

Newbyres Village Care Home Service

20 Gore Avenue
Gorebridge
EH23 4TZ

Telephone: 0131 270 5656/7

Type of inspection: Unannounced
Inspection completed on: 24 January 2017

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007167115

About the service

Newbyres Village is a care home in Gorebridge, Midlothian. It is owned and managed by Midlothian Council (MLC) and is registered to provide accommodation for up to 60 older people and one bedroom is set aside to offer short breaks (respite).

The home is all on one level and has been planned in a "village" layout with five streets, named First, Second, Third, Fourth and Fifth Street. Each street can accommodate up to 12 residents and has a sitting/dining room, a small sitting room, small kitchen area and bathrooms and toilets. There is also a separate wing that houses the kitchen and laundry

Each resident has a bedroom with en-suite shower and toilet and a patio door to the gardens. The home is within walking distance of local services such as shops, churches, the library and bus stops.

Since the last inspection the service has undergone a restructure that included incorporating Registered Nurses within the routine establishment and changing care staff roles and responsibilities.

A mission statement had been developed to reflect the recent changes:

"Health and Social Care working together to develop a professional and flexible workforce who fully understands the core values that make a service unique in delivering the highest standard of care to our residents.

Together we respect each resident as an individual and feel honoured to work within their home.

We will strive to make their home welcoming, friendly, warm and safe from harm.

Together we will build meaningful relationships and continue to improve and develop the service we provide."

What people told us

Information in pre inspection questionnaires, speaking with residents in each of the streets and with relatives/carers informed our inspection.

In questionnaires residents told us they strongly agreed or agreed that overall they were happy with the quality of care they received. This was also the view of residents we met during the inspection. However, due to frailty and or memory problems not all of the residents we spoke with were able to give their views.

Some residents were unaware of their rights to make a complaint to the service or to the Care Inspectorate and some disagreed that there were always enough staff on duty. Staffing was also an area of concern for some relatives/carers.

Questionnaires from relatives/carers gave mixed views about different aspects of the service and disagreed that:

- There were always snacks and drinks available.
- Staff know preferences and do what they can to meet them.
- Personal property and clothing are clearly marked and properly cared for.
- The service has involved me in developing the service.
- My relative is able to feedback their views about the quality of the service.

We provided a copy of the pre inspection summary sheet to the manager which may assist him to follow up these views and experiences through discussion and meetings with residents and relatives/carers.

Relatives/carers we spoke with had noted improvements in the home over the last few months. All were aware of the changes to the provision of the service and the availability of nurses for a period of time each day. This was reported to be of benefit to residents.

Some of the comments made by residents and relatives/carers were as follows:

"Overall the general standard of care is very good, staff are always ready to listen and answer any questions we have."

"There can be a lack of communication between staff at times. I am assured that they are working with a full compliment of staff, I feel at times there should be more staff on duty."

"I am happy with the service my partner receives."

"Key worker system cannot work properly as they are not based in one street."

"Staff frequently complain to family about management inefficiency. Midlothian Council need to address how Newbyres is managed."

"I like having my own room but I also like company and things to do."

"Staff are kind but sometimes have to wait for attention."

"I have nothing to complain about, my room is comfortable, I'm warm, meals are good, staff are around and they look after anything I need."

"The lassies are wonderful, excellent, they should be paid more."

"The cleaning staff are good, first class and mum says the cook always makes sure she gets things she likes."

Self assessment

We received a fully completed self assessment document from the service in. Under each statement the manager noted strengths of the service and areas which could be improved or developed further.

The grades awarded through self assessment were generally in accordance with those awarded through inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good

Quality of care and support

Findings from the inspection

Overall we saw improvements in the quality of care provided. Residents looked well cared for and were dressed in clean clothing and attention had been given to their personal hygiene and grooming.

Staff and relatives/carers told us that having nursing staff available was of benefit to residents having quicker access to nursing assessment and evaluation to inform and help manage healthcare needs.

Care plans were used to assess, plan and evaluate care needs and to guide staff in how these needs were to be met. Risk assessments informed care planning and reviews were held at least once in a six month period. Improvements had been made to record keeping and the contents of care plans including those to direct staff in the management of residents who may have problems with stress and distress.

However, further improvement was still needed in some aspects of care planning:

- Repositioning charts and the use of pressure relieving aids when out of bed.
- Nutrition care plans and associated records, evaluation of information of food and fluid charts which then informed care planning.
- Oral care plans and associated records to monitor oral care and evaluations of these contributed to reviews and any changes needed to the care plan.

Requirements about management of residents' nutritional needs and oral care were not fully met from the last inspection and these have been repeated.

