Newbyres Village
Care Home Service

20 Gore Avenue
Gorebridge
EH23 4TZ

Telephone: 0131 270 5656/7

Type of inspection:
Unannounced

Completed on:
5 December 2019

Service provided by:
Midlothian Council

Service no:
CS2007167115

Service provider number:
SP2003002602
About the service

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 service has maximised the use of any space available and has created additional homely environments for residents including a 1960’s style lounge, a sensory room and most recently a small shop. 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

We spent time with residents and their relatives during our inspection. Everyone we spoke with praised the quality of their care and the staff team.

They told us how much they enjoyed living in their homely environment. Residents spoke of their enjoyment with being involved in the many activities which take place during the week, either in the home or out in the community.

Some people did feel that the staffing levels should be reviewed to ensure there was always a presence from staff in the lounge areas. We have commented on this further within this inspection report.

Overall, people were positive about the management of the service.
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

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>How well do we support people’s wellbeing?</td>
<td>5 - Very Good</td>
</tr>
<tr>
<td>How good is our leadership?</td>
<td>4 - Good</td>
</tr>
<tr>
<td>How good is our staffing?</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>How good is our setting?</td>
<td>not assessed</td>
</tr>
<tr>
<td>How well is our care and support planned?</td>
<td>4 - Good</td>
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people’s wellbeing?  

We observed positive interactions between staff and residents with compassion, warmth and dignity shown. Staff demonstrated the principles of the Health and Social Care Standards well.

How residents spend their time is important for their general wellbeing. People were enabled to get the most out of life with options to maintain and develop their interests and friendships through the many activities available. This included the regular pet therapy and weekly afternoon tea with residents and their relatives which were well attended.

The service was performing very well in meeting the care needs of people, responding quickly and liaising with external health professionals should staff identify any deterioration or changes in their presentation. Relatives also told us that communication was usually good and were made to feel welcome when they visited.

Several behavioural related incidents have occurred since our last inspection, often where dementia has been diagnosed for people. Some of these incidents involved assaults against others and although relevant support guidelines for staff to follow were in place, we felt these could be further strengthened, (including actions and follow through recorded on the incident reports) supported by relevant training for staff which was being explored.

We observed mealtimes in each of the streets with people being assisted. We recommended to the manager that food temperatures are taken at the time of serving meals to residents and not just in the main kitchen in case staff are delayed in serving; to reflect good practice.
When we looked at the falls register, we noted that there had been quite a few un-witnessed falls. Although the staff responded well when a fall had occurred and liaised with health professionals when required, there lacked any falls prevention framework in place; exploring ways to minimise falls as much as possible. We have signed posted the manager to various resources to support this area for improvement.

**How good is our leadership? 4 - Good**

It is important for people to have confidence in the management of the service and that managers have a good overview of how well their care and support needs are being met. We found the manager to be open and responsive, managing the home and staff in a calm manner.

Since our last inspection, the service has increased its management structure with the appointment of a second assistant manager. This has further strengthened the management team.

Relatives told us that they would like to see a greater management presence at the weekends as this was often the only time they could visit. The service should review their current management coverage arrangements to see if an improved presence across the week could be achieved to enable further opportunities for relatives and communication with management.

We spoke with staff to explore how well they felt supported in their roles. The feedback we received was mixed. Whilst some did confirm they felt supported and management were approachable, others felt this was not the case.

Morale was low for many, with a variety of contributing factors to staff feeling this way. This included:
* Staffing levels being low at times.
* Lack of regular support and supervisions for staff.
* Limited opportunities for staff to give their views on the service, feel listened to, influence change or discuss practice related issues at team meetings.

Staff told us that they would like to see managers on the streets more and engage more with people. This was recognised by the manager to a degree when we provided feedback as the inspection progressed, with reviewing the break times for managers and care practitioners to be staggered to offer greater management presence at busy times.

Our assessment and findings from this inspection informs us that improvements could be made regarding the culture within the service. It has been acknowledged by the manager that the frequency of support and supervision meetings with staff, along with staff meetings and quality assurance spot checks could be improved.

However, staff also have a role to play in changing the culture and promoting a healthy working environment to support the outcomes for residents; seeking support and reporting any concerns and demonstrating the codes of conduct for those registered with a professional body, for example; the Scottish Social Services Council.

**Areas for improvement**

1. The provider should ensure appropriate opportunities are in place for staff to feel supported in their roles and able to influence further improvement and development within the service, including reflecting on their own practice.
This is to ensure the 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 staff team? 3 - Adequate**

We looked at the staffing levels of the service and assessed whether they were correct to fully meet the care and support needs of people.

