

Newbyres Village Care Home Service

20 Gore Avenue
Gorebridge
EH23 4TZ

Telephone: 0131 270 5656/7

Type of inspection: Unannounced
Inspection completed on: 19 January 2018

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007167115

About the service

This service has been registered since May 2008.

Newbyres Village is a care home in Gorebridge, Midlothian. It 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 in five separate residential wings named "streets". There is also a wing that houses the kitchen and laundry. The home 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. 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.

A mission statement was in place for the service:

"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

In all of the pre inspection questionnaires, residents and relatives/carers overall strongly agreed or agreed that they were happy with the quality of care provided in this home. However, there were mixed views about having enough staff, the key worker arrangements and the quality and variety of meals. Negative comments included:

'the main area of concern is the lack of variety of food.'

'there could be more going on and a minibus to take residents to church as relative can't follow their faith.'

'looks as if short-staffed at times, many residents need care from two staff this leaves the floor unattended.'

In three of the 19 pre inspection questionnaires relatives/carers were not aware of the home's complaints procedure or that they could make a complaint to the Care Inspectorate. This was also the view of one resident who returned a pre inspection questionnaire (eight returned).

We shared the contents and comments made in pre inspection questionnaires with the manager, in order that these could be followed up where necessary through resident and relatives/carers meetings and or care reviews. We did not share who had made the comments.

During the inspection we visited each street and saw most residents but we also respected the privacy of residents who did not want to speak with us. Residents were complimentary about the work of the staff teams to ensure their wellbeing comfort and safety. Positive comments by residents included:

"I'm fine here, carers are good, no complaints, good there are such places, needed when you are old and unwell."

Relatives also spoke of being made welcome of the lovely clean and well maintained environment and the good quality of care they saw provided to residents. Positive comments included:

"We can't fault the care at all, 100% confident and reassured about the quality of care provided to mum."

"No problems about the care provided here at all. We looked at lots of care homes in the area and this had to be the one. Staff are helpful we have no concerns at all. It's a lovely place and kept so clean."

"Very happy with the care my relative receives, the meals appear varied and offer a good choice, my relative is given the option to participate in activities and the majority of staff appear well-trained and work with a person centred approach."

Self assessment

We did not ask the service to submit a self assessment before this inspection. However, we discussed the need for a development plan to be created. This is to help to identify how any changes and improvements could be made to the service and evidence the continuous development of the service provision.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

Quality of care and support

Findings from the inspection

Residents looked well presented in their personal appearance and were comfortable and at ease in the home and with staff on duty. The small street layout of the home and the deployment of staff may also be a reassurance for residents to know which staff were available to assist them.

We saw that the care staff teams and district nurses worked in a supportive manner with each other which helped all care staff to deliver very good standards of care which we saw and which was reported to us at this inspection.

The atmosphere in the home was quiet and orderly, call buzzers were responded to promptly and we did not see any instances where residents had to wait long for assistance from staff. Individual care and support plans had been developed, from assessments of needs linked to everyday living skills and any healthcare needs. Care plans also noted residents' preferences in how their care was to be provided.

Regular evaluation of care plans and associated records, such as charts helped staff to identify any changing care needs and to update care plans where needed. Care plan reviews also gave residents and their relatives/ carers the opportunity to discuss the care plan and to agree the contents.

However, we saw differences in the quality of information in care plans. Some gave good detail about the management of stress and distress while others lacked detail to direct staff. We also saw good evaluations on different aspects of care provision but no changes to the overall care plan. This meant that staff needed to read all of the evaluations to be clear on what care was to be provided.

Although further improvements could be made to care planning we had no concerns about the care we saw being provided during the inspection.

We discussed care planning with the deputy manager who confirmed that she would review and update care plans with staff to make the improvements identified. Therefore we have not made a recommendation about this.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of environment

Findings from the inspection

The home environment was well maintained throughout. Private bedrooms and all of the shared areas were clean, tidy and comfortably furnished. However, we also saw some areas of wear and tear to carpets and some chairs. The manager was aware of this and plans were in place to replace these and make further improvements to the environment. Therefore we have not made a recommendation about this.

Housekeeping staff told us that they had ample supplies of cleaning materials and equipment to keep the home clean and odour free. Supplies of protective clothing such as gloves and aprons were available and used to assist staff which helped them to maintain safe infection control practices.

Risk assessment informed staff in the provision of resident care and accidents and incidents were recorded and evaluated to inform any preventative actions needed. This meant that prompt attention could be given to reviewing and implementing any changes to care plans and any changes needed to staff practice.

Bedrooms were furnished and decorated to suit the preferences of the occupant and all had been made more individual with residents' personal belongings. Having personal belongings and familiar things around them may also assist residents to be comfortable and at ease in their environment.