There was an overview of residents' legal status but information in care plans did not always give detailed information. Therefore, some staff may not be fully aware of their responsibilities to ensure residents' legal rights were protected.

This was evident where covert medicines were being administered to one resident without an up to date "covert medication pathway" to direct staff in their administration.

Senior managers will follow up these aspects of care planning with staff and arrange appropriate training where indicated.

Requirements

Number of requirements: 2

1. The Provider must ensure that the nutritional needs of residents are met. In order to do so, the Provider must:
 - a) Review the care plans about nutritional needs and associated risk assessments taking into account, where indicated, advice from a dietician.
 - b) Ensure that any needs in nutrition and monitoring of food and fluid intake is included in the care plan with

guidance for staff.

c) Ensure that any food and fluid intake charts are accurately completed and evaluated.

d) Ensure that the evaluation of food and fluid charts informs any changes to the care plan and guidance for staff.

This is to comply with: SS 2011/210 Regulation 4 (1) (a) Welfare of users. Consideration should also be given to the National care standards, care homes for older people, Standard 13 - Eating well.

Timescale for achieving this requirement to commence on receipt of this report and to be completed by 31 March 2017.

2. The Provider must ensure that the oral care needs of each resident are met. In order to do so, the Provider must:

a) Charts to monitor the provision of oral care are consistently completed.

b) Evaluations of the outcomes of these charts contribute to reviews and any changes to the care plan and these are recorded.

This is to comply with: SS 2011/210 Regulation 4 (1) (a) Welfare of users. Consideration should also be given to the National care standards, care homes for older people, Standard 6 - Support arrangements and Standard 14 - Keeping well, healthcare.

Timescale for achieving this requirement to commence on receipt of this report and to be completed by 31 March 2017.

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

Findings from the inspection

Self contained kitchen, sitting/dining and bedroom facilities were available in each street.

Bedrooms had been made comfortable and personal in accordance with residents' individual choices and preferences. However, storage of clothing, continence and personal medical aids in some rooms could be better.

There were ample supplies of equipment, cleaning materials and protective clothing such as gloves and aprons available to staff throughout the home.

Records showed that regular safety checks were undertaken on equipment appliances and installations.

Specialist equipment such as baths and hoists were checked by an external contractor in line with LOLER requirements. (Lifting Operations and Lifting Equipment Regulations 1998).

These checks were up to date and equipment in use was clean and in working order. However the inventory did not record the slings available to ensure that these were checked in accordance with legislation. The manager will review the inventory to ensure slings are included in the safety checks. Therefore we have not made a requirement or recommendation about this.

Improvements were needed to the management of medicines in the home including:

- Recording and checking of some medicines.
- Management and administration of covert medication.
- Use of carers notes.
- Management of topical medicines and creams.
- Use of "as required" protocols.

A previous requirement about management of medication had not been fully implemented and we have repeated this.

Improvements were needed to management of accidents and incidents:

- To include full details and final outcomes.
- Reported to Adult Protection and or the Care Inspectorate.

Whilst some incidents recorded and described may seem to be of a minor nature these still need to be reported to appropriate professionals in order that staff receive guidance to support all residents. We discussed improvements needed in these areas of care which will be followed up by senior staff. Therefore we have not made a requirement or recommendation about this.

Staffing was provided in accordance with or which exceeded the staffing schedule. Regular review of residents needs informed the staffing and deployment of staff in the home. However, some residents were unsure if there was always enough staff available. Some relatives also felt that more staff and continuity of staffing allocated to each street could improve supervision of residents and the overall quality of care provided.

Requirements

Number of requirements: 1

1. The service provider must make proper provision for the health, welfare and safety of residents and ensure that improvement is made to the management of medicines in accordance with best practice guidance.

In order to do so the provider must ensure that:

- a) Each resident receives their medication as prescribed including topical medicines and creams and these are recorded.
- b) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.

c) More consistent use is made of the carers notes to explain omission of administration of medicines changes to prescriptions and administration of "as required" medicines.

d) "As required" protocols for the administration of "as required medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.

This is to comply with SSI 2011/210 Regulation 4 (1) Welfare of users and consideration should be given to the National care standards, care homes for older people, Standard 15 Keeping well – medication.

(Handling of Medicines in Social Care, Royal Pharmaceutical Society of Great Britain [RPSGB] 2007 and other documents for guidance can be found linked to the Care Commission website).

Timescale: to commence on receipt of this report and to be fully implemented by 31 March 2017.

