

Newlands Care Angus Support Service

NEWLANDS CARE ANGUS LTD
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Type of inspection:
Unannounced

Completed on:
6 March 2026

Service provided by:
Newlands Care Angus Limited

Service provider number:
SP2017012936

Service no:
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 follow up inspection which took place on 5 and 6 March 2026.

The inspection was carried out by one inspector 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 five people using the service and four of their family members
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional

Key messages

People were happy with the care and support they received.

Staff morale was good and most staff felt supported in their roles.

A requirement relating to staffing and visit scheduling had been met, with improvements leading to more consistent and reliable care for people.

A previous area for improvement relating to complaints handling had been met, with improved systems leading to more consistent responses.

Leaders had more capacity and stronger workforce planning, but longer term improvement systems were still developing and required further embedding.

We found clear improvement in the quality and consistency of personal planning.

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

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|---|----------|
| How good is our staff team? | 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 good is our staff team?

4 - Good

We evaluated this key question as good. We found several strengths that supported positive outcomes for people, and the requirement made at the last inspection had been met.

The service had made clear improvements to staffing arrangements, rota planning and oversight. Staff told us they felt more supported and less pressured, and people experienced care that was reliable and delivered at roughly the expected times. While communication about delays had improved, it was not yet consistent for everyone. However, there were systems in place which were being embedded and taken forward by the leadership team.

We followed up on a requirement relating to staffing and visit scheduling from the previous inspection. This had been met, and we found that improvements made had strengthened consistency, reduced delays and enabled staff to provide care in a more organised and person centred way. Further detail is included under "What the service has done to meet any requirements we made at or since the last inspection".

How well is our care and support planned?

4 - Good

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

Since the last inspection, we saw clear improvement in the quality and consistency of personal planning. All personal plans had been updated, and managers now used a care plan tracker to monitor monthly audits and review dates. This meant reviews were taking place more regularly, and documentation was more consistently aligned with people's current needs, wishes and preferences. Staff told us they had more capacity to maintain accurate care plans because key operational tasks, such as rota planning, had been delegated to other team members. This created more time to focus on quality assurance.

People's planned visit times were now included in their personal plans. This improved transparency and gave people a clearer understanding of what to expect from their support. We also found that paper and digital records were better aligned than at our last visit, and the provider had begun work to streamline systems further to reduce duplication and avoid inconsistencies.

Staff demonstrated a good understanding of people's needs and were able to describe how they delivered support in line with what mattered to each person. Improvements to care plan reviews and monitoring systems helped ensure care remained responsive, person centred and reflective of current preferences. These changes supported better continuity and contributed to more positive outcomes for people.

We found robust and person centred risk assessments in place. These were directly linked to people's individual needs and were clear, practical and easy for staff to use. Moving and handling assessments were well completed, and staff had clear guidance on how to support people safely.

We followed up on an area for improvement made at the last inspection relating to the accuracy and updating of personal plans. This had been met, and we found that care plans now reflected current needs and were reviewed within expected timescales. Further details are provided under "What the service has done to meet any areas for improvement we made at or since the last inspection."

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

Requirements

Requirement 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).

This requirement was made on 25 September 2025.

Action taken on previous requirement

The service had made clear improvements to staffing and rota management since the requirement was issued. A dedicated coordinator now prepared weekly rotas, which staff told us made the service more organised and reduced pressure. Comments included, "It's definitely better now, we're not so stressed, and we can actually do our job properly," and "I can do my actual job and support better outcomes for people."

Although a few staffing gaps remained due to recent staff departures, this did not impact outcomes for people. Recruitment was active, with a dedicated staff member overseeing this, and we heard about new staff starting during the inspection. Staff mainly worked within their own geographical areas, reducing travel

time and improving timekeeping. This was confirmed through rota sampling and tracking records, which showed improved timekeeping and fewer delays.

Leaders encouraged staff to spend the full agreed time with people, rather than rushing visits. Staff told us this approach supported more relaxed, person-centred interactions, saying, "They want us to spend time with people properly,". People experiencing care echoed this, describing staff as reliable and saying any delays were minimal and well explained.

