

# Newbyres Village Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 May 2023

**Service provided by:**  
Midlothian Council

**Service provider number:**  
SP2003002602

**Service no:**  
CS2007167115

## About the service

Newbyres Village is a care home which provides care and accommodates up to 61 older people. The provider is Midlothian Council.

The home is situated in Gorebridge, Midlothian, close to shops and local amenities. Accommodation is within five units named "streets" each with lounge areas and dining areas and access to enclosed gardens. There is a separate area that houses the kitchen and laundry facilities.

58 people were using the service at the time of our inspection.

## About the inspection

This was an unannounced inspection which took place on 24 April between 09:00 - 17:20 & 21:00 - 23:20, 25 April between 09:15 - 17:15 and 26 April between 07:15 and 17:00. The inspection was undertaken by three inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- Spoke with people who experience care and 14 of their family / friends / representatives.
- Spoke with 41 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

## Key messages

- There was a variety of activities which many people enjoyed participating in. People spoke highly of the activity staff who laid these on.
- Staff showed genuine dignity and respect towards the people they supported.
- Improvements were needed to ensure care plans and records were completed consistently and correctly.
- Quality assurance and management oversight required improvement to ensure people experienced positive outcomes and that staff felt supported in their roles.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We spent time observing how people interacted with others and staff. We saw on many occasions positive interactions which demonstrated that people were treated with dignity, respect, and genuine affection. However, there were occasions when staff did not fully demonstrate the principles of the Health and Social Care Standards and improvements should be made. (Please see area for improvement one)

There were times when staff were working under pressure. This resulted in periods where people sat alone in the lounge or dining areas without any stimulation for a time which was not respectful. Oversight and support were needed for staff to be able to administer medication appropriately and with limited interruptions. This ensures people take their medication in a meaningful and dignified manner.

Relatives spoke highly of the efforts staff made to celebrate special occasions like birthdays and involve them in the activities with people.

The activities team delivered a variety of activities. Activities were centred around how each person would like to spend their time. Activity staff worked hard to ensure people could be involved in activities and participate in a way that was meaningful for them.

There was a positive atmosphere around the home with the anticipation of the Kings Coronation with bunting up and people involved in preparations for the event.

People living, in or visiting the home perceived staff to be rushed. "...tried to get staff attention but no one was free to assist and they appeared stretched". Despite their best efforts, staff worked under pressure and some aspects of care and support may have been missed, effecting outcomes for people.

There was an over-reliance on agency or short term/temporary staff who did not know people well. This could lead to people experiencing a lack of consistency and stability in how their care and support was provided and limit their ability to build a trusting relationship with staff.

We looked at the health and care documents of those living in the home. Whilst records were in place to record the care delivered to people, these were inconsistent, and improvements were needed. Due to the level of inaccurate information being recorded with regards to people's weight, food and fluid intake and prevention of pressure sore measures, this placed people's health at potential risk and improvement was required. (Please see Requirement one).

We highlighted at our last inspection that improvements were needed regarding infection control practices (IPC) to ensure people were confident in the procedures used. At this inspection we observed that improvements had been made. Personal Protective Equipment (PPE) was in use when appropriate, staff had completed IPC training and the laundry was clean and organised. We highlighted to the manager that people should be supported to maintain good hand hygiene before mealtimes.

## Requirements

1. By 14 July 2023 the provider must ensure that care records reflect accurately care given to ensure people can be confident that their health is monitored appropriately.

(a) care documentation and records (including health charts) are accurate, sufficiently detailed and reflect the care planned or provided

(b) staff have the appropriate knowledge through training so are aware of their responsibility in maintaining accurate records, retaining records and follow best practice including Scottish Social Services (SSSC guidance)

(c) staff have the appropriate knowledge through training about the use of healthcare assessment tools including MUST, challenging behaviour and pressure risk assessments;

(d) ensure that staff know policy and best practice.

This is in order to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no 210 'Requirements for Care').

This is also to ensure care and support is consistent with the Health and Social Care Standard 3.14:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow the professional and organisational codes."

## Areas for improvement

1. To ensure people have positive experiences, the provider should ensure care and support is tailored to the needs, wishes and choices of people and delivered in a dignified way.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes." (HSCS 3.14).

