

Newbyres Village Care Home Service

20 Gore Avenue
Gorebridge
EH23 4TZ

Telephone: 01312 705 656

Type of inspection:
Unannounced

Completed on:
29 April 2022

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2007167115

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."

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

How we inspected the service

This was a second follow up inspection, to focus on the improvements regarding the management of medication, skin care oversight and activities. This was to meet our previous requirement and areas of improvement from our last inspection, originally undertaken on 11 November 2021.

What people told us

We spoke with two people receiving care as part of this follow up inspection. Their views and comments were positive and relevant to our findings.

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?	4 - Good
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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?

4 - Good

We assessed the performance of the service in this area as good. There were several important strengths which, taken together, clearly outweighed areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, the improvements made needed to be fully embedded into day-to-day practice to ensure people consistently have experiences and outcomes which are as positive as possible

1.2 People get the most out of life

Following the relaxation of the COVID-19 restrictions, the provider had been able to organise a variety of activities for people, both within the home and within the local community. People have enjoyed participating in a variety of activities, including a popular trip on a barge.

Improvements have been made with the development of personalised and meaningful activity plans with people. Relatives and care staff also took an active role in designing these to ensure they fully met people's needs. This ensures that everyone has the same opportunities available to them and supports people to get the most out of life. Records were maintained, detailing how people felt about their chosen activity to help their plans to be further developed.

1.3 People's health benefits from their care and support

We highlighted improvements were needed at our last inspection around the quality assurance measures, to ensure people were confident that they would receive their medication safely and appropriately from skilled staff.

The provider had implemented twice daily medication audits, overseen by the management team. In addition to staff re-fresher training, reflective accounts and observations of practice, the number of medication errors occurring had been reduced. These developments have led to the improved outcomes for people receiving care.

At our last inspection, we made a requirement for improvements to be made on how people were supported, and their skin integrity was managed affectively. Records sampled at this inspection told us that improvements have been made which promoted the prevention and management of pressure ulcers in accordance with people's assessed needs and preferences.

Following input from the Health & Social Care Partnership's care home support team, staff training and enhanced quality assurance measures were supported to be put in place. This has resulted in peoples care plans being completed more consistently. There was clear awareness and understanding from staff to ensure records were maintained and people were repositioned to prevent pressure sores. The management team had a good overview of people's needs to ensure positive outcomes were being achieved.

The provider had made good progress to meet the one requirement (skin integrity) and two areas for improvement (medication quality assurance and activity planning) since our last inspection. We have therefore decided to re-evaluate the service, recognising the work completed to date to improve outcomes for people. Please see section of this report titled "what the service has done to meet any requirements at or since the last inspection" for more information.

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

Requirements

Requirement 1

By the 22 April 2022 you must make certain that people have the confidence that they received the care which promotes the prevention and management of pressure ulcers, in accordance with their assessed needs and preferences. This should include but is not limited to ensuring that.

- Care plans and repositioning records reflect that of people's assessment of care needs.
- Individuals skin integrity assessment and care plans are clearly recorded and understood by care staff.
- People are repositioned in accordance with the above assessments which promotes the prevention and management of pressure ulcers.
- Quality assurance systems and processes in place to ensure effective and positive outcomes are achieved for people experiencing care.
- Staff training in skin integrity and assessment of competency linked to demonstration in practice.

This is to comply with Regulation 4 (1) (a) Welfare of users. 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: 1:19: My care and support meet my needs and is right for me 1.24: Any treatment or intervention that I experience is safe and effective.

This requirement was made on 22 March 2022.

Action taken on previous requirement

Following the input from the Health and Social Care Partnership, staff training / re-fresher training and quality assurance measures, improvements have been made to how people are supported to support their skin integrity.

Met - within timescales

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 support the improvement of people's physical and mental wellbeing, the provider should review the way in which activities are organised and planned with people. This should focus on developing more person-centred activity plans which are meaningful for people, considering any limitations due to their care needs.

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).

This area for improvement was made on 22 March 2022.

Action taken since then

The provider has engaged well with people to develop individualised activity plans for the week. This ensures there's a degree of planning in place which was meaningful for people and ensures they have the same opportunities as others to get the most out of life. Records were maintained to reflect what people enjoyed or not enjoyed helping further develop their activity planning.

Previous area for improvement 2

People experiencing care should expect their medication to meet their wellbeing needs. The provider should ensure the improvements including quality assurance measures are fully embedded into day-to-day practice to significantly reduce the number of medication errors occurring. 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.

This area for improvement was made on 22 March 2022.

Action taken since then

Improvements have been made towards ensuring people can be confident that they will receive their medication safely and appropriately from skilled staff. The measures introduced included a variety of quality assurance systems.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

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