

Netherton Court Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 March 2026

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010587

About the service

Netherton Court Nursing Home is situated in a residential area of Wishaw, in North Lanarkshire, and is provided by Thistle Healthcare Limited.

Netherton Court provides care and support for up to 62 older people with physical and cognitive impairment. It is accessible to public transport routes, local shops and community amenities.

The home is purpose-built over two levels with a passenger lift providing access to the first floor. The home is divided into three units. All rooms provide single ensuite facilities with access to communal bathrooms, dining rooms and lounges on each floor. The ground floor provides access into a well-maintained enclosed garden area, with seated areas for residents and visitors to use.

At the time of the inspection, there were 61 people living there.

About the inspection

This was an unannounced inspection that took place between 24 and 26 March during the hours of 9:30 and 20:30. 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 seven people using the service and nine of their relatives
- spoke with 13 staff and the management team
- observed practice and daily life
- reviewed documents
- obtained feedback from four external professionals

Key messages

- The care home was warm and welcoming
- Staff knew people well and treated them with kindness and respect
- Care planning is person centred, detailed and regularly reviewed
- Staffing levels and deployment needed to better reflect residents' needs
- Recruitment practices needed to be more robust
- Medication management needed to improve

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?	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, with several important strengths that clearly outweighed areas for improvement.

People were relaxed in staff company, and care was delivered with warmth, kindness, and compassion. Most families were complimentary about the quality of care their loved ones received. One relative told us, "Staff are very good. If we mention something, they'll sit with us and talk about what can be done." A person who used the service said, "I am happy. I have been having a laugh with staff."

People could expect to be cared for by staff who understood their needs. Each unit had a core staff team who were knowledgeable and demonstrated positive values. However, there were gaps in some staff members' understanding of nutritional needs, particularly in relation to why they were recording people's food and fluid intake. This meant that monitoring was carried out when it was not always required, and records were not always used effectively to support clinical decision making. Management committed to reviewing all nutritional assessments to ensure monitoring is applied appropriately and staff practice is consistent and aligned to people's needs.

How people spend their day is important in maintaining both physical and mental wellbeing. The home had dedicated activity workers who supported residents to participate at a level and pace that suited them. A well structured activity programme was in place, and activity staff provided meaningful engagement across all units. We observed planned activities taking place, and the home's own minibus was used effectively to support community involvement. These experiences helped promote social connection and emotional wellbeing. However, some opportunities for meaningful engagement were missed by care staff, and this could be improved through more effective deployment. It would also be beneficial for activity staff to share best practice and learning with care staff so that meaningful activities can be embedded into everyday practice.

The dining experience was calm and relaxed. Residents appeared to enjoy their meals. People were offered choices, alternatives were provided when preferred and people who required assistance were supported appropriately. Most units had condiments, drinks were readily available, and menus were visible.

Medication must be stored, administered, and recorded safely. During the inspection we identified concerns with medication management. This included unattended medication trolleys, medication not dated or signed when opened, out of date items present within stock, and inconsistent recording and escalation of fridge temperatures. Some people prescribed 'As Required' medication did not have protocols in place. These issues resulted in a new Area for Improvement and require the provider to strengthen quality assurance processes to ensure safe medication administration. (See Area for Improvement 1)

People have the right to appropriate healthcare. Referrals to and input from relevant healthcare professionals, including the Care Home Liaison Nurse, Dentist, GP and Dietician. These collaborative approaches contributed to maintaining residents' health and ensuring their needs were met in a responsive and person-centred manner.

Care plans were person centred, regularly reviewed, and reflected people's needs, life histories and preferences. People were well presented, appropriately dressed and personal care was carried out to a good standard.

Areas for improvement

1. The provider should ensure medication is stored, administered, and recorded safely. This includes making sure medication trolleys are not left unattended, all items are dated and signed when opened, out-of-date stock is removed, fridge temperatures are consistently recorded and escalated, and PRN protocols are in place for everyone who requires them.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

How good is our leadership?