## How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff at all levels required clearer guidance and clarification regarding their roles and responsibilities. This ensures that people have confidence in the people who support them.

Systems were in place to monitor aspects of service delivery. However, managers did not consistently utilise these to inform action plans to drive effective and sustainable change. Improvements were needed to ensure that where audits had taken place these were meaningful and led to improved outcomes for people. (See requirement one).

Improvements were needed to the management of complaint handling. The records we sampled were not complete and difficult to track. When we discussed this with the senior management team, complaints are dealt with centrally within the health and social care partnership. However as some information was still being kept within the service regarding complaints, this could cause confusion and disparity to what has or has not been followed up.

Management oversight of the service was limited. This was due to an absence of effective supervision, observation, and leadership. Staff and relatives told us they wanted to see a more visible management presence "Management are not all that visible and I would like to see them on the floor more often." This ensures people have confidence that the service they use is led well and managed effectively. (See requirement two).

## Requirements

1. By 14 July 2023 to ensure people experience safe care and support the provider must make improvements to their quality assurance oversight

To do this, the provider must at a minimum ensure.....

- (a) the system effectively enables areas for improvement to be promptly and accurately identified
- (b) that the outcomes because of any audit are clearly recorded - where areas for improvement are identified, that an action plan is developed detailing timescales and the person responsible
- (c) all current quality assurance arrangements are reviewed and developed to ensure that these are systematic, effective, and integral to service provision - people's views about the care and support they receive is sought to inform quality assurance
- (d) quality insurance (including audits and oversight) have appropriate systems and processes in place to review the effectiveness of, undertaken by the management structure which may include the senior management team.

This is in order to comply with Regulations 4(1)(a) – Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

2. By 14 July 2023 to ensure people have confidence that the service they use is led well and managed effectively. The provider must improve management arrangements and oversight.

To do this, the provider must at a minimum .....

- (a) the management have effective oversight of the day-to-day delivery of care to service users to ensure their care needs are fully met.
- (b) the management have a visible presence within the service and engage with residents, relatives and staff to support the development of management oversight required
- (c) the management engage with service users and staff about the quality of the service and take action to address improvements identified to ensure improved outcomes for service users
- (d) monitor staff competence through training, supervision, and on-site observations of staff practice and take action to improve or reduce poor or unsafe practice.
- (e) introduce staff individual learning and development plans to ensure staff continue to have the knowledge and skill to meet people's needs
- (f) ensure staff feel supported through regular support and supervision, including competencies of practice
- (g) to hold regular team meetings and reflect on practice through team meetings, identifying areas to improve.

This is in order to comply with Regulations 4(1)(a) – Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: “I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes.” (HSCS 4.19) and “I use a service and organisation that are well led and managed.”

## How good is our staff team?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Feedback from staff regarding how they were supported by the management team was mixed. Some staff felt the management were approachable where others felt they could be more visible and available to discuss issues with them.

There was limited opportunity for staff to have time to discuss or reflect on their practice. Staff team and supervision meetings needed to be more structured and frequent to enable people to have confidence that staff are competent, skilled and can reflect on their practice and follow their professional and organisational codes. (Please see requirement under Key Question 2 - Leadership and management).

A training calendar for the year was in place and staff were encouraged to attend relevant courses to equip them to meet people's care needs. The programme included re-fresher training, to support staff to stay up to date with best practice.

Staff were registered with relevant professional bodies for example the Scottish Social Services Council (SSSC). Some staff we spoke with did not fully understand their responsibilities for continuous professional learning or how they can fulfil this.

A dependency tool was in place to inform staffing levels. However, the tool used did not fully consider elements of non-direct care including maintaining care related documents and effective management oversight. This had the potential to impact on the health, welfare and safety needs of people living in the home. The provider must ensure that there are enough staff working in the care home to ensure person centred and responsive care, including nursing input which is delivered based on people's assessment of need and agreed care plans. (See requirement one).

## Requirements

1. By 14 July 2023 to ensure people are confident that staff are responsive to their needs. The provider must ensure that there are enough staff working in the care home to ensure person centred and responsive care (including nursing input) can be delivered.