Staff were clear about their roles and deployed to each of the streets, ensuring consistency was in place, which is important for people, especially those who may have dementia.

Despite staff’s best efforts, staffing levels were often low and sometimes insufficient to fully meet the needs of residents. There is on a regular basis an over-reliance on agency staff and although the service aimed to use the same staff (from the agency) to support consistency for residents, this was not always possible. Staff worked under pressure and this was evident to residents and relatives who felt the staff were often rushed.

Resident dependency assessments are in place to calculate the number of staffing hours required to meet people’s needs. However, this needs to include additional tasks over and above primary care, recognising also that the health needs of residents are increasing.

As highlighted at our last inspection, the dependency assessment should consider the following:

* The staff skills mix.
* The layout of the care home.
* Additional duties above primary care: for example; updating support plans, laundry, handover meetings, staff supervisions, staff development time and quality time with residents.

We learnt that the service provider is looking to fulfil a new position of Locum Co-ordinator. The role will oversee the rota management and reach a better balance of locum staff compared to agency staff who may not be fully aware of people’s care and support needs.

**Areas for improvement**

1. The provider should ensure that resident’s needs are fully met by having the right number of people to care for them. This includes the assessment of staffing to undertake duties in addition to direct care. For example; administering medication and updating support plans.

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

This key question was not assessed.

How well is our care and support planned? 4 - Good

Personal plans should give clear direction about how to meet the care and support needs of people as well as details of their personal interests and preferences. Support plans were dynamic and included information that was specific to the person. This ensured that staff could be consistently informed on how to support this person. The plans were regularly reviewed on a monthly basis and updated involving relevant professionals and take account of best practice and their own individual preferences and wishes.

As highlighted above, there have been several falls in the past few months and the service should look to implement falls prevention care plans for people, based on a recognised framework.

We sampled various care and support related documentation including medication administration and caring for smiles records and identified that many errors had occurred when staff have not always ensured record keeping is up to date.

We were also concerned to find that relatives had signed documents agreeing to the potential use of bed rails or sensor mats which we felt was not focusing on person centred practices. We discussed this with the manager for the agreements to only be signed when additional support measures had been assessed as required to keep people safe.

Since our last inspection, residents have had their care needs reviewed by the social work department. The service has appropriate plans in place to take this forward and undertake reviews involving residents and relatives on a six-monthly basis, or more often as and when required. Time is now needed for these reviews to be embedded within the service and we will follow this up at our next inspection.

Areas for improvement

1. The provider should ensure appropriate falls prevention guidelines, risk assessments and support plans are in place for people, based on recognised falls prevention frameworks.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: “I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11).
Areas for improvement

Previous area for improvement 1

The provider should review people’s care and support needs with them on a six-monthly basis, or as and when required or changes occur. This ensures people receive the correct level of care and the right time.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: “I am fully involved in developing and reviewing my personal plan in a way which is always available to me.” (HSCS 2.17).

This area for improvement was made on 15 March 2019.

Action taken since then

All of the residents in the care home have had their care needs reviewed by the social work department, with relatives attending. The service has a plan in place to take the lead on this morning forward and undertake six monthly reviews with people.

Previous area for improvement 2

The provider should ensure that resident’s needs are fully met by having the right number of people to care for them. This includes the assessment of staffing to undertake duties in addition to direct care. For example; administering medication and updating support plans.

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

This area for improvement was made on 15 March 2019.

Action taken since then

Staffing levels within the home remain an area for improvement and we have therefore repeated this at this inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.
### Detailed evaluations

<table>
<thead>
<tr>
<th>How well do we support people’s wellbeing?</th>
<th>5 - Very Good</th>
</tr>
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<tbody>
<tr>
<td>1.1 People experience compassion, dignity and respect</td>
<td>5 - Very Good</td>
</tr>
<tr>
<td>1.2 People get the most out of life</td>
<td>5 - Very Good</td>
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<tr>
<td>1.3 People’s health benefits from their care and support</td>
<td>5 - Very Good</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>How good is our leadership?</th>
<th>4 - Good</th>
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<tbody>
<tr>
<td>2.3 Staff are led well</td>
<td>4 - Good</td>
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<thead>
<tr>
<th>How good is our staff team?</th>
<th>3 - Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3 Staffing levels and mix meet people’s needs, with staff working well together</td>
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<tbody>
<tr>
<td>5.1 Assessment and care planning reflects people’s planning needs and wishes</td>
<td>4 - Good</td>
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