

Newbyres Village Care Home Service

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Gorebridge
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Type of inspection:
Unannounced

Completed on:
15 January 2026

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 and dining areas and access to enclosed gardens. There is a separate area that houses the kitchen and laundry facilities.

Forty-six people were using the service at the time of our inspection.

About the inspection

This was an unannounced inspection of the service which took place on 6 and 7 January 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection information was reviewed 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 as well as feedback from relatives. We also spoke with management and staff, observed practice and daily life as well as reviewed a wide range of documents.

Key messages

- Staff were knowledgeable about peoples care needs and showed genuine caring and respectful attitudes when supporting people.
- People living in the care home and their families were happy with their care.
- Issues regarding the integration of NHS nursing staff need to be addressed regarding roles and responsibilities to improve on health outcomes for those supported.
- Recruitment of staff must be in line with the "Safer Recruitment Through Better Recruitment Guidance"
- Evidence needs to be demonstrated better regarding adequate documentation and interventions for skin care.
- Improvements have been made, and management recognises that further progress is required in relation to quality assurance and oversight. Measures are already being implemented to address these areas and sustain the improvements.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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 strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the home. Staff were knowledgeable about those in their care and how to meet their needs. People were encouraged to be independent, choice was promoted well and time was spent on meaningful interactions. This ensured peoples wellbeing and sense of worth was enhanced by staff who were knowledgeable and skilled.

People had timely access to external healthcare professionals, including GPs, opticians and occupational therapists, when required.

A team of registered nurses were available within the service and able to identify and assess any deterioration or changes in people's needs. Work is ongoing to further clarify and strengthen the role of the nursing team. Enhancing their oversight of all clinical aspects of care would support improved outcomes for people and reduce pressure on care practitioners.

People benefitted from a range of assessments that informed their support plans and risk assessments. Key processes, including the monitoring of weight, falls and associated risks, were in place and subject to regular review.

A new system is in place to improve the communication between the staff via the daily notes. It prompts the staff to be more descriptive regarding the health and wellbeing of those they support.

Clinical Practitioners were responsible for administering medication. All documentation was found to be in good order. A clear system was in place to record any changes to medication, including who authorised the change and when. The sample of PRN (as required) protocols reviewed was of good quality, providing clear guidance on the purpose of the medication, indications for use, administration instructions, potential side effects, and when to seek medical advice.

Controlled drugs were administered by Clinical Practitioners, and associated documentation was satisfactory. Regular checks were being completed.

Medication audits have been revised and daily audits were in place. This appeared to be effective, as medication errors and related notifications have significantly reduced since the previous inspection. Continued oversight from management and the nursing team will be important to sustain and further strengthen this improvement.

There is an area for improvement in place and unfortunately there has not been sufficient progress in strengthening the management and oversight of skincare to meet this area for improvement. Further work is required to ensure that daily skincare is consistently and accurately recorded, and that all relevant assessments are completed and maintained appropriately. Ongoing monitoring and follow up from the nursing team and management are essential to support sustained improvement.

People experienced a generally calm and well organised mealtime, and staff interactions were observed to be kind and respectful. Staff demonstrated good knowledge of individuals' dietary needs and preferences, and there were positive examples of person centred practice, such as adapting food presentation to promote independence and offering choices throughout the meal. Communication between care staff and the kitchen appeared effective, and residents were supported discreetly with eating and drinking. People were seen to be enjoying their food and commented on it being 'good'. However, there were occasions where only one staff member was present which reduced the ability to respond promptly to people's needs and contributed to delays in meeting other people's requests.

The home offers enjoyable activities, and Activity Coordinators help create a positive, engaging atmosphere. However, activity provision is inconsistent, with some days lacking structured sessions. Staff and some residents felt there were not enough stimulating opportunities, especially when coordinators are off. Care staff should be supported to provide meaningful engagement on days without activity staff, and the service should involve residents and families more in shaping the programme.

Activity records lacked detail about what took place, whether people chose the activity, how they responded, and if they enjoyed it. Improving recording would support better evaluation and more person led planning.

There was meaningful interaction carried out throughout the day from staff and when activities were ongoing, people really enjoyed them.

