



**Title: Newbyres Care Home Inspection by Care Inspectorate**

**Report by: Nick Clater, Head of Service, Health and Social Care**

**Report for Noting**

**1 Recommendations**

Cabinet is requested to

1. To note the outcome of the inspection for Newbyres Village Care Home Service

**2 Purpose of Report/Executive Summary**

This report advises of

1. The outcome of the focussed inspection (Unannounced)
2. The recommendations that will be included within the improvement plan.

**Date: 15<sup>th</sup> January 2025**

**Report Contact: Nick Clater**

### 3 Background

#### 3.1 Inspection

Newbyres Village Care home is registered as a Care Home Service. It provides care and accommodation for up to 61 older people. The provider is Midlothian Council. The care home is in Gorebridge, Midlothian and is close to shops and local amenities. Accommodation is within five units named 'streets', each with lounge and dining areas and access to enclosed gardens. There is a separate area that houses the kitchen and laundry facilities as well as staff room and staff changing rooms.

Forty-four people were using the service at the time of inspection.

This was an unannounced inspection of the service which took place on 7<sup>th</sup> and 8<sup>th</sup> of January. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection information was reviewed about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making their evaluations of the service, the inspectors spoke with people using the service as well as feedback from relatives. They also spoke with management and staff, observed practice and daily life as well as reviewing a wide range of documents.

#### 3.2 Grades

The grades of the service are based on the findings of the inspection and are related to "*The National health and Social Care standards-My Support My Life*"

The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

The following grades were awarded to the service: -

- |  |                     |
|--|---------------------|
| • How well do we support people's wellbeing? | <b>4 - Good</b>     |
| • How good is our leadership?                | <b>3 - Adequate</b> |
| • How good is our staff team?                | <b>3- Adequate</b>  |
| • How good is our setting?                   | <b>4- Good</b>      |
| • How well is our care and support planned?  | <b>4 - Good</b>     |

The key messages which were predominantly all positive from the Inspectors highlighted in the report were: -

- Staff were knowledgeable about peoples care needs and showed genuine caring and respectful attitudes when supporting people.
- People living in the care home and their families were happy with their care.
- Quality assurance and management oversight required improvement to ensure people experienced positive outcomes and that staff felt supported in their roles.
- People's health was effectively monitored and escalated to other health professionals when needed.
- Recruitment of staff must be in line with the 'safer recruitment through better recruitment guidance'
- Evidence needs to be demonstrated better regarding adequate documentation and interventions for skin care.

## 3.2 Areas for Improvement

There was one requirement from the previous inspection report (March 2024). This related to *ensuring that people who experience stress and distress receive the right support that is person centred and improves their quality of life.*

This was completed by 19<sup>th</sup> January 2024 and was met within the required timescales.

There was one area of improvement from the previous inspection report (March 2024). This related to *supporting people's health and wellbeing and meeting people's nutritional needs, the provider should improve how they provide sufficient choice in line with people's likes and preferences and dietary needs'*

This area for improvement has been met.

From the **current** inspection there were three areas for improvement identified by care inspectors-

1. To further minimise the risk of any development of pressure ulcers the provider should ensure the system in place must be able to demonstrate that the skin care needs of the service users are regularly assessed and adequately met.

*Plan- improvement planning in place including a review of all Waterlow Scores, care plans, health care support plans and risk assessments relating to skin care, training needs of staff relating to skin care to be identified and addressed through supervision and training matrix has been updated, regular audit of recording and record keeping being completed.*

2. To support people's health and wellbeing the manger must have a good overview of all documentation and an effective overview of the daily running and delivery of care to those residing in the care home. This includes having visible presence within the service and to fully engage with staff, relatives and those supported to ensure the service is well led and managed effectively.

*Plan- effective leadership to be implemented, new, experienced manager has been recruited, training needs of inexperienced managers to be identified and addressed, leadership modelling to be embedded in the improvement plan, supervision of managers to be robustly implemented in a consistent, supportive and purposeful manner. Actions to be embedded, actioned and evaluated through improvement plan.*

3. To ensure people experience care where staff recruitment practices is within the service to the standard detailed in the Scottish Social Services Council and Care Inspectorate Guidance.

*Plan-documentation relating to recruitment to be reviewed, training needs of those managers likely to be involved in recruitment to be identified, suitable and adequate records to be kept, embedded in the improvement plan*

## 4 Report Implications (Resource, Digital and Risk)

### 4.1 Resource

There are no direct resource requirements arising from the inspection.

### 4.2 Digital

There are no digital implications related to this paper.

### 4.3 Risk

There is a reputation risk to Midlothian Health and Social Care Partnership should identified improvements not be progressed.

#### **4.4 Ensuring Equalities (if required a separate IIA must be completed)**

All relevant IIAs sit within service.

#### **4.4 Additional Report Implications**

There are no additional report implications at present.

### **Appendices**

**Appendix A – Additional Report Implications**

**Appendix B – Background information/Links**

## APPENDIX A – Report Implications

### A.1 Key Priorities within the Single Midlothian Plan

### A.2 Key Drivers for Change

Key drivers addressed in this report:

- Holistic Working
- Hub and Spoke
- Modern
- Sustainable
- Transformational
- Preventative
- Asset-based
- Continuous Improvement
- One size fits one
- None of the above

### A.3 Key Delivery Streams

Key delivery streams addressed in this report:

- One Council Working with you, for you
- Preventative and Sustainable
- Efficient and Modern
- Innovative and Ambitious
- None of the above

### A.4 Delivering Best Value

The report does not directly impact on Delivering Best Value

### A.5 Involving Communities and Other Stakeholders

The Care Inspectorate and the Newbyres Care Home Service fully involve communities and their stakeholders when undertaking inspections. Feedback from stakeholders, service users, their families and friends are all incorporated into the inspection outcome.

Any improvements that require relevant consultation with service users, family members and carers will be undertaken by the relevant service.

### A.6 Impact on Performance and Outcomes

The attached inspection report highlights significant strengths in aspects of the care provided and how these supported positive outcomes for people.

### A.7 Adopting a Preventative Approach

Not applicable

### A.8 Supporting Sustainable Development

Not applicable

## APPENDIX B

### Inspection Report



InspectionReport  
NBV 012025.pdf