Systems were in place to record any repairs and maintenance work needed and this was reported to work well.

Safety checks on equipment and installations were up-to-date as was equipment checked and maintained in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Training was provided for staff to assist them to maintain a safe environment including, Adult Support and Protection, moving and handling, health and safety and fire safety. This was also supported by policies and procedures.

The emergency call system was accessible throughout the home for staff and residents to use to summon assistance when needed.

Overall we concluded that the above arrangements helped to make the home a pleasant comfortable and safe environment for residents to live in.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

Residents and relatives/carers we spoke with were complimentary about the quality of care provided by the staff teams in the home.

Staff we spoke with said that they felt supported in their role and that this had further improved over the last year. Staff considered that they received enough training to undertake their work and the training records showed the range of training provided.

Regardless of their role in the home, staff spoke of being committed to doing a good job to improve residents' care and ensure their comfort and safety.

Staff training was provided and a system was in place to ensure any refresher training took place within the given timescale. This helped staff to maintain their skills and provide care and support based on up-to-date best practice guidance. We also saw improved record keeping, completion and evaluation of charts which indicated that staff training had a positive impact on their competency and practice.

In addition to mandatory training e-learning and SVQ training was also available to staff. This assisted them to keep up-to-date but may also help them to evidence their learning and attainment of an SVQ (Scottish Vocational Qualification) as required for their registration with SSSC (Scottish Social services Council).

Training and staff practice was supported by a range of policies and procedures, staff team meetings, supervision and appraisal. These gave staff the opportunity to discuss the expected standards of care practice, training needs and policy developments.

Safe recruitment practices were in place which helped to ensure that appropriate staff were employed in the service.

Outcomes of regular resident dependency assessments informed the staffing arrangements in the home. Samples of staffing rotas indicated that staffing met or at times exceeded the hours assessed as necessary. Staffing in the home also met the minimum as stated in the staffing schedule for the home.

However, three of eight pre inspection questionnaires from residents and six of 19 returned from relatives indicated that they did not agree that there were always enough staff available. We shared this with the manager in order that staffing arrangements could be further discussed through residents' and relatives' /carers' meetings.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

We have seen a steady and continuous improvement in all aspects of service provision in Newbyres Village over the last three inspections.

Established methods and systems were in place to measure, develop and improve the quality of the service in the home. These included:

- consultation with residents, relatives/carers and staff
- care planning/reviews
- safe recruitment, staff training and supervision
- policies and procedures including complaints
- quality assurance audits
- safety audits including checks on equipment, maintenance arrangements and general health and safety
- accident and incident records
- pharmacy/medication audits
- menus and meal arrangements
- an overview of residents' legal status
- palliative care register.

We saw that where needed an action plan approach was used to progress any improvements identified as a result of the outcomes of checks and audits. This helps to show the actions taken to rectify any deficits and show ongoing improvements and developments in the home.

The manager was supernumerary to staffing provision in the home while the deputy also had supernumerary time. This allowed them to be available to residents, relatives/carers and staff and to oversee staff practice. This has meant that any good practice was acknowledged and any concerns addressed accordingly.

Overall the consistent management arrangements and the development of quality assurance systems has resulted in improved outcomes for residents in this home.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 – very good

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

Previous requirements

Requirement 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 requirement was made on 24 January 2017.

Action taken on previous requirement

We saw improvement in care planning relating to nutritional needs:

- assessment of nutritional needs and associated risk assessments were included in care plans.

- monitoring of food and fluid intake and guidance for staff was included in the care plan where assessed as necessary.
- samples of food and fluid intake charts were accurately completed and evaluated and informed any changes to the care plan.

Met - within timescales

Requirement 2

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

- 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 24 January 2017.

Action taken on previous requirement

We looked at 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. The completion of oral care charts had improved sufficiently for us to consider that the requirement had been met. However, senior staff should continue to monitor the completion of these charts.

Met - within timescales

Requirement 3

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 requirement was made on 24 January 2017.

Action taken on previous requirement

We saw improvements in the general management of medicines in the home and the management of "as required" medicines. We saw that handwritten entries had been counter-signed and there was more use of the carers' notes.

Covert medication pathways and "as required" protocols were in place to guide staff in the administration of these medicines.

Met - within timescales

Requirement 4

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 24 January 2017.

Action taken on previous requirement

At this inspection we saw that sufficient improvement in care planning and associated records keeping for us to consider that the requirement had been met. We also discussed further improvements to care plans with the deputy manager who agreed to consider these suggestions.

We also saw improvements in the recording of accident and incident records.

Met - within timescales

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	
24 Jan 2017	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
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

Date	Type	Gradings	
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
		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

Date	Type	Gradings	
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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