There were no restrictions on family visiting, family and friends were invited into the home which allowed further opportunities for people to connect with those who are important to them.

How good is our leadership?

3 – Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weakness.

The manager has now been in post for over a year, and ongoing improvements within the service are evident. However, similar to the previous inspection, there was limited visible presence of the management team within the care environment, despite the availability of a deputy manager and assistant managers. Visible leadership is essential to support staff in their day today practice and to model expected standards of care.

Systems to assess and monitor the quality of the service and environment are in place, and there is evidence that oversight is improving. Nonetheless, further work is required to ensure that positive outcomes for people living in the home are consistently achieved and that improvements are sustained. There was insufficient progress to fully meet the area for improvement identified at the last inspection.

The manager was able to demonstrate effective communication with external professionals, including evidence of timely referrals that contributed to improved outcomes for the people supported.

Staff stated there felt the home was improving under the new manager and this would continue. They felt supported and good relationships were evident between the manager and staff.

How good is our staff team?

4 - Good

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

The staff team were well established and worked effectively together. Communication within the team was respectful and supportive, contributing to a warm and welcoming atmosphere. People experienced care from consistent staff who knew them well and had developed meaningful, caring relationships. This continuity of care promoted trust and emotional security.

All staff had access to a broad range of training opportunities, delivered both online and face to face. Compliance to the online training needed to improve to ensure that staff learning remained relevant and up to date to the ongoing care and support needs of people using the service.

The nursing team are contracted under the NHS and have specific training for their roles as well as supervisions and mentoring from their NHS manager.

Staffing levels were assessed monthly through a recognised dependency tool which showed acceptable levels but had potential to leave the service vulnerable during periods of higher demand, such as outbreaks, end of life care, or incidents. During the inspection, based on the rota, the dependency assessments and observations, there appeared to be an appropriate number of staff on duty. Staff did not appear rushed, and call bells were not heard for prolonged periods. Staff were able to spend time engaging in meaningful interactions with people, which contributed positively to their overall experience of care.

Agency staff continue to support the rota, though the service benefits from a consistent group who work well with permanent staff. Teamwork and morale were positive, with staff supporting one another effectively.

Positive feedback was received from families and people who use the service both in person and via the Care Inspectorate questionnaires. People receiving support told us, "staff are very friendly and always willing to chat", "the staff are always helpful and friendly". During our observations over the inspection we saw very respectful interactions between those supported and staff members. It was evident strong relationships were in place.

Up to date systems were in place to confirm that staff were correctly registered with the appropriate regulatory bodies, including the SSSC (Scottish Social Services Council). This oversight helped ensure safe practice and supported a professional and accountable staff team.

An area for improvement was in place from the last inspection regarding recruitment. Again, safe recruitment was not demonstrated well and did not follow the Care Inspectorate guidance "Safer Recruitment Through Better Recruitment". Concerns were identified during this inspection regarding the management of key recruitment documentation. The organisation lacked the ability to demonstrate effective oversight of the recruitment process. As a result, this area for improvement has not been met and will be carried forward.

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

We evaluated this key question as good, as the strengths identified had a positive impact on outcomes for people and clearly outweighed any areas for improvement.

The home offered a relaxed and welcoming atmosphere that reflected the ages and preferences of the people living there. Individuals were able to choose between spending time in communal areas or enjoying privacy in quieter spaces or their own rooms.

Bedrooms were personalised with meaningful items and were decorated in a way that promoted comfort and a homely environment. Approved plans for refurbishment, including the replacement of carpets and selected furniture, are expected to further enhance the living experience for residents.

The overall environment was clean, well maintained, and free from clutter. Communal bathrooms were spacious, clean, and suitable for people who required mobility aids.

Staff demonstrated safe and effective infection prevention and control practices. Personal Protective Equipment (PPE) was used correctly, and staff were observed adhering to current guidance.

The home was consistently clean and fresh throughout, with no unpleasant odours noted.

Environmental and equipment maintenance was well organised, with required checks completed in line with relevant standards and expectations.

