

Newlands Care Angus Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Newlands Care Angus Limited

Service provider number:
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CS2017359103

About the service

Newlands Care Angus is registered as a care at home support service to provide a service to adults living in their own home, covering south-east Angus and the Glens.

Newlands Care Angus aim is to strive to provide the highest quality of care to people using their service whilst respecting their right to independence, choice, privacy and dignity.

About the inspection

This was an unannounced inspection carried out onsite on 22 and 23 September 2025, with remote activity continuing on 24 September 2025.

The inspection was conducted by three inspectors from the Care Inspectorate.

To prepare for the inspection, we reviewed relevant information including previous inspection findings, registration details, complaints, notifications, and intelligence gathered throughout the inspection year.

During the inspection, we:

- spoke with 11 people using the service and eight of their relatives or carers
- engaged with 16 staff members and the management team
- observed practice and daily life
- reviewed key documents and records
- considered feedback from two external professionals
- analysed 10 online surveys from people experiencing care

Key messages

- Staff delivered care with warmth and respect.
- Leaders had strengthened quality assurance processes.
- Communication and consistency in care required improvement.
- Staff experiences of leadership were mixed.
- Staff worked well together, supporting consistent care.
- Care plans were in place but not always up to date.
- Staff deployment pressures led to shortened visits and disrupted routines.
- Reviews were inconsistent, risking gaps in person-centred care.

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
How good is our leadership?	4 - Good
How good is our staff team?	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 well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several important strengths positively impacted people's health and wellbeing and clearly outweighed areas for improvement.

People experienced warmth, kindness and respectful care. Staff knew individuals well and used this understanding to support them in ways that promoted dignity and independence. One person told us, "The carers are very pleasant and nice," and another said, "I have no bad words to say about them." These positive relationships contributed to people feeling safe, valued and emotionally supported.

Staff recognised changes in people's health and acted promptly, sharing concerns with relevant professionals. This ensured timely interventions and helped maintain wellbeing. One professional told us, "The team at Newlands go above and beyond."

People's preferences were generally respected. For example, those who preferred female carers were usually supported by female staff, which enhanced comfort and dignity. However, some people experienced delays or inconsistencies due to scheduling and staff deployment, which impacted their routines and wellbeing (**See Requirement 1 in 'How good is our staff team'**).

The service had strengthened its adult support and protection (ASP) processes. A designated ASP lead ensured timely and consistent referrals, and staff were more confident in raising concerns.

Staff had received training in moving and handling, but we observed two instances where practice did not meet expected standards. These practices risked compromising safety and dignity. The manager responded promptly and arranged supervision to address this.

Infection prevention and control policies were in place, and staff had received training. However, we observed inconsistent hand hygiene practices, which could affect safety. This was discussed with the manager, who committed to follow-up actions.

Medication support was not always consistent. We observed prompting that did not align with local guidance, including tablets being pushed out for people who should have been verbally prompted only. One incident involved prompting too soon after a previous dose, which led to an ASP concern. A family member had previously raised this, but no action was taken at the time. The provider should ensure staff receive refresher training and apply medication prompting guidance consistently (**See Area for Improvement 1**).

People were supported to eat and drink well. For example, staff ensured one person's juice bottles were kept filled, helping them stay hydrated and feel cared for.

Areas for improvement

1. To support safe and person-led medication practices, the provider should ensure staff receive refresher training on medication prompting and refer to local guidance. Systems should be in place to record and follow up concerns raised by families or staff to improve oversight. This will help maintain safe and consistent practice, particularly where people are supported to manage their own medication.

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

"My care and support meets my needs and is right for me." (HSCS 1.19).

How good is our leadership?

4 – Good

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

Leaders were committed to managing the high demands of the service and demonstrated a proactive approach to maintaining safe and responsive care. Staff supervision, reflective observations, and spot checks were carried out regularly, with strengths and areas for development clearly recorded. These processes supported staff development and contributed to continuous improvement in practice.

