

Arran View Care Home Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Enhance Healthcare Ltd

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SP2012011938

Service no:
CS2019378502

About the service

Arran View Care Home is registered to provide a care home service for up to 130 people across five separate, single-storey units. The purpose-built service is located in a residential area of Saltcoats, North Ayrshire, close to local amenities, shops and transport links.

There are 90 registered places for older people in the Sannox, Whiting and Lochranza units. These are inclusive of a maximum of 10 places for older adults aged 50 years and over with physical disabilities and/or conditions aligned with old age. Bedrooms are single occupancy with adapted toilets, bathrooms and showers available for shared use. Each unit has a lounge/dining area with good access to gardens. There is one additional, small, communal sitting room in each unit. Some rooms have access to the gardens via patio doors.

Brodick and Lamlash units are registered for 40 adults aged 18 - 64 years, living with non-acute mental health conditions. Units are divided into 10 bedded wings and provide a range of communal areas and single bedrooms with en-suite toilets and showers. Kitchen and laundry facilities are available for residents to use independently or with support from staff.

At the time of the inspection, 82 people were living at Arran View. Lochranza unit was not occupied.

About the inspection

This was an unannounced inspection which took place from 3 to 9 June 2025. The inspection was carried out by two inspectors 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 12 people using the service and nine of their family
- received 11 completed questionnaires
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The service demonstrated strong health and wellbeing practices, with proactive health assessments, effective medication management, and positive collaboration with external professionals, supporting safe and responsive care.
- People benefitted from a well-maintained and clean environment, with robust maintenance and housekeeping processes contributing to safety, dignity, and comfort across the home.
- Environmental design varied in quality, with newer units promoting independence and wellbeing, while older units lacked modern features, limiting privacy and engagement opportunities.
- People were meaningfully involved in decisions about their care and environment, enhancing personalisation, autonomy, and emotional connection to their living spaces.
- The service showed a commitment to continuous improvement, responding to feedback with actions such as hiring a mental health professional and addressing documentation gaps in care records.
- Support for nutrition and independent living was strong, particularly in younger adults' units, where people developed skills and made healthy choices, positively impacting long-term wellbeing.

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?	5 - Very Good
How good is our setting?	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?

5 - Very Good

We assessed Quality Indicator 1.3 - People's Health and Wellbeing Benefits from Their Care and Support.

We evaluated this key question as very good, as we found significant strengths in the care provided and how it supported positive outcomes for people.

People benefitted from regular and thorough health and risk assessments. These were proactive and responsive, helping to prevent issues and support early intervention for better health outcomes.

Families and representatives felt well informed and involved in healthcare decisions. This promoted trust, transparency, and person-centred care, which supported people's rights and preferences.

Medication was managed robustly. In particular, the use of as-required medication was well documented, helping staff administer it safely and effectively when needed.

A key strength was the service's oversight of psychoactive medication. Staff tracked reasons for prescriptions and treatment duration, supporting regular reviews and reducing unnecessary or ineffective use.

The service also maintained a register for restrictive practices. This raised staff awareness and ensured restrictions were minimal, justified, and regularly reviewed to protect people's rights.

Feedback from external professionals was mostly positive. It showed that staff communicated well and worked effectively with health services, supporting continuity and quality of care. However, some professionals felt staff needed more training in mental health and positive behaviour support. The service responded by appointing a trained mental health professional to assist with assessments, referrals, and staff training.

People's weights and nutritional risks were closely monitored. Catering staff understood individual needs, and kitchen staff were involved in improving food choices, especially for textured diets.

In the younger adults' units, people were supported to develop independent living skills. This included shopping and cooking, which promoted autonomy and healthy lifestyle choices.

Mealtimes in the older people's units were well managed. We observed good individual support, which helped ensure dignity and enjoyment during meals.

We found that some positional change charts in the older people's units had gaps. We found that this was a documentation issue, not a care delivery problem. The service responded immediately by ensuring more handheld devices were available for staff. This supported accurate recording and helped maintain people's comfort and skin health.

How good is our setting?

4 - Good

We assessed Quality Indicator 4.1 - People Benefit from High Quality Facilities.

We evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement.

We found that some areas of the home were better designed and adapted than others. The redesigned Lamlash and Brodick units included features aligned with current guidance, such as en-suite facilities, varied communal areas, spaces that promoted independence, and easily accessible outdoor areas. These features supported people's dignity, autonomy, and wellbeing.

In contrast, the two units for older people did not fully meet current guidance. They lacked en-suite bathrooms and had very large lounge and dining areas, which reduced privacy and comfort. Although a small communal room had been added, its limited size and functionality meant it had minimal impact on improving social engagement.

Garden spaces for these units were accessible and well maintained, but they lacked interest and attractive features, which may reduce enjoyment and stimulation.

We acknowledged the provider's plans to update bedroom furniture in the older people's units, which would likely improve comfort and personalisation, positively influencing residents' sense of ownership and wellbeing. However, we identified the need for improved self-evaluation processes to assess the environment's impact on outcomes. This should include measuring the environment against current guidance, including standards for dementia-friendly design **(see area for improvement 1)**.

We saw evidence that people were involved in making choices about their environment. This included personalising bedrooms and contributing to decisions about communal and garden spaces, which supported autonomy and emotional connection to their living space.

Despite the outdated design of the older people's units, the environment felt friendly and warm, helping to maintain a welcoming atmosphere and emotional comfort. The design of the units for younger adults was appropriately bright and welcoming, supporting positive mood and engagement.

A particular strength of the service was the robust and well-managed maintenance processes. Regular checks and audits ensured a safe, dignified, and well-maintained environment, which positively impacted residents' physical wellbeing.

The housekeeping department also demonstrated similar strengths. Although the units were busy, they remained clean and tidy, supported by clear cleaning schedules, checks, and regular observations of practice. Minor cleanliness issues were found in areas managed by care staff, such as ensuring shower areas were thoroughly cleaned after use. If not addressed consistently, these could affect hygiene and dignity.

Areas for improvement

1. To support that people benefit from high quality facilities that support good outcomes for them, the provider should ensure that the service uses regular and effective self-evaluation processes.

This should include, but is not limited to, using the most up-to-date guidance for care home environments, including specific guidance for the environment of people living with dementia, autism or learning difficulties, to support this self-evaluation. It should also include clear and measurable action plans.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16)

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 staffing method framework should be used to consider and link the various aspects of workforce and workload planning that can result in positive outcomes for people and impact on the wellbeing of staff. This holistic overview should be shared with staff in an open and transparent way so they have a clear understanding of the multifactorial and outcome focussed approach to staffing.

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 14 May 2024.

Action taken since then

The area for improvement regarding the implementation of the staffing method framework for adult care homes has not yet been fully met. While there was positive evidence that the service is using the guidance to review current staffing processes, further work is required to demonstrate how the framework is being applied in practice.

This area for improvement was not met and will be continued.

Previous area for improvement 2

A strengths-based approach to personal planning should be promoted with an emphasis on the goals that are important to people experiencing care. Care plans and reviews should be outcome focussed with evaluations that reflect the impact of planned care and support on people's experiences. People using the service, and their families should be involved with the production of care plans and care reviews.

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

'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); and

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 14 May 2024.

Action taken since then

Since the last inspection, the service has made some progress in improving the regularity and quality of care plan evaluations. However, further work is needed to ensure care plans are meaningfully outcome-focused. It is recommended that the service works to embed outcome-focused planning in younger people's units and identifies what matters most to individuals in older people's units.

This area for improvement was not met and will be continued.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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