

Inspection of Newbyres Village Care Home

Report by Morag Barrow, Joint Director Health and Social Care Partnership

1 Purpose of Report

This report provides an overview of the recent unannounced Care Inspectorate report for Newbyres Village Care Home.

2 Background

- 2.1 Midlothian Health and Social Care Partnership's Newbyres Care Home was inspected by the Care Inspectorate as a Registered care home for people aged over 60. Newbyres Care Home provides long term care for 61 residents. The home is laid out across five streets all with separate lounge and dining areas. There is a shared kitchen and laundry. The care home was inspected across the 6th/7th September 2022 and the report published on the 16th September 2022.

The inspection format was undertaken under Care Inspectorate Health and Social Care standards for care homes.

- 2.2 Following the recent inspection a report was published that details the areas of its findings and outlines areas for improvement and/or requirements.

The inspection report grades the areas of inspection from 1 (Unsatisfactory) to 6 (Excellent). This inspection report graded areas as follows:

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 setting?	4	Good
How good is our care and support planned?	4	Good

- 2.3 Key messages from the report:

- Staff displayed a strong sense of duty of care towards people.
- When staffing was consistent, they were knowledgeable about people's support needs.
- There was a programme of activities with a good balance of one to one and group events
- Domestic staff worked hard to keep people's bedrooms and communal areas clean.

- The staff team had embraced the Open with Care visiting guidance from the Scottish Government, recognising visits were essential for the wellbeing needs of people.
- Improvements were needed to ensure people received their medication as prescribed and errors were minimised.
- The effectiveness of quality assurance and management oversight required improvement to ensure people experienced positive outcomes

2.4 Areas of improvement noted at time of inspection are:

1. The provider should ensure that care staff are appropriately trained to meet the moving and handling needs of people and that this is delivered in a safe manner. This practice should also be underpinned through observation of practice by management. This is to support the ongoing development of staff, ensuring they are competent, skilled, and able to reflect on their practice to continue to meet people's needs.
2. The provider should ensure that there is a structured team meetings and support and supervision system in place for staff (which incorporates observations and reflections of practice). This is to support the ongoing development of staff, ensuring they are competent, skilled, and able to reflect on their practice to continue to meet people's needs.
3. The provider should ensure people's care planning documentation is reviewed on a regular basis and the systems and processes used by staff reflect this in a consistent way.

2.5 There were areas of requirement highlighted in report around the need for regular audit cycles, and the need to have action plans in place for any areas identified as requiring development from audit outcomes. Infection control practices were also highlighted as requiring additional attention.

2.6 Actions taken in response to inspection:

- Review of staff supervision processes to ensure both regular, individual and group supervision sessions in place.
- Documented Shift handovers, including actions required to enhance communication around care provision and information sharing.
- Working with Moving and Handling co-ordinator to undertake observations of practice and review of training records.
- Medication training supported by Omnicare and review of medication procedures and audit cycle processes
- Implementation of new documentation with a monthly audit cycle in place.

- Reviewed process of escalation of actions from audits to HSCP Clinical Care and Governance Group.

2.7 There have been no complaints since the last inspection.

3 Conclusion

The Care Inspectorate reported in their findings through visiting clients and speaking to family members, that people said the care they received was positive.

4 Report Implications

4.1 Resource

There are no financial and human resource implications associated with this report.

4.2 Risk

The Care Inspectorate inspect all registered services on a regular basis with announced and unannounced inspections. A report is published which informs all stakeholders about the key strengths of the service, areas for improvement and sets out the main points for action.

Following the publication of that report it is accessible to the public via the Care Inspectorate website, and by requesting a hard copy. It is also on display in the Care at Home base for staff and visitors to access and review progress.

4.3 Policy

Strategy

There is now a total of one recommendation from the recent inspection and 5 area for improvement –

Newbyres Village Care Home has responded to the inspection with a comprehensive action plan, with clear timescales and outputs to deliver to the plan.

Support to achieve the action plan is being provided by Midlothian HSCP lead pharmacist and Care Home Support Team. Oversight assurance for the action plan is in place via Midlothian HSCP Clinical and Care governance group.

Consultation:

Copies of the Inspection report have been made available to Elected Members, and staff members, and notified to families/carers and other interested parties.

Equalities

There are no apparent equalities issues.

5 Technology issues

There are no Technology issues arising from this report.

6 Recommendations

Performance Review and Scrutiny Committee is asked to note the contents of the report.

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**Report Contact: Grace Cowan
grace.cowan@midlothian.gov.uk**