Recommendations

Number of recommendations: 0

Grade: 4 – good

Quality of staffing

Findings from the inspection

In pre inspection questionnaires and in person some residents and relatives/carers spoke positively about changes to the staffing arrangements and personnel in the home. Please see section "What people told us."

We found a noticeable change in the culture in the home and in the attitude and approach of staff. All staff we spoke with were positive about the restructuring which has taken place and how this had helped to define roles and responsibilities.

Induction training was in place for all new staff to assist them to understand their role, duties expected of them and standards of care expected. Thereafter a programme of mandatory training was in place for staff to meet legislation requirements, to meet service users' needs and to keep their skills up to date.

Previous concerns that some members of staff were declining to attend training had been followed up and we were reassured that this was no longer a concern. Staff said they received enough training to assist them to meet residents' needs and were keen to undertake training to support them in their work.

"Excellence in dementia" training had taken place and there were ample opportunities for e learning. However, as previously noted more training was required in aspects of care planning and promotion and maintenance of residents' legal rights.

Systems were now in place for regular team meetings, more structured supervision and staff training. This may assist to promote team working, determine the quality of how staff members work and give opportunities to discuss and exchange good practice.

Senior staff: the manager, deputy managers and care practitioners managed the staff teams and oversaw staff

practice, supervision and appraisal. However, we felt that assessment of staff competency in aspects of their duties could be further developed. This may assist to improve staff practice, for example, in standards of record keeping: oral hygiene care, management of topical medicines and creams and recording of accidents and incidents.

Whilst we saw improvements in staff practice which were also reported to us a previous requirement about the skills of staff had not been fully implemented. We have repeated this.

Requirements

Number of requirements: 1

1. The service provider must ensure that all staff have the skills for the work they are to perform and this should include but not be limited to:

a) Care planning, associated documentation such as charts, risk assessments , dependency assessments and reviews.

b) Completion of other records associated with their work in the home, for example, accidents and incidents.

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

To assess this quality theme we took into account our findings throughout this inspection and the audit systems used in the home.

Considerable work had been undertaken to implement the restructuring and the integration of health and social care provision in this service since our last inspection. This had included changes to the management arrangements, availability of nursing staff, introduction of care practitioners and interviewing and employment of approximately 52 new staff.

We saw a more professional approach by staff who expressed their wish to improve the care for residents and their commitment to the continuous development of the service. We also saw that a more consistent management approach had been beneficial to staff in their work including the direction and support they were given.

Staff commented that they felt they were now "being managed" and this had made a difference in that they now knew what was expected of them in their role in the home.

A relative also commented "now there seems a willingness to make things better and the managers open door is appreciated."

Whilst all the previous requirements we made in March 2016 had not been fully implemented, we saw improvements in the overall quality of service provided. This has resulted in grades of 4 for all the quality themes including Quality of care which has not been achieved in this home since September 2010.

The manager and staff team should continue to develop the service in order to sustain and or improve improvement in grades awarded through inspection.

However, in order to do so further work on quality assurance systems including the completion of audits and progress with outcomes of these need to improve. The consistent use of action plans would also help to show a continuous development of the service.

Quality assurance audits should include but not be limited to:

- Care plans, associated records and charts.
- Accident and incident recording.
- Staff training including practice and assessment of competency.
- Management of medication.
- Safety of the environment, equipment and health and safety checks.
- Infection control.
- Cleanliness and housekeeping arrangements.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The service provider must make proper provision for the health and welfare of service users. In order to do so the provider must:

- a) Assess and determine the care needs for residents remaining in bed for prolonged lengths of time and take into account the outcomes of risk assessment, for example moving and handling and pressure damage and evaluations of charts.

- b) Ensure care plans clearly show the rationale where residents remain in bed for prolonged lengths of time which takes rights and risks into account and this is regularly reviewed.
- c) Consult with the individual and, or, their relatives/carers about the need to balance the rights of choice and risks of prolonged bedrest and this is recorded.
- d) Ensure that staff are aware of the content of the plan and this is carried out by staff providing care and support.

This requirement was made on 21 March 2016.

Action taken on previous requirement

Due to frailty and ill health one resident remained in bed for prolonged periods. The care plan reflected the rationale for this and relatives/carers were aware of the situation. Staff we spoke with were also aware of this residents needs.

Met - within timescales

Requirement 2

The Provider must ensure that the nutritional needs of residents are met. In order to do so, the Provider must:

- a) Review the care plans about nutritional needs and associated risk assessments taking into account, where indicated, advice from a dietician.
- b) Ensure that any needs in nutrition and monitoring of food and fluid intake is included in the care plan with guidance for staff.
- c) Ensure that any food and fluid intake charts are accurately completed and evaluated.
- d) Ensure that the evaluation of food and fluid charts informs any changes to the care plan and guidance for staff.
- e) Ensure MUST and BMI records are accurately recorded and these assessments take place at the timescales outlined in the care plan.