Staff also told us they were no longer pressured to take extra shifts and appreciated that covering additional visits was voluntary. Enhanced rates were offered when extra shifts were available, enabling staff to make informed choices without feeling coerced. Staff also highlighted clear opportunities for career progression, with one person sharing, "I started as a carer and now I'm a coordinator, there's real progression here."

People reported that care visits happened roughly when expected, and any slight delays were usually due to unavoidable issues such as roadworks or weather. People told us this did not negatively affect their day, with one person saying, "They've only ever been five minutes late," and another sharing, "I just check the Nurse Buddy app, that's as good as getting a call."

Staff spoke highly of the leadership team, describing them as approachable and supportive, with comments such as, "I can call my manager any time, they always help," and, "They really listen to us and take things on board." This contributed to a stable and confident staff team and reliable care for people.

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

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).

This area for improvement was made on 25 September 2025.

Action taken since then

The service had made progress since this area for improvement was issued. Staff told us they had received refresher training on medication prompting, and said this increased their confidence in supporting people with their medication needs.

Managers had also strengthened oversight systems by recording and following up any concerns raised by families or staff. People we spoke with told us they had no concerns about how staff supported them with medication. These improvements helped ensure safe, person-led and consistent practice.

This area for improvement has been met.

Previous area for improvement 2

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)

This area for improvement was made on 25 September 2025.

Action taken since then

The provider had made some progress in strengthening how staff can contribute to improvement and raise concerns. A new anonymous feedback system had recently been introduced, giving staff an additional route to share views or highlight issues. Most staff we spoke to told us they felt well supported, described leaders as approachable, and said they felt confident bringing forward suggestions or concerns.

However, not all staff felt fully confident doing this, and some told us they were still building trust in the new system. Leadership meetings and wider communication processes were also still in the early stages of embedding. The provider recognised this and had plans to further strengthen opportunities for staff to contribute to improvement and feel fully listened to.

This area for improvement has not yet been fully met and will remain in place.

Previous area for improvement 3

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).

This area for improvement was made on 25 September 2025.

Action taken since then

The provider had improved how complaints were managed. Complaints were now fully recorded, responded to and closed appropriately, with outcomes clearly documented. People told us they felt confident raising concerns and described the staff team as approachable and responsive.

We also saw a new system in place to track complaints from start to finish, which strengthened oversight and ensured issues were followed up consistently. These improvements helped support learning and contributed to better outcomes for people.

This area for improvement has been met.

Previous area for improvement 4

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)

This area for improvement was made on 25 September 2025.

Action taken since then

Some progress had been made to increase leadership capacity. Leaders had delegated key operational tasks, such as rota management, to other staff members. Staff told us this had freed up managers' time and helped reduce day-to-day pressure. Managers had also increased workforce planning, including preparing for expected absences and arranging additional Human Resources support, which contributed to smoother operations.

However, systems to support longer term improvement were still developing. Leadership meetings and structured improvement discussions were in the early stages of becoming established, and leaders acknowledged that these processes still needed time to embed.

External support had also begun, including input from Business Gateway and planned engagement with the Scottish Social Service Council, but this work was ongoing. The service recognised the importance of moving from reactive problem-solving towards a more planned, strategic approach and had started taking steps to support this.

This area for improvement has not yet been fully met and will remain in place.

Previous area for improvement 5

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).

This area for improvement was made on 25 September 2025.

Action taken since then

The provider had made clear improvements to care planning since the last inspection. Reviews were taking place more regularly, and a monthly audit tracker had been introduced to help managers monitor progress and ensure updates were made promptly.

Leaders in the service told us they now had more capacity to focus on quality assurance, as some operational tasks, such as rota management, had been delegated to other staff members. This created more time to maintain accurate and up-to-date personal plans. The documents we sampled reflected people's current needs, wishes and preferences.

This area for improvement has been met.

Complaints

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

Detailed evaluations

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| How good is our staff team? | 4 - Good |
| 3.3 Staffing arrangements are right and staff work well together | 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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