4 - Good

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

People should expect a service that is well led and effectively managed. Management demonstrated a structured and proactive approach to quality assurance. A wide range of audits were routinely carried out, including care planning, falls, accidents and incidents, Infection Prevention Control, environment, and daily walkarounds. We saw evidence that these checks were used to maintain oversight of practice and identify areas requiring attention. However, medication audits required strengthening, as issues were identified around fridge temperature recording, dating of opened medicines, and the handling of returns. We have made a relevant Area for Improvement under Key Question 1, How well do we support people's wellbeing?

Staff supervisions and team meetings took place regularly which helped to ensure staff competence and identify development needs. Across the service, competency checks and observations of practice were taking place, which monitored the standard of care being delivered and to ensure staff were working in line with policies and procedures. Improvement could be made by ensuring that findings from practice observations are routinely built into supervision sessions, and by reducing reliance on tick box formats to allow for more meaningful narrative about staff development.

Management responded openly to concerns raised through complaints, feedback and inspection activity. Complaints were handled sensitively, with evidence of investigation, clear outcomes, and appropriate actions taken. The Service Improvement Plan was detailed, reflective and aligned to key priorities, although its effectiveness was currently limited by inconsistent feedback being gathered from relatives, residents and external partners. This was a previous Area for improvement and remains in place.

The Environmental Improvement Plan demonstrated governance, clear accountability and sustained investment in the fabric of the building, contributing to safety, comfort and quality of experience for residents.

Feedback from staff, relatives, and external professionals indicated that while frontline care is compassionate, there remain concerns around staffing skill mix, weekend cover, and communication, which impacted the overall effectiveness of leadership oversight. Management acknowledged these issues and demonstrated commitment to strengthening staffing, improving routines, and enhancing communication pathways. (See Key Question 3, How Good is our staff team. Area for Improvement 2)

How good is our staff team?

4 - Good

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

Management demonstrated positive practice in both recruitment and staffing arrangements, which contributed to good outcomes for people experiencing care. Recruitment files sampled showed that core safer recruitment checks were completed, including PVG verification, identity checks and interview scoring. Although the provider had recently strengthened its recruitment and onboarding policy to require more robust reference checks, these changes had only recently been implemented and were not yet fully embedded across the service. It will be important for the service to evidence consistent adherence to safer recruitment guidance going forward. (See Area for Improvement 1)

People should have confidence that staff are trained, competent and skilled. A blended approach to training was in place, combining e learning across a wide range of mandatory topics with face to face sessions. Staff we spoke with demonstrated an understanding of procedures to protect people from harm and were confident in applying this knowledge in practice. Staff also benefited from a thorough induction. Newly recruited staff told us they felt welcomed, supported and well oriented, describing colleagues as approachable and helpful, and reporting that training opportunities were available from the outset to build confidence.

Numbers and skill mix of staff should be determined through continuous assessment. The existing staffing tool did not account for non direct care tasks such as training and supervision. Management were transitioning to an improved tool intended to provide a clearer picture of the staffing hours required to meet people's needs safely. Staffing pressures were more evident at weekends, when reduced staff numbers and the absence of support roles, including activities and domestic staff, placed additional demands on the care team. Variations in skill mix meant some less experienced staff required additional guidance, particularly in dementia care and nutritional monitoring. These issues reinforced the importance of ensuring deployment consistently reflects residents' needs throughout the week, not only during core daytime periods.

This was reflected in feedback from families, with one relative telling us, "Nothing happens at weekends, staff are sitting uninterested." During the inspection we also observed periods where staff were not visible in communal areas, which led to missed opportunities for engagement and occasional delays in support. Staffing levels and deployment were discussed with management who agreed that the service should improve its decision making processes in relation to safe staffing. An existing Area for Improvement will be revised to reflect the need for more effective deployment and the use of a more robust dependency tool. (See Area for Improvement 2)

Areas for improvement

1.
To ensure people experience care from a safe and competent workforce, the provider should ensure that safer recruitment practices are consistently followed across the service.