This requirement was made on 21 March 2016.

Action taken on previous requirement

We saw improvement in that the manager had an overview of the MUST and BMI records for each resident . However, further improvement was still needed to review individual care plans, completion, monitoring and evaluation of food and fluid intake charts and to ensure evaluation of charts inform any changes to care plans and guidance for staff.

We have repeated this requirement under Quality of care and support.

Not met

Requirement 3

The Provider must ensure that the oral care needs of each resident are met. In order to do so, the Provider must:

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- a) Ensure that each residents' care plan includes an assessment of their oral health including the completion of an oral health risk assessment.
- b) Outcomes of the assessment and oral health risk assessment inform the care plan in this area of care.
- c) Charts to monitor the provision of oral care are consistently completed.
- d) Evaluations of the outcomes of these charts contribute to reviews and any changes to the care plan and these are recorded.

This requirement was made on 21 March 2016.

Action taken on previous requirement

We looked a sample of oral health care plans and associated charts and saw that assessment of oral health and outcomes of the assessment informed the care plan.

However, charts to monitor provision of oral care and evaluations of the outcomes of these were not fully completed. We have made an amended requirement under Quality of care and support.

Not met

Requirement 4

The service provider must make proper provision for the health, welfare and safety of residents and must ensure that:

- a) Safety checks undertaken in the home are completed in accordance with the providers policy.
- b) Records of safety checks must indicate what checks are to be carried out on the equipment, what actions are taken when deficits are noted and when this deficit has been rectified. (an action plan approach may be helpful).
- c) Records must show when piece of equipment is removed from use and when new equipment has been installed.
- d) All records must be signed and dated by the person undertaking the safety check.
- e) Safety checks are undertaken by a suitably competent person.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SSI 2011/210) Regulation 4(1) (a) a Regulation about the Welfare of users, Regulation 14 (b) a Regulation about Facilities in care homes. Consideration should also be given to the National care standards, care homes for older people, Standard 4 - Your environment, Standard 5 - Management and staffing arrangements and Standard 9 - Feeling safe and secure.

This requirement was made on 21 March 2016.

Action taken on previous requirement

Safety checks on equipment had been completed in accordance with the provider's policy and records of safety checks indicated the checks to be undertaken and an action plan used to note progress with these. However, checks on slings were not included. More information is noted under Quality of the environment.

Met - within timescales

Requirement 5

The service provider must make proper provision for the health, welfare and safety of residents and ensure that improvement is made to the management of medicines in accordance with best practice guidance.

In order to do so the provider must ensure that:

- a) Each resident receives their medication as prescribed including topical medicines and creams and these are recorded.
- b) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.
- c) More consistent use is made of the carers notes to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.
- d) "As required" protocols for the administration of "as required medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.

This is to comply with SSI 2011/210 Regulation 4 (1) Welfare of users and consideration should be given to the National care standards, care homes for older people, Standard 15 Keeping well - medication.

This requirement was made on 21 March 2016.

Action taken on previous requirement

We saw improvements in the general management of medicines in the home and the management of "as required" medicines. However, we still saw missing signatures where a medicine had been administered, handwritten entries on MAR charts which were not always countersigned to confirm the information and instances where covert medicines were being administered without a covert medication pathway record to guide staff in the administration of these medicines. "As required" protocols were not always in place for "as required medicines" to guide staff in the administration of these.

We have repeated this requirement under Quality of environment.

Not met

Requirement 6

The service provider must ensure that all staff have the skills for the work they are to perform and this should include but not be limited to:

a) Care planning, associated documentation such as charts, risk assessments , dependency assessments and reviews.

b) Completion of other records associated with their work in the home, for example, accidents and incidents.

This requirement was made on 21 March 2016.

Action taken on previous requirement

At this inspection we saw that further improvement could be made to care planning and associated records. For example we could not always see where outcomes of evaluations of charts and risk assessments informed care planning and any changes which may be needed.

We also saw that accident and incident records were not always fully completed and evaluated to inform any changes to care planning. We have repeated this requirement under Quality of staffing.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
21 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
29 Sep 2015	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
17 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
20 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
4 Feb 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Sep 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Mar 2013	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	2 - Weak
29 Oct 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
7 Feb 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
16 Nov 2011	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
15 Sep 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
22 Apr 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
29 Oct 2009	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
30 Apr 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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