

# Newbyres Village Care Home Service

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Gorebridge  
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**Type of inspection:**  
Unannounced

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**Service provided by:**  
Midlothian Council

**Service provider number:**  
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## 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. The five streets are named First, Second, Third, Fourth, Fifth Street and have shared gardens.

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

### How we inspected the service

This inspection was carried out by visiting the service onsite, meeting with people, relatives, and staff. We also collected relatives' views via telephone and email. Virtual technology was offered however was not required.

## What people told us

We spoke with 27 of the 61 people using the service (including their relatives) to collate their views of the service they received

People described the staff as kind and caring. Comments from people included the following:

"The staff are very kind and caring."

"We are provided with a good choice of food to choose from."

"My daughter is able to visit at any time which is good following the easing of the Covid-19 restrictions."

"I took part in the activities for Halloween."

"As a family we are very happy with the support provided to our mum by the care staff."

"The service has improved a lot with regards to getting an answer when you phone for updates about my mother."

"Newbyres has a strong leadership team. They are very welcoming and approachable."

"My Father is loved and looked after by the carers on Third Street better than I could have at home. Their comments and understanding of him in such a short time has impressed me."

"I am delighted with the service given to my Dad."

Other comments from people highlighted some key areas for improvement:

"There are times I can't get through on the phone to inquire about my mother and as a result have had to go down to the home in person to speak to people."

"I am concerned about the number of medication errors occurring and improvements to this don't appear to be happening."

## 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 care and support during the COVID-19 pandemic?	4 - Good

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 how well staff supported people's wellbeing as adequate. There were some key strengths, which were just outweighed by some weaknesses the provider needed to address to improve people's experiences.

## **1.1 - People experience compassion, dignity, and respect**

People described the carers as very kind and caring. Staff were well-meaning in their actions and clearly wanted to take care of people. However, the management team should make improvements to how some staff engage with people or discuss and or record their care and support needs. The choice of language and terminology was not always respectful. For example; using words like "feeding" and "wandering" in relation to people who needed support to eat well or who walked with purpose. People's clean washing was hung on their bedroom doors which was not dignified. Improvements should ensure practices always respect people and promote positive experiences, consistent with the principles of the Health and Social Care Standards. (Please see area for improvement 1).

Since our last inspection, the management had introduced communication agreements with people and their relatives. The purpose of which was to provide clarity around expectations on when and how people should be contacted. People told us that improvements had been made, however, there were occasions when the staff office was not staffed, and messages were not always replied to. We will continue to monitor this at future inspections.

## **1.2 - People get the most out of life**

The home has embraced the Scottish Government Open with Care guidance on visiting. Relatives were able to come and go at a time that suited people.

Activity records showed that few activities were taking place. This led to many people not being able to pass their time in a meaningful way. Some group and one-to-one activity did take place with the activity staff. However, through staff sickness, forward planning was not always easy to fulfill.

Some people who spent time in their bedroom or the lounge area, experienced periods of isolation with limited stimulation. This could have a negative impact on their health and wellbeing needs.

There is a fully enclosed garden, however people did not have free access to this. People's preferences and hobbies were written in their personal plans, but there was little correlation between what was recorded, and the activities provided. Improvements were needed and management had recognised the need to introduce more meaningful individual activity planners for people. (Please see area for improvement 2).

## **1.3 - People's health benefits from their care and support 3 - Adequate**

The manager and staff had been pro-active during the pandemic when reviewing people's care needs and liaising with people's relatives either by phone, video call and when restrictions eased, in person.

We were concerned about how well staff were monitoring the skin integrity for some people. Some people were at increased risk of skin damage and were being supported with frequent re-positioning and air mattresses. Records were not being effectively recorded, kept up to date and evidenced in a meaningful way. The provider must ensure that care plans and associated documentation accurately details residents' skin care needs and actions required by staff to meet these needs (Please see area for improvement 3).

Medication records were not always accurately completed, and several errors had occurred, which had impacted people's health. An improvement plan had been introduced by the manager which included pharmacist audits, re-training, competency assessments and staff reflecting upon their practice. Despite these measures, medication errors were still of concern. The administration of medication needed to be improved with better understanding required from staff about the importance of when medication should be administered and how this should be recorded. The provider must make improvements to ensure people have confidence that they will receive their medication as prescribed by appropriately competent and skilled staff. (Please see requirement 1).

## Requirements

1. In meeting this requirement people who need help to take their medication can be confident that they will receive it safely from appropriately skilled staff. They will know that there are clear policies and guidelines in the service on the use, storage and administration of medication.

In order to achieve this, by 31 January 2022, the provider must ensure:

- All staff sign to confirm when they have administered medication and where a prescribed medicine is not administered, the reason(s) for this is/are recorded.
- 'As required' medication protocols detail the circumstances when this will be administered and are cross referenced to information held within personal plans on stress and distress, health, pain and elimination.
- Where prescribed 'as required' medication had not been administered because it was no longer needed, a request for it to be re-assessed with health professionals is made.
- Records are maintained to record the outcome of as required and anticipatory care medication.
- Staff have the appropriate level of understanding of administering medication including training and reflective accounts.
- Training, observations of practice and other appropriate quality assurance measures lead to supporting improvements.
- A comprehensive analysis of patterns of drug errors, that includes the staff members involved, staffing levels at the time and pressures placed upon staff.
- The issues which are identified from the analysis in the point above inform an improvement plan. For example, steps to support staff administering medication to understand their responsibilities and if necessary staff disciplinary action is taken were support and training has not improved practice.
- Evaluation of actions taken to evidence improved quality and safe administration of medications

This is in order to comply with Regulation 4(1)(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: 2.23 If I need help with medication, I am able to have as much control as possible.