This should include, but is not limited to; ensuring that recruitment and onboarding procedures fully reflect safer recruitment guidance and obtaining and verifying appropriate employment references, including two relevant employment references where possible.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

2. The provider should ensure that staffing arrangements are safe and responsive to people's assessed needs. Using a robust dependency tool, management should regularly assess and review individuals' care and support needs, demonstrating how assessment outcomes inform staffing levels and deployment, and implementing quality assurance processes to evaluate people's experiences and the effectiveness of staffing in delivering person-centred care.

This is to ensure care and support are consistent with the Health and Social Care Standards, which state: "My needs are met by the right number of people" (HSCS 3.15) and "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

How good is our setting?

4 - Good

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

People living at Netherton Court Nursing Home experienced a setting that was generally comfortable, homely and maintained to a good standard. The home was welcoming and secure, with an appropriate entry system requiring visitors to sign in and out, promoting a safe environment for people and their guests.

The home was undergoing ongoing refurbishment during the inspection, including decoration of communal areas, corridor improvements and upgrades to dining spaces, which demonstrated continued investment in the environment. Although this work caused some temporary disruption, management took steps to minimise its impact, and residents continued to have access to safe and appropriate communal areas. The overall cleanliness of the home was good, with most areas free from clutter and free from unpleasant odours. Occasional odours were noted in isolated rooms, however these were addressed promptly and did not detract from the wider environment. The home had clear signage, appropriate lighting, and accessible layout throughout both floors. Bedrooms were spacious and personalised, supporting residents' dignity, individuality and sense of homeliness.

Environmental safety was well managed. There was a range of equipment in place to meet people's needs and reduce risks such as falls, including chair and bed sensor alarms. Maintenance records confirmed equipment checks and servicing had been carried out regularly to ensure people were not exposed to harm and were kept safe. Weekly and monthly safety checks were consistently recorded, and repairs were actioned appropriately.

Personal Protective Equipment (PPE) stations were well stocked, PPE was used correctly most of the time, and the Infection Prevention Control Manager reported significant progress in cleanliness across the home. Some isolated issues were noted, such as occasional incorrect waste bags, but these were addressed promptly. There was previously an Area For Improvement around the correct cleaning and decontamination of reusable medical devices and this remains in place.

Residents benefitted from access to a large, secure outdoor garden with seating, raised planters and bird boxes, providing opportunities for fresh air and meaningful outdoor activity. This contributed positively to wellbeing and promoted a calm and pleasant atmosphere. The home's layout and décor were broadly dementia friendly, with personalised bedroom doors and distinctive visual cues to support orientation. This included colour coded door markers indicating assistance needs in the event of an evacuation, which reflected good practice in safety planning.

Although the lift was temporarily out of service for part of the inspection period, management had contingency arrangements in place, including the use of a stair lift, to ensure residents' mobility and access needs were met.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

Personal plans were detailed, person centred and reflected people's assessed needs, life histories, preferences and outcomes. They were updated regularly as needs changed, supporting safe, responsive and consistent care.

These plans were used by the staff team, including agency workers and visiting professionals, to guide and record care. There was evidence of joint working with external professionals, including referrals and assessments, and visiting professionals were complimentary about the quality of communication with staff.

People who used the service and their families were involved in the planning and review of care. Reviews were completed within expected timeframes and recorded clearly, demonstrating a shared understanding of goals, any changes in presentation, and agreed actions.

Staff demonstrated good knowledge of the people they supported, and daily documentation captured important changes in presentation, enabling early identification of emerging health needs. Risk assessments sampled during the inspection outlined appropriate control measures, and staff were able to discuss how they responded when people's needs changed.

Daily care notes captured people's wellbeing, social needs and outcomes. Staff documented meaningful interactions, preferences around routines, and observations relating to mood, mobility and nutritional intake.

Where people experienced weight loss or increased frailty, this was noted by staff and escalated appropriately, with external professionals involved when required.