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

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

Care plans were generally of a satisfactory standard and contained an appropriate level of information to guide staff in meeting people's needs. Most plans were clear, person centred, and informed by relevant assessments. However, further development is required to ensure greater consistency and depth across all documentation.

Several plans would benefit from more detailed, outcome focused information and clearer guidance to support staff in delivering care that fully reflects individuals' preferences, routines, and changing needs.

Strengthening the quality and regularity of reviews will also help ensure that care plans remain current, accurate, and responsive.

Overall, while the foundations for effective care planning are in place, continued improvement is needed to ensure plans consistently meet best practice standards and fully support safe, effective, and personalised care.

Only a small number of anticipatory care plans were in place. The manager has scheduled discussions with individuals and their representatives to explore future wishes, and the anticipatory plans that were completed were of a good standard.

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

To further minimise the risk of any development of pressure ulcers the provider should ensure the system in place must be able to demonstrate that the skin care needs of the service users are regularly assessed and adequately met.

In particular there should be :

- a) Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up to date.
- b) Be able to demonstrate that adequate care planning and interventions are in place to care and support those service users at risk of developing pressure ulcers.
- c) Ensure that appropriate equipment to minimise the risk of service users developing pressure ulcers is always available and used appropriately.
- d) Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept.
- e) Ensure there is specific reference to the following in the care plans of those service users at risk of developing pressure ulcers:
 - a. Accurate recording of the details of care interventions.
 - b. Risk assessments which reflect all identified risks.
 - c. The regular update of records to reflect change.
 - d. Consistency in the use of risk assessment tools.

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

I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. (HSCS 4.14)

This area for improvement was made on 15 January 2025.

Action taken since then

There has not been sufficient progress in strengthening the management and oversight of skincare to meet this area for improvement. Further work is required to ensure that daily skincare is consistently and accurately recorded, and that all relevant assessments are completed and maintained appropriately.

Ongoing monitoring and follow-up from the nursing team and management are essential to support sustained improvement.

This area for improvement will be carried forward and reviewed at the next inspection.

Previous area for improvement 2

To support people's health and wellbeing, the manager must have a good overview of all documentation and an effective overview of the daily running and delivery of care to those residing in the care home. This includes having a visible presence within the service and to fully engage with staff, relatives and those supported to ensure the service is well led and managed effectively.

This is to ensure management and leadership is consistent with the Health and Social Care Standards (HSCS) which states:

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

I use a service and organisation that are well led and managed. (HSCS 4.23)

This area for improvement was made on 15 January 2025.

Action taken since then

While improvements have been noted since the previous inspection and the manager has implemented more robust processes and now demonstrates a stronger oversight of the day-to-day operation of the service, there are still areas that strongly need improved upon to strengthen and support effective monitoring.

This area for improvement has not been met and will be carried over to the next inspection.

Previous area for improvement 3

To ensure people experience care where staff recruitment practices is within the service to the standard detailed in the Scottish Social Services Council (SSSC) and Care Inspectorate guidance, 'Safer Recruitment Through Better Recruitment (2017) the provider must include the following in their recruitment process:

- a) recruitment records are in place for all staff and all staff have outstanding pre-employment checks submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007.
- b) that you obtain two references in place for each staff member recruited, one of which, where possible, from their previous employer.
- c) that where there are clear gaps in people's work history, a reason for this should be obtained.
- d) there are robust recordings, shortlisting, interviewing and assessing of staff to make certain they have the correct knowledge and skills to support people.
- e) that those responsible for undertaking safer recruitment are skilled and competent in their role.

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

I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

This area for improvement was made on 15 January 2025.

Action taken since then

Concerns were identified during this inspection regarding the management of key recruitment documentation. Several documents remained difficult to locate from a centralised recruitment system which was reluctant to share evidence with both the manager and the Care Inspectorate. A number of dates could not be reliably verified, and evidence of essential pre-employment checks was inconsistent.

Record-keeping practices continued to lack clarity and completeness, limiting the organisation's ability to demonstrate effective oversight of the recruitment process.

Overall, the actions taken since the previous inspection have not been sufficient to address the identified area for improvement.

As a result, this area for improvement has not been met and will be carried forward.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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