Staff experiences of leadership were mixed. Some staff described leaders as approachable and supportive, with one sharing, "I was helped with my SVQ when I was struggling and I've been fully supported in other areas." Others felt less able to raise concerns or contribute to improvement, with one staff member stating, "Sometimes I feel things get brushed under the carpet." This inconsistency limited opportunities for learning and improvement and weakened the overall quality assurance culture (**See Area for Improvement 1**).

Team meetings were held regularly and provided a space for staff to share updates and raise issues. However, meeting notes did not consistently record who was responsible for actions or when they should be completed. This made it difficult to track progress and ensure improvements were embedded. The manager was aware and will take actions to push this forward.

Leaders had updated key policies and procedures, including adult support and protection, care planning, and data protection. These updates supported staff to follow current best practice and helped safeguard people's rights and wellbeing.

The service had strengthened its oversight of staff professional registration through regular audits, helping ensure staff met their regulatory responsibilities. Improvements were also made to accident and incident management, with clearer systems for recording, reviewing and learning from events. These changes supported safer care and reduced future risks.

A service improvement plan was in place and included some completed actions. However, it did not fully reflect issues identified through quality assurance processes or feedback from people using the service. For example, actions discussed in team meetings such as encouraging open communication were not incorporated into the plan, limiting its effectiveness in driving improvement (**See Area for Improvement 3**).

The complaints process was accessible, but documentation and escalation required improvement. One family member who raised a concern did not receive an outcome, meaning the process was not fully closed and learning may not have been shared (**See Area for Improvement 2**).

The introduction of the Nurse Buddy app improved communication between staff and leaders, enabling quicker responses to concerns. However, we observed that clinical advice from district nurses was not

shared, and poor moving and handling practice occurred during one visit. The manager responded promptly with supervision, demonstrating a reactive but effective approach to quality assurance.

Leaders were often focused on managing day-to-day operational issues, which limited capacity for strategic improvement. As a result, most actions were reactive, and opportunities to embed longer-term improvements were missed (**See Area for Improvement 3**).

Overall, while leadership demonstrated commitment and responsiveness, further development is needed to ensure quality assurance processes consistently lead to improved outcomes for people.

Areas for improvement

1.

The provider should ensure that all staff feel able to raise concerns, share ideas, and contribute to improvements. Leaders should create a culture where staff feel listened to and supported. This will help build trust, improve communication, and support continuous improvement across the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

2. The provider should ensure that all complaints are fully recorded, responded to, and closed appropriately. This includes providing clear outcomes to those who raise concerns and using complaints as an opportunity for learning and improvement.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

"I know how, and can be helped, to make a complaint or raise a concern about my care and support." (HSCS 4.20)

"If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me." (HSCS 4.21)

3. The provider should ensure that leaders have the capacity and systems in place to focus on long-term improvements, not just daily operational issues. This will help the service move from reacting to problems to making planned changes that lead to better and more consistent outcomes for people.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While there were positive aspects of teamwork and staff development, significant weaknesses in staffing and scheduling arrangements impacted the consistency and quality of care people received.

Staff demonstrated strong teamwork and mutual support during visits. One staff member told us, "We have a good team here," and this was reflected in the positive interactions we observed. This helped support people's overall wellbeing.

The service had introduced an 'Employee of the Month' award, which some staff said helped them feel appreciated. However, others felt undervalued and unsupported, indicating that recognition efforts were not consistently effective across the team. This limited the service's ability to foster a culture of inclusion and motivation.

Recruitment remained a challenge, and although the service was actively trying to hire new staff, gaps in the rota were often filled by existing team members. Staff showed flexibility and commitment, helping maintain continuity of care. However, this placed pressure on their wellbeing. One staff member shared that when they declined extra shifts, they were questioned, which made them feel uncomfortable. This approach risks undermining staff morale and sustainability.

A training matrix was in place and regularly updated, helping managers monitor staff development. New staff generally shadowed experienced colleagues, which supported team integration and helped ensure consistent care. The scheduling policy had been strengthened, with staff availability forms used to plan rotas. This supported staff wellbeing and clarified expectations around out-of-hours and sickness cover.