## Areas for improvement

1. To ensure people are supported well the manager should ensure that staff always treat people with dignity and respect. This practice should also reflect the language and terminology used when in discussion with people, within the staff team and recorded in support related documentation.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.' (HSCS 3.1).

2. In order to support the improvement of people's physical and mental wellbeing, the manager should review the way in which activities are organised and planned with people. This should focus on developing more person-centred activity plans with people, taking into account the quality and amount of physical and social activity made available for people, within and outside the home.

This to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

3. In order to ensure people's skin care is monitored and managed correctly, the manager should ensure relevant care plans and other health records are kept up to date and fully accessible to all staff.

This is to comply with Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a) proper provision for the health, welfare and safety of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My care and support meets my needs and is right for me' (HSCS 1.19) and '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' (HSCS 1.15).

## How good is our care and support during the COVID-19 pandemic?

4 - Good

We evaluated how people's care was delivered during the pandemic as good. There were several important strengths that, taken together, clearly outweighed areas for improvement.

### **7.2 - Infection control practices support a safe environment for both people experiencing care and staff**

The home was clean and tidy, and staff worked hard to maintain this level of cleanliness. New furnishing had been purchased for the home following consultation with people. There was a good supply of cleaning equipment, products, and solutions. Domestic staff were confident in describing the cleaning required and the products they needed to use to reflect the Scottish Covid-19 Community Health and Care Settings Infection Prevention and Control Addendum.

Relatives told us that when they arrived for visiting, they were supported with the testing process. Lateral flow device testing was being completed for staff on a regular basis. Staff were often reminded to do this.

The staff had good supplies of personal protective equipment (PPE) and they knew how to access it. The PPE was situated at key points, and we saw staff effectively using PPE when supporting people with direct care on a one-to-one basis.

Staff had completed training on effective handwashing; however, this learning was not always evident in their practice. For example, not all staff were washing or sanitising their hands in between supporting people at mealtimes. There were observations of practice, but these did not reflect our findings at inspection.

### **7.3 - Staffing arrangements are responsive to the changing needs of people experiencing care**

Staff were responsive to people's changing needs because there was usually enough staff to be able to do so. Staff were often only able to support people with tasks relating to their care and support needs rather than having time to engage in meaningful conversations or even activities.

Staffing levels had increased during the Covid-19 pandemic, recognising the added pressures placed upon staff and the increased care and support needs of people. Although the manager was confident that the staffing levels were appropriate, this was not based on any regular assessment. This resulted in staffing arrangements being relatively static with infrequent reviews and were not adjusted to necessarily meet people's changing needs. The manager should re-introduce recognised measures to determine what staff numbers were required. (Please see area for improvement 1).

Ongoing training was in place for staff that included but was not limited to Covid-19 guidance and relevant procedures. However, we identified gaps in training focusing on falls prevention, caring for smiles, palliative and skin care. Improvements should ensure people have confidence in the staff caring for them and are fully competent in meeting their care needs. (Please see area for improvement 2).

### **Areas for improvement**

1. In order to ensure that staffing levels and the skill mix of care teams are responsive to the changing needs of people, the manager should take account of the dependency levels of people.

This to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My needs are met by the right number of people." (HSCS 3.15).

2. In order to ensure that people, have confidence in those who care for them are trained, competent and skilled to meet their care needs, the manager should ensure that training / re-fresher training includes, but is not limited to the following:

- Falls prevention with an understanding of recognised falls prevention models.
- Caring for smiles.
- Palliative care.
- Skin care management.

This to ensure that care and support is consistent with the Health and Social Care Standards which state that: "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 1.25).

## 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

In order to ensure good outcomes for people experiencing care, the manager should ensure that people's meals and snacks meet their dietary needs and preferences when developing their outcome care planning.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.37: My meals and snacks meet my cultural and dietary needs, beliefs, and preferences.

**This area for improvement was made on 25 January 2021.**

#### Action taken since then

People's care and support plans have been reviewed and include more comprehensive information on people's preferences to meals and their dietary needs.

#### Previous area for improvement 2

In order to ensure good outcomes for people experiencing care, the manager should develop communication agreements with relatives. This would detail how communication would be established and in what circumstances.

Also, to cover levels of expectations balanced with what is realistically achievable for all given restrictions at that time. This should be reviewed as restrictions change.

This is to ensure care and support is consistent with the Health and Social Care Standard 2.18: I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.

**This area for improvement was made on 25 January 2021.**

#### Action taken since then

Relatives have support agreements in place, detailing when, how and in what circumstances relatives should be contacted.

#### Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, the manager should ensure that there are effective communication systems in place to involve people and their representatives in decisions about their care and support and keep them up to date with any changes to their health and wellbeing.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me

**This area for improvement was made on 21 December 2020.**



**Action taken since then**

Improvements have been made which have included involving people and their representations at review meetings along with the introduction of communication agreements.

**Previous area for improvement 4**

In order to ensure good outcomes for people experiencing care, the manager should risk assess the impact of the current visiting restrictions for people. Essential visits should be arranged for people who need additional psychological or emotional support.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me

**This area for improvement was made on 21 December 2020.**

**Action taken since then**

The service has fully embraced the Open with Care guidance issued by the Scottish Government with regards to visiting people in care homes.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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