

Newbyres Village Care Home Service

20 Gore Avenue
Gorebridge
EH23 4TZ

Telephone: 01312 705 656

Type of inspection:
Unannounced

Completed on:
4 August 2023

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2007167115

About the service

Newbyres Care Home is situated in Gorebridge, Midlothian and is close to shops and local amenities.

The home is run and managed by Midlothian Council. The home is made up of five wings named "streets", each with lounge and dining areas. There is also a wing that houses the kitchen and laundry facilities. Each wing has a shared garden.

Newbyres Care Home provides long-term care and is registered to support 61 people.

About the inspection

This was an unannounced follow up inspection which took place on 31 August 2023. The purpose of this inspection was to evaluate the progress the provider had made in meeting our requirements and area for improvement made at our last inspection, undertaken on 5 May 2023.

To prepare for the inspection we reviewed knowledge about the 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 residents and six of their relatives.
- spoke with four staff and management.
- observed practice and daily life.
- reviewed documents.
- received feedback from visiting professionals.

Key messages

- Improvements had been made to meet our previous requirements.
- Time was now required for these improvements to be embedded within the service and for them to be sustained to improve people's outcomes and experiences.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. Whilst strengths had a positive impact, key areas needed to continue to be improved and be sustained.

Care staff had completed re-fresher training to ensure their knowledge was up to date and reflective of their roles and responsibilities with being registered with the Scottish Social Services Council (SSSC) code of conduct.

The provider had implemented improved health governance through daily meetings, which incorporated input from management, care workers, care practitioners and nursing staff. This enabled staff to have clear oversight of people's current health needs and make referrals to health professionals where appropriate.

Further development was needed to ensure people's wellbeing needs were being monitored, recorded, and continued to support positive outcomes and experiences for people. We have highlighted this further under Key Question two of this inspection report.

The provider had made progress to meet our previous requirement and improve outcomes for people. However, time was now required for these improvements to be sustained. This has been reflected in our evaluation for this Key Question.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst strengths had a positive impact, key areas needed to continue to be improved and be sustained.

A variety of quality assurance systems have been introduced since our last inspection, underpinned by an improvement and development plan. A change of management and structure had supported a positive change in culture within the service. Staff have embraced these changes and felt valued that they were able to give their own opinions on how improvements could be made.

Observations of staff practice was in place and further quality assurance systems were scheduled to be implemented to monitor the wellbeing needs of people. (Please see area for improvement one).

Areas for improvement

1. To ensure people continue to experience safe care and support the manager should continue to make improvements to their quality assurance oversight through regular auditing of personal plans, and other related documentation.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate. Whilst strengths had a positive impact, key areas needed to continue to be improved and be sustained.

The provider had reviewed the staffing compliment including nursing input. Systems were in place to monitor the staffing levels to ensure they continued to meet the care needs of people. This included non-direct care time too, to support staff training and supervision meetings with their manager.

Staff recruitment was ongoing, and the provider was confident these roles would be filled shortly, which would result in less reliance on agency staff and promote staff consistency.

The provider had made progress to meet our previous requirement and improve outcomes for people. However, time was now required for these improvements to be sustained. This has been reflected in our evaluation for this Key Question.

How well is our care and support planned?**3 - Adequate**

We evaluated this key question as adequate. Whilst strengths had a positive impact, key areas needed to continue to be improved and be sustained.

Improvements have been made to people's personal plans, with input from residents, their relatives and health professionals. Information contained within them provided guidance for staff to deliver care and support to people in a coherent manner.

The structure of people's personal plans had been reviewed to ensure the records were consistent and reflected people's up to date assessment of care needs. Staff had completed training on how to complete the documents, with follow up training scheduled in the coming weeks.

The provider had made progress to meet our previous requirement and improve outcomes for people. However, time was now required for these improvements to be sustained. This has been reflected in our evaluation for this Key Question.

What the service has done to meet any requirements we made at or since the last inspection**Requirements****Requirement 1**

By 14 July 2023 the provider must ensure that care records reflect accurately care given to ensure people can be confident that their health is monitored appropriately.

(a) care documentation and records (including health charts) are accurate, sufficiently detailed and reflect the care planned or provided

(b) staff have the appropriate knowledge through training so are aware of their responsibility in maintaining accurate records, retaining records and follow best practice including Scottish Social Services (SSSC guidance)

(c) staff have the appropriate knowledge through training about the use of healthcare assessment tools including MUST, challenging behaviour and pressure risk assessments;

(d) ensure that staff know policy and best practice.

This is in order to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no 210 'Requirements for Care').

This is also to ensure care and support is consistent with the Health and Social Care Standard 3.14: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow the professional and organisational codes."

This requirement was made on 5 May 2023.