Despite these systems, visit scheduling in some areas were inconsistent and disorganised. Carers frequently arrived early or late, and care plans in people's homes did not include scheduled visit times. This lack of transparency caused confusion and anxiety for people receiving care **(See Requirement 1)**.

To manage demand, visits were sometimes shortened. This led to disrupted routines, such as delayed mealtimes and late bedtimes. During visits, we observed people showing signs of stress when carers arrived late without notice. Travel time was not consistently built into rotas, resulting in visits starting late or lasting only a few minutes. For example, one person received just six minutes of care during a scheduled 30-minute visit. These issues negatively impacted people's emotional wellbeing and reduced opportunities for meaningful interaction **(See Requirement 1)**.

Leaders acknowledged that scheduling was a major pressure. While there was a commitment to maintaining long-standing care packages, this placed strain on resources and affected both care quality and staff wellbeing.

Overall, while staff demonstrated commitment and teamwork, weaknesses in staffing and scheduling arrangements limited the service's ability to consistently deliver high-quality care and support.

Requirements

1. By 15 January 2026, the provider must ensure that staffing arrangements are sufficient to meet the assessed needs of people using the service and that care is delivered at appropriate times and for the full agreed duration.

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

- a) Review and improve visit scheduling to ensure care is delivered consistently and in line with people's assessed needs and preferences.
- b) Deploy staff effectively to minimise disruption to care and ensure continuity of support.
- c) Ensure people and their families are kept informed about expected visit times, particularly when delays or changes occur, to help manage expectations and reduce anxiety.
- d) Monitor the impact of staffing pressures on people's outcomes and staff wellbeing, and take appropriate action where risks are identified.
- e) Reduce reliance on cancelling or shortening visits as a method of managing workload, and ensure people's care needs are prioritised.

This is to comply with Regulation 4(1)(a) and 4(1)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"My needs are met by the right number of people." (HSCS 3.15)

"I experience consistency in who provides my care and support and in how it is provided." (HSCS 4.16)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While care planning supported safe and responsive care in many areas, inconsistencies in documentation and review processes limited its effectiveness and could impact outcomes for people.

Everyone had a care plan in their home, and staff also used the Nurse Buddy digital system to log visits and update care. However, we found that digital and paper care plans did not always match. This caused confusion for staff and could affect how care was delivered. The provider acknowledged this and is in the process of streamlining systems. We will follow this up at the next inspection.

Care plans included useful information about people's preferences, but some lacked person-centred detail. For example, visit times and frequency were not consistently recorded, which created uncertainty for staff and people receiving care. This limited transparency made it harder for people to understand what to expect from their support (**See Requirement 1 in How good is our staffing section?**)

Staff demonstrated a good understanding of people's needs and were able to describe how they delivered care in line with preferences. However, in some cases, updates to care plans and risk assessments were not recorded promptly. This meant that important changes were not always reflected in documentation, which could affect the consistency and safety of care.

We were not confident that care reviews were being carried out consistently across the service. In some areas, reviews were up to date and supported by a tracker that helped staff identify when reviews were

due. In other areas, reviews were overdue or lacked sufficient detail to support person-centred planning. This inconsistency could impact the quality and continuity of care people receive (**See Area for Improvement 1**).

Although staff often knew the people they supported well, the lack of consistent reviews and documentation meant there was a risk that care would not always reflect what people wanted or needed. This could lead to missed opportunities to improve outcomes and ensure care remained aligned with people's changing needs.

Overall, while care planning systems supported safe practice in some areas, improvements are needed to ensure documentation is consistent, person-centred, and regularly reviewed. This will help ensure people experience care that is tailored to their needs, preferences, and outcomes.

Areas for improvement

1. The provider should ensure care plans are accurate, up to date, and regularly reviewed to reflect people's current needs and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"My personal 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)

"I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	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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