Some staff lacked understanding of the rationale behind food and fluid monitoring. Nutritional assessments should be reviewed to ensure that monitoring practices and MUST scoring, which is a tool used by professionals to identify adults who may be at risk of malnutrition, aligned consistently with people's needs. This was reported in more detail under Key Question 1, How well do we support people's wellbeing?

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 ensure that people's care and support needs are met effectively, the service should ensure staffing arrangements are safe.

To do this, the service should, at a minimum:

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcomes of people's assessments are used to inform staffing numbers and arrangements
- c) implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support
- d) make the overall assessment of staffing level and deployment available to any visitors to the service and everyone using it.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

This area for improvement was made on 5 June 2025.

Action taken since then

While the provider has reviewed staffing arrangements and made certain improvements, staffing levels and skill mix continue to be insufficient at times, particularly at weekends and during periods of higher activity. Deployment remains inconsistent, concerns about skill mix persist, and these issues continue to affect people's outcomes. Feedback from staff, families and observations during the inspection, all indicate ongoing gaps. As a result, the service is not yet able to demonstrate safe, effective staffing arrangements that ensure prompt, person centred support as required by the Health and Social Care Standards: (3.17 and 3.15) "I am confident that people respond promptly, including when I ask for help" and "My needs are met by the right number of people."

The Area for Improvement issued in June 2025 will be merged with the Area for Improvement issued in February 2026 to form one combined Area for Improvement relating to staffing.

Previous area for improvement 2

People should be confident that the provider ensures sufficient staff numbers and skill mix to meet their care and support needs.

The provider should undertake a review of the staffing levels and how staff are deployed within the service, to ensure people experience positive outcomes and their needs and choices are being met.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This area for improvement was made on 9 February 2026.

Action taken since then

While the provider has reviewed staffing arrangements and made certain improvements, staffing levels and skill mix continue to be insufficient at times, particularly at weekends and during periods of higher activity. Deployment remains inconsistent, concerns about skill mix persist, and these issues continue to affect people's outcomes. Feedback from staff, families and observations during the inspection, all indicate ongoing gaps. As a result, the service is not yet able to demonstrate safe, effective staffing arrangements that ensure prompt, person centred support as required by the Health and Social Care Standards: (3.17 and 3.15) "I am confident that people respond promptly, including when I ask for help" and "My needs are met by the right number of people."

The Area for Improvement issued in June 2025 will be merged with the Area for Improvement issued in February 2026 to form one combined Area for Improvement relating to staffing.

Previous area for improvement 3

People experiencing care should be confident that the organisation has robust and transparent quality assurance processes, which allow people to give regular feedback on their experience of the care and support being provided.

The provider should review their system to incorporate seeking views from people and for any improvements to be actioned.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 9 February 2026.

Action taken since then

This was not looked at during inspection and Area For Improvement still remains in place.

Previous area for improvement 4

To promote good infection prevention and control, the provider should ensure that a standard operating procedure is put in place for the cleaning and decontamination of reusable medical devices, for example bedpans, commode pans and urinals. Ensuites must not be used for this purpose.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

This area for improvement was made on 5 June 2025.

Action taken since then

Although the provider has introduced a standard operating procedure and displayed guidance within sluice areas, inspection findings showed continued inconsistency in practice and a need for staff to follow these procedures reliably. Further work is required to ensure that reusable medical devices are cleaned and decontaminated safely, and that ensuites are not used for this purpose. This remains necessary to ensure care and support are consistent with the Health and Social Care Standards, which state: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.24).

This Area for Improvement has not been met.

Previous area for improvement 5

To support people's health and wellbeing, the provider should improve the dining experience. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (HSCS 1.34).

This area for improvement was made on 11 June 2024.

Action taken since then

The dining experience was calm and relaxed, and staff supported people appropriately. Improvements were evident across most units: condiments were available, a good range of drinks was provided, menus were in place, and alternative meals were offered when required. Menus could be more visual and condiments could be made more accessible, but we were assured that the manager will address this. The dining experience has improved sufficiently for this area for improvement to be considered met.

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

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?	4 - Good
3.1 Staff have been recruited well	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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