Action taken on previous requirement

As reported on within the body of this report, improvements have been made to meet this requirement. Time was required for these positive developments to be sustained. This has been reflected in our evaluations and will be re-assessed at our next inspection.

Met - within timescales

Requirement 2

By 14 July 2023 to ensure people experience safe care and support the provider must make improvements to their quality assurance oversight To do this, the provider must at a minimum ensure.....

(a) the system effectively enables areas for improvement to be promptly and accurately identified

(b) that the outcomes because of any audit are clearly recorded - where areas for improvement are identified, that an action plan is developed detailing timescales and the person responsible

(c) all current quality assurance arrangements are reviewed and developed to ensure that these are systematic, effective, and integral to service provision - people's views about the care and support they receive is sought to inform quality assurance

(d) quality insurance (including audits and oversight) have appropriate systems and processes in place to review the effectiveness of, undertaken by the management structure which may include the senior management team.

This is in order to comply with Regulations 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 the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

This requirement was made on 5 May 2023.

Action taken on previous requirement

As reported on within the body of this report, improvements have been made towards meeting this requirement. Further development of quality assurance systems was scheduled to be introduced, to ensure

people continued to experience safe care and support. We have therefore made an area for improvement. This has been reflected in our evaluations and will be re-assessed at our next inspection.

Met - within timescales

Requirement 3

By 14 July 2023 to ensure people have confidence that the service they use is led well and managed effectively. The provider must improve management arrangements and oversight. To do this, the provider must at a minimum

- (a) the management have effective oversight of the day-to-day delivery of care to service users to ensure their care needs are fully met.
- (b) the management have a visible presence within the service and engage with residents, relatives and staff to support the development of management oversight required
- (c) the management engage with service users and staff about the quality of the service and take action to address improvements identified to ensure improved outcomes for service users
- (d) monitor staff competence through training, supervision, and on-site observations of staff practice and take action to improve or reduce poor or unsafe practice.
- (e) introduce staff individual learning and development plans to ensure staff continue to have the knowledge and skill to meet people's needs
- (f) ensure staff feel supported through regular support and supervision, including competencies of practice
- (g) to hold regular team meetings and reflect on practice through team meetings, identifying areas to improve.

This is in order to comply with Regulations 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 the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

This requirement was made on 5 May 2023.

Action taken on previous requirement

As reported on within the body of this report, improvements have been made to meet this requirement. Time was required for these positive developments to be sustained. This has been reflected in our evaluations and will be re-assessed at our next inspection.

Met - within timescales

Requirement 4

By 14 July 2023 to ensure people are confident that staff are responsive to their needs. The provider must ensure that there are enough staff working in the care home to ensure person centred and responsive care (including nursing input) can be delivered. To do this, the provider must at a minimum ensure that

- (a) there are appropriate assessments and review of people's (service users') needs and wishes
- (b) at all times, suitably qualified and competent staff are working in the care service

(c) there are enough staff to support service users' health, welfare, and safety (iv) temporary staff are given opportunity to reflect on their practice
(d) provided at the agreed times, and in such a way that meets the identified needs (including nursing input) of the service user as recorded in their agreed support plan
(e) the physical layout of the building is considered when reviewing staffing levels (f) dependency tools used to assess the staffing levels required to meet people's care needs incorporate time to be involved in training, observations of practice, team meetings and supervision meetings.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: "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." (HSCS 3.14).

This requirement was made on 5 May 2023.

Action taken on previous requirement

As reported on within the body of this report, improvements have been made to meet this requirement. Time was required for these positive developments to be sustained. This has been reflected in our evaluations and will be re-assessed at our next inspection.

Met - within timescales

Requirement 5

By 14 July 2023 to ensure that personal planning reflects people's outcomes and wishes, the provider must ensure personal plans contain current, clear and meaningful information.

To do this, the provider must at a minimum ensure

- (a) personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met
- (b) care plans are reviewed on a regular basis to ensure they are accurate and consistent to the identified care needs assessed
- (c) the auditing of care plans by the provider includes a follow through of actions to ensure any areas identified for improvement are actioned upon and any learning is recorded.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans.

This is also to ensure that care and support is consistent with the Health and Social Care Standard 1.15 which state: "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."

This requirement was made on 5 May 2023.

Action taken on previous requirement

As reported on within the body of this report, improvements have been made to meet this requirement. Time was required for these positive developments to be sustained. This has been reflected in our evaluations and will be re-assessed at our next inspection.

Met - within 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 have positive experiences, the provider should ensure care and support is tailored to the needs, wishes and choices of people and delivered in a dignified way.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This area for improvement was made on 5 May 2023.

Action taken since then

We observed interactions between residents and staff during the course of the day including mealtimes. Although we recognised some missed opportunities for meaningful engagement, there was positive interactions and staff demonstrated the principles of the Health and Social Care Standards.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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