To do this, the provider must at a minimum ensure that

- (a) there are appropriate assessments and review of people's (service users') needs and wishes
- (b) at all times, suitably qualified and competent staff are working in the care service
- (c) there are enough staff to support service users' health, welfare, and safety (iv) temporary staff are given

opportunity to reflect on their practice

(d) provided at the agreed times, and in such a way that meets the identified needs (including nursing input) of the service user as recorded in their agreed support plan

(e) the physical layout of the building is considered when reviewing staffing levels

(f) dependency tools used to assess the staffing levels required to meet people's care needs incorporate time to be involved in training, observations of practice, team meetings and supervision meetings.

This is in order to comply with Regulation 15(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:

"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 3.14).

## How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and well looked-after, with no evidence of intrusive noise or smells.

All rooms had personal items and a homely feel to them with appropriate decoration. This highlighted the support given to people to decide on the furnishings and layout of their bedroom including the option to bring their own furniture.

## How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Personal plans did not consistently reflect people's health and wellbeing needs and preferences. This included details about people's mobility and dietary requirements. Incorrect or out of date information within people's care plans could place people at risk if staff follow the wrong guidance.

Anticipatory care planning had been introduced since our last inspection. This is where people can discuss with staff what matters most to them if their health deteriorates quickly.

To support people to achieve good outcomes, the provider must ensure their care plans reflect their assessment of needs, how these will be met and are reviewed on a regular basis to ensure the level of accuracy required. (Please see requirement one).

## Requirements

1. By 14 July 2023 to ensure that personal planning reflects people's outcomes and wishes, the provider must ensure personal plans contain current, clear and meaningful information.



To do this, the provider must at a minimum ensure .....

- (a) personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met
- (b) care plans are reviewed on a regular basis to ensure they are accurate and consistent to the identified care needs assessed
- (c) the auditing of care plans by the provider includes a follow through of actions to ensure any areas identified for improvement are actioned upon and any learning is recorded.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans.

This is also to ensure that care and support is consistent with the Health and Social Care Standard 1.15 which state:

"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."

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

### Requirements

#### Requirement 1

To ensure that people are confident in the provider's infection prevention and control procedures the provider must by 14 October 2022, ensure that:

- a) The environment and equipment are appropriately cleaned and safe for use and infection risks associated with the care environment and care equipment are minimised;
- b) Effective leadership is provided to ensure infection prevention and control procedures are in place within the service;
- c) Effective infection prevention and control audits are implemented and findings are reviewed with appropriate action taken.
- d) That all staff receive training on infection prevention control, handwashing, COVID-19 and the use of PPE and that this is re-assessed for existing staff.

This is in order to comply with Regulation 4 Welfare of users, Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of Inspection report the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards which state; " I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings to meet my needs, wishes and choices " (HSCS 5.22)

**This requirement was made on 16 September 2022.**

## Action taken on previous requirement

Improvements had been made to meet this requirement. The home was clean, tidy and appropriate infection prevention and control measures were in place to support people.

**Met - within timescales**

## Requirement 2

To ensure that people are confident that the care they receive is well led and managed, the provider must by 30 November 2022 ensure that: This must include, but is not limited to:

- (a) assessment of the service's performance through effective audit,
- (b) develop action plans which include specific and measurable actions designed to lead to continuous improvements,
- (c) detailed timescales for completion/review,
- (d) alignment systems to good-practice guidance; and
- (e) ensuring staff who undertake quality assurance roles are trained and supported.
- (f) effective management oversight and leadership to drive forward the improvements needed.

This is in order to comply with Regulations 4(1)(a) – Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

**This requirement was made on 16 September 2022.**

## Action taken on previous requirement

We identified at this inspection that improvements are required. We have therefore repeated this requirement.

**Not met**

## 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

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.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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." 3.14.

**This area for improvement was made on 16 September 2022.**

#### Action taken since then

Elements of this area for improvement had been achieved. Staff were receiving ongoing training. However this was not supported by observations of their practice and we have reflected this area for improvement within this inspection report.

#### Previous area for improvement 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.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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." 3.1

**This area for improvement was made on 16 September 2022.**

#### Action taken since then

Further improvement was identified at this inspection and this has been highlighted in the body of this inspection report

## 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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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