

# Newton House Care Home Service

1 North Greenlaw Way  
Newton Mearns  
Glasgow  
G77 6GZ

Telephone: 01416 165 060

**Type of inspection:**  
Unannounced

**Completed on:**  
23 May 2024

**Service provided by:**  
Hamberley Care 1 Limited

**Service provider number:**  
SP2018013251

**Service no:**  
CS2018372062

## About the service

Newton House is a care home registered to provide care and support for up to 113 adults aged 60 and over. The provider is Hamberley Care 1 Limited. There were 65 people living at the home at the time of inspection.

Newton House is a purpose-built care home comprised of five separate units, with a passenger lift providing access to all three floors. All rooms provide spacious ensuite facilities. Additional features include a wellbeing and beauty salon, café, cinema, multi-faith room, as well as spacious, landscaped gardens. Some rooms have direct access into the garden from patio doors. The home is situated within a residential area of Newton Mearns and is near local transport links and amenities. There is car parking at the front and side of the building.

## About the inspection

This was an unannounced inspection which took place between 20 and 23 May 2024. Three inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 14 people using the service and six of their friends and family members
- spoke with 11 members of staff and management
- spoke with 6 visiting professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- People's physical, mental, and emotional health needs were met well.
- People had access to stimulating activities at home and in the community.
- People were supported by a skilled and stable workforce.
- People were supported by the right number of staff at the right time to meet their needs.
- Management had robust quality assurance systems to ensure people were safe and well.
- There were significant improvements in the care home since our last inspection.
- The service should continue to develop people's care plans to further improve their experiences.

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very 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 because there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

Newton House had experienced significant improvements in leadership and staffing since our last inspection which had resulted in positive outcomes for people living at the care home.

People's health needs were met skilfully. A consistent and stable workforce had a thorough understanding of people's wishes and needs. This resulted in better practice and a focus on improving people's wellbeing. For example, people at risk of malnutrition had comprehensive assessments, screening tools, regular weight monitoring and modified diets. People who experienced stress and distress had clear support strategies which were followed consistently by staff, which improved their mental and emotional health. In other areas, such as falls and pressure ulcers, people could be reassured that the service closely monitored conditions and acted promptly to improve wellbeing.

People's physical and mental health was also supported through the effective management of medication. Previous issues around the ordering and storing of medication had been resolved. There was now an efficient and professional system of ordering, storing, administering, and recording medication to promote people's health needs.

It was positive to see a considerable reduction in the use of some medication to manage people's stress and distress. There was minimal use of psychoactive drugs in the care home, with people's emotional needs being addressed by a more holistic and personal approach with meaningful interactions between people and staff. Visiting health professionals complimented the staff's understanding of people and their health conditions which had resulted in more positive life experiences for residents.

We observed interactions between people and staff, and these were warm, kind, and respectful. A more stable and consistent workforce meant that people were cared for by people who understood them and had built genuine rapport. During observations, we noted that staff were appropriately tactile and kind, communicated well, and were responsive to people's wishes which brightened their day.

These positive experiences were further enhanced by a programme of meaningful activities. A motivated activities co-ordinator, supported by the service's mini-bus driver, worked well with staff to provide stimulation for people throughout the day. The service assessed people's interests which guided a varied selection of activities indoors, outdoors, and in the wider community. There were regular music, craft, and exercise classes at the care home, and frequent trips to local museums, places of interest, and trips to other locations across the Central Belt. Visiting entertainers and pet therapists provided further stimulation. People who could not, or did not want to, participate in group sessions had one-to-one visits, focusing on their personal interests, to promote their inclusion.

People using the service and their family members offered positive feedback about their experiences at the care home. A resident told us "I love living at Newton House. The staff are kind and I have friends here". A relative stated "I can't praise the home enough. My [loved one] is well taken care of and they're doing things they've not done in years. It's helped us all as a family". These compliments reflected feedback from many residents, family members, and visiting professionals. There was a positive, vibrant atmosphere in the care home, and the service was keen to sustain and further enhance the improvements that had been made.

Every person living at the care home had a personal plan which detailed their needs and interests. Plans were comprehensive and provided staff with clear information about people's life histories, preferences, and how to meet their health and social needs. This included specific assessments where people had additional needs, such as malnutrition and pressure ulcers, and guidance from health professionals. There were appropriate risk assessments and legal documents, such as Guardianship powers, to keep people safe.

People's needs were reviewed monthly through a resident of the day system. A keyworker evaluated the person's needs to ensure their plan was effective. There was a focus on people's clinical and health needs. We shared ideas to further improve the review of people's experiences by having a more holistic and outcome-focused approach. We asked the service to introduce six-monthly person-centred reviews which place the views of people and their relatives at the heart of meetings. Person-centred reviews will achieve a balance of monitoring people's health needs with their wishes, views, and desired outcomes. (See area for improvement 1). This should further improve people's inclusion and outcomes, and evidence their achievements.

### Areas for improvement

1. To further promote people's wellbeing, the provