

Newton House Care Home Service

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Type of inspection:
Unannounced

Completed on:
3 November 2022

Service provided by:
Hamberley Care 1 Limited

Service provider number:
SP2018013251

Service no:
CS2018372062

About the service

Newton House is a care home for older people situated in a residential area of Newton Mearns, close to local transport links. The service provides residential and nursing care for up to 113 people. At the time of this inspection, there were 43 residents living in Newton House.

The accommodation comprises of five separate units, with a lift providing access to all three floors. The service is currently being provided across two units on the ground floor. All bedrooms have ensuite shower facilities. Each unit has a choice of lounge and dining areas, and additional features include a hair salon, café, cinema and multi-faith room. Clyde unit has an enclosed garden at the centre of the unit, while Forth unit and the café area provides access to other outside areas.

About the inspection

This was a follow-up inspection which took place on 31 October 2022. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this 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 using the service;
- Spoke with staff and management;
- Observed practice and daily life;
- Reviewed documents.

Key messages

- All requirements were met from the previous inspection in September 2022.
- Medication administration and documentation had improved.
- The staff had presented a home which was clean and tidy, and where Infection Prevention and Control was prioritised for the benefit of all.
- The management had settled and had engendered a sense of collective responsibility in the quality assurance within the home.

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 good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How good is our leadership?

3 - Adequate

The requirement that was aligned to this area of support from the last inspection was met, however, in order to maintain focus we have provided the service with the following area for improvement.

Areas for improvement

1. To support the ongoing effective self assessment within the home, the provider should continue to develop and build upon the self improvement plan. This will come from a range of sources, including but not limited to, inspection findings, quality assurance audits and a robust system of supervision and appraisal for staff to discuss their own development pathways.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 3.14), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

How well is our care and support planned?

3 - Adequate

The requirement that was aligned to this area of support from the last inspection was met, however, in order to maintain focus we have provided the service with the following area for improvement.

Areas for improvement

1. To support the continual person centred support of residents, the provider should ensure that attention to detail and consistency is improved within care plans.

This should include, but is not limited to, the recording of meaningful activities which have been participated in, and ensuring that key healthcare detail is recorded appropriately across all care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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).

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

Requirements

Requirement 1

By 16 October 2022, you, the provider, must ensure people receive medications safely to maintain their health and wellbeing. To do this, you, the provider, must at a minimum ensure:

- Medication administration and practice is in line with 'Guidance about medication personal plans, review, monitoring and record keeping in residential care services.' (Care Inspectorate, 2012), and 'Professional guidance on the safe and secure handling of medicines.' (Royal Pharmaceutical Society, December 2018);
- Any missed doses of medication are explained within daily notes and any actions taken, such as, escalation to the G.P are followed up and clearly documented;
- All as required medications have a clear protocol in place;
- Quality audits are used to assess areas of practice, actions must be followed up, documented and communicated clearly with all staff who administer medication;
- Room temperature checks are recorded consistently as per company policy; and
- Practice around covert medications to be in line with the Mental Welfare Commission Scotland best practice guidance - 'Covert Medication' (May 2022).

This requirement was made on 14 September 2022.

Action taken on previous requirement

We observed the practice of medication administration in the home during our visit, and noted that Nurses and/or Lead Homemakers were responsible for this essential area of support. We were satisfied that the practice being undertaken was in line with the appropriate guidance in this regard, and as such, was done to an improved standard than had previously been noted.

Any missed medications were explained through daily notes along with any necessary escalations as a result.

We noted that protocols were in place for any residents with 'as required' and Covert medications, again in line with the guidance related to these issues.

Competency checks for staff undertaking the administration of medications were taking place with regularity, this focussed on the quality of the work being provided which ultimately benefits those being supported.

These checks were part of a wider ranging quality assurance system now present and being delivered within the home.

In relation to the temperature checks being conducted within the rooms of residents and being stored within the medicine cabinets, we discussed this issue with the management in the home. No temperature regulated medications are being stored in these cabinets. Any medications which require to be stored within such conditions would be done so in a central location within the home. We could not see any specific rationale for maintaining these checks within the rooms of the residents, therefore, we have suggested these are removed from use, unless there is a person specific need for any temperatures to be recorded. If this were the case we would expect to see this recorded within an individuals care plan.

Met - within timescales

Requirement 2

By 16 October 2022, you, the provider, must ensure infection, prevention and control procedures support staff in their practice to reduce the transmission of infections.

To do this, you, the provider, must at a minimum ensure:

- Personal Protective Equipment (PPE) is easily accessible to staff in line with the Care Home National Infection Prevention Control Manual (NIPCM), and PPE stations are clean and tidy;
- Staff use alcohol-based hand rub (ABHR) or wash their hands between each resident contact;
- All linen is handled, sorted, in line with ARHA Scotland guidance 'Safe Management of Linen: 'Standard Infection Prevention & Control and Transmission Based Infection Control Precautions.' (September 2020);
- Clinical waste bins are emptied regularly;
- Clear procedures are in place for housekeeping staff showing what constitutes a daily, weekly, and deep clean. This includes how cleaning is carried out and what chemicals to be used is in line with guidance in (1);
- The home is visibly clean, and cleaning schedules accurately evidence cleaning; and
- A staff contingency plan is in place which is utilised effectively in emergency situations, such as, the event of reduced availability of housekeeping staff.

This is to comply with Regulation 4 (1) (a) and (d) (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 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 3.14).

This requirement was made on 14 September 2022.

Action taken on previous requirement

We noted that all staff had easy access to PPE throughout both units within the home. We observed a marked difference in the cleanliness and order to the PPE stations throughout Newton House during this inspection visit.

Staff were observed using alcohol based hand rub during their work and were also able to demonstrate and talk to their understanding of good hand hygiene.

The laundry processes being used in the home during this visit was much improved from our last inspection. We observed laundry trollies being used appropriately within the units and being stored in the correct manner to reduce any risk of infection.

Clinical waste bins were an issue at the last inspection with some noted to be overflowing, and evident that they hadn't been emptied for a period of time. This was not the case on this occasion. All bins had clearly been emptied at regular intervals as part of routine cleaning schedules in place.

We spoke with housekeeping staff within the home and were pleased to hear and see evidence of a more structured and well documented approach to enhanced cleaning in Newton House. More housekeeping staff had been recruited since our last inspection which provided confidence in the staff's ability to focus on their own areas of responsibility at a time of staffing shortages across the sector.

The home was noted to be much cleaner and tidier during this visit. Throughout the visit, housekeeping staff were visibly working through their daily routines to clean all rooms and common areas as they moved through the units. The attention to detail in ensuring the home was clean was much more noticeable on this occasion.

Met - within timescales**Requirement 3**

By 16 October 2022, you, the provider, must ensure that people experience a service which is well led and managed, and which results in better outcomes for them.

To do this, you, the provider, must at a minimum ensure:

- There is a quality assurance system in place to support a culture of continuous improvement;
- Audits are completed with transparency and reflect relevant best practice guidance for the area being assessed;
- That they implement effective action planning within reasonable timescales to address identified areas for improvement;
- Develop a service improvement plan to support improvement;
- An adequate process is in place to notify the Care Inspectorate of specific events, as per 'Records that all registered care services (except childminding) must keep and follow guidance on notification reporting.' This must include timely notification when adult support and protection referrals are made to external stakeholders; and

- That they sufficiently investigate complaints in accordance with company policy.

This requirement was made on 14 September 2022.

Action taken on previous requirement

We observed and examined a well structured system of Quality Assurance within Newton house during this inspection.

We sampled a number of audits which had been completed since our last visit and noted their implementation within a whole system of development. These audits included, but were not limited to, Individual care plan audits, learning and development audits, IPC audits, managers daily walkaround, hand hygiene checks, pressure ulcer audits, and first impressions check. All had been completed as per their stated frequency and were inclusive of an action plan at their conclusion which outlined any remedial work required, and identified those responsible and the appropriate timescales.

A service improvement plan is in development in order to track progress against focus areas. We have examined the plan and have agreed with the service management that this will become an area for improvement in order to maintain focus on this important part of their continuous development.

Notifications have been made appropriately by the service since the last inspection, and we are satisfied that any complaints received internally have been handled according to the providers own complaints policy.

Met - within timescales

Requirement 4

By 16 October 2022, you, the provider, must ensure all staff are provided with appropriate training to allow them to develop skills to undertake their role safely, and any staff who require to be registered with a regulatory body have applied.

To do this, you, the provider, must at a minimum ensure:

- All staff who require to be registered with the Scottish Social Services Council (SSSC) must have made an application and accurate records must be in place;
- Accurate records of staff training are in place and up-to-date for all staff employed by the service;
- There is a plan in place to provide staff with supervision and appraisal;
- All staff are trained in Infection Prevention and Control Measures, taking account of the Care Home National Infection Prevention Control Manual (NIPCM);
- Staff have their practice observed and competency checked in relation to handwashing, and donning and doffing of PPE; and

- There is a plan in place to provide staff with training that is appropriate to the needs of people with a diagnosis of dementia, in line with 'Promoting Excellence 2021: A framework for all health and social services staff working with people with dementia, their families and carers.' (NES).

This is to comply with Regulations 4 (1) (a) (d) (Welfare of users); 9 (2) (b) (Fitness of employees) and 15 (b) (i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is 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 3.14)

This requirement was made on 14 September 2022.

Action taken on previous requirement

SSSC applications are in place or in progress for all related Homemaker and Lead Homemaker staff and appropriate systems to record, manage and oversee these are in development.

Accurate and up-to-date training records were made available demonstrating current work and forward planning to 2025. Slippages or delays were made clear as were annual or other mandatory up-dates. This data related to all staff currently employed. A two week dedicated pre-operational induction programme is in place for all staff, including face to face and online training, in addition to in-house observation and shadowing.

Individual staff training and development needs and outcomes will now be evidenced by a newly developed staff supervision and appraisal protocol and systems. An early outline was provided which will be developed further with priority, ensuring that monitoring and oversight is appropriately undertaken. This will be designed to ensure agreed regularity of supervision and appraisal with clarity in links to individual training and development needs and requirements. This will be an area for improvement moving forward.

Infection Prevention and Control training is in place for all staff and was evidenced through existing training records. In addition, each of the operational Units had a desktop computer with direct access to the most up-to-date electronic version of the Care Home National Infection Prevention and Control Manual (NIPCM).

Observations of staff practice in donning and doffing of PPE and hand hygiene were being documented, however, we noted that the systems for undertaking the oversight documentation of same required improvement to ensure clarity and certainty in the process.

An early outline was provided and will be further developed with priority in line with 'Promoting Excellence 2021: A framework for all health and social services staff working with people with dementia, their families and carers.' (NES). The in-house Dementia Champion will continue to have a key role in all related development.

Met - within timescales

Requirement 5

By 16 October 2022, you, the provider, must ensure that each person's personal plan and daily recording reflects their current individual care and support needs.

To do this, you, the provider, must at a minimum ensure:

- Documentation is sufficiently detailed and reflects the care and support planned or provided;
- Evaluations provide a clear narrative of how effective the personal plan has been to support people's personal outcomes;
- Daily recording is accurate, outcome focused, and written in a person-centred manner, taking account of all the needs of residents, not just health concerns. This should include how people have engaged in meaningful activities;
- A plan is in place to update anticipatory care plans with a focus on people approaching the end of their life;
- Personal plans include people's choices, wishes and views of who is important, for example, Power of Attorney;
- Conversations with professionals and significant others are included in daily recording with clear evidence that people are being kept informed of key events;
- Risk assessments are accurately linked to personal plans, and advice from external professionals is clearly documented so all staff can access and follow the advice; and
- Personal plans are audited regularly.

This is to comply with Regulation 4 (1) (a) (Welfare of Users) and 5 (2) (b) (ii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards 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.' (HSCS 1.15).

This requirement was made on 14 September 2022.

Action taken on previous requirement

We noted improvement in the detail found within the care plans sampled, reflective of the support needs of the residents within the home. Although we did note improvement here, it is important that all details are updated in real time to ensure the ongoing effectiveness of the plans. This aspect of the requirement will continue as an area for improvement.

Daily notes accounting for the movement of residents in the home were written in a person centred manner.

Anticipatory care plans were in place across the service to ensure people's support needs were recorded and met in the most sensitive of times.

Care plans examined were also inclusive of the choices and or wishes made by the residents with evidence of preferences in food, fluids and other personal decisions.

When residents require support or consultations with allied health professionals to compliment the support provided by internal staff, this was recorded within care plans as was the involvement of families or other representatives at this time.

Of the care plans viewed, there were some good examples of risk assessments accurately documented.

As noted earlier in this report, care plan audits are now routinely being completed within the service.

Met - within timescales

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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