "I know she is getting well-fed and plenty to drink because she doesn't want anything at night".

Personal protective equipment (PPE) and hand sanitiser were readily available throughout the building. Cleaning schedules were in place and the premises were checked every day by the manager to ensure they were being adhered to. This reduced the risk of transmission of any infection.

## 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.

This was the first inspection carried out by the Care Inspectorate since registration. The providers and management were very receptive to our suggestions and advice, in an aim to continually improve outcomes for people.

People receiving the service and the relatives we spoke with provided very positive feedback about the leadership team who they found to be approachable and supportive. They told us there was always a member of the leadership team available to help.

Quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. These included audits of personal plans, management oversight, health and safety, complaints, accidents, incidents, falls and the environment. This meant any deficits or trends could be highlighted and action taken to improve outcomes for people.

Safer recruitment guidance was followed which maximised people's health, safety and wellbeing. The Safe Staffing Act came into force in April 2024 which management and staff were aware of. We discussed the benefit of developing a policy and procedure to make people aware of their roles and responsibilities relating to staff well-being. The manager said this would be addressed.

Staff felt well supported by the leadership team. They said they were supported through daily meetings with management and felt confident to approach them if they had any professional or personal issues. They said there was an "open door" policy and they were confident any issues would be addressed. However, there was no formal supervision process and we discussed the benefits of having this with the manager who said she would put one in place. It was clear staff's wellbeing was very important to management but this was not always reflected in records. For example annual appraisals were carried out but didn't reflect the views of the person being appraised. The manager agreed, and said this would be rectified.

The providers had a meeting scheduled to develop an improvement plan for the service. Monthly meetings are held with people receiving the service, and relatives are spoken with every day when they drop off and collect their loved ones. The service used 'You Said - We Did'; satisfaction surveys which focus on involving people using the service and their relatives in identifying ways of driving service improvement. We discussed the importance of using people's views during the development of an improvement plan to make it meaningful and person-centred.

## 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.

People receiving the service and the relatives we spoke with provided very positive feedback about the leadership team who they found to be approachable and supportive. One person told us "It's exemplary, the way the staff conduct themselves it very impressive. They are so patient and caring".

Staff turnover was very low in the service. Staff we spoke with told us they were happy in their roles. They felt valued and supported, and confident that any issues or concerns they raised would be addressed. Staff retention rates had a positive impact on people's outcomes and experiences as it provided consistency of care and support.

New staff were supported by a robust induction, and regular reviews were carried out during their probationary period. This ensured they were being supported to develop the necessary skills, knowledge and abilities. Staff had to be assessed as competent by the manager before being confirmed into post.

Staff demonstrated a good level of knowledge and competency in their roles and were supported to develop their skills, which enabled positive outcomes for people who used the service. Training was undertaken either online or by external trainers. The manager had a good overview of staff training and their training needs. We suggested looking closer at the needs of people using the service and tailoring training to these requirements. The manager had just returned to work from maternity leave and said she intended to re-instate this practice.

We saw that staff's ability to transfer learning into practice was assessed by practice observations. However, practice observation records did not always reflect this and we discussed this with the manager who said this would be addressed.

## How good is our setting?

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 a warm, welcoming, friendly and comfortable environment with plenty of fresh air and natural light. Furniture was laid out in communal areas in a way that encouraged socialising. The environment was clean and tidy, with no evidence of intrusive noise or smells. The building contained multiple rooms and people had the choice of which one to use at any time.

The providers had developed the garden area with the needs of people using the service in mind. Raised beds were accessible to people with mobility issues, and the fruit and vegetables grown were used in the daily home cooked meals.

People's independence was promoted throughout the day. For example adapted crockery had been sought so people could enjoy their drinks without assistance and, whilst mobilising, people were given plenty time to get to their destination independently, or with minimum support.

During lunchtime people were encouraged to make their own choices during each course, for example what they wanted to drink, whether they wanted bread and butter, or any condiments. Staff encouraged group conversation in between courses until everyone was finished before serving the next course. This meant people were able to eat at their own pace without feeling rushed.

Everyone was asked which kind of music they would like to hear during lunch and staff ensured everyone's choices were played.

Maintenance checks were carried out and issues identified were addressed promptly. This helped to ensure all areas of the service were accessible to people whilst keeping them safe..

### How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. This meant that we identified strengths but these just outweighed weaknesses. Strengths had a positive impact but the likelihood of achieving positive experiences and outcomes for people were reduced because key areas of performance needed to improve.

People using the service or their representatives had been involved in developing their personal plans and were invited to attend care and support reviews. This reflected the Health and Social Care Standards which state that people should be fully involved in developing and reviewing their personal plans.

The personal plans contained enough information to guide staff on how to meet people's healthcare needs. However, most people's personal plans lacked person-centred detail reflecting their wishes and choices relating to their social care needs. Where people were living with dementia, there was sometimes a lack of information about their life history, interests, and what and who was important to them. This reduced opportunities for reminiscence, engagement and interaction that could improve people's outcomes and experiences.

There were no social interaction care plans in place to inform staff of people's likes, dislikes and abilities. We recognised that staff knew people very well, but this lack of information meant people's social care needs could not be effectively evaluated to assist with future care planning. The providers and manager had highlighted the need to improve in this area at the beginning of the inspection. They asked for our guidance and advice and we were confident they had the capacity to make the improvements.

## 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	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?	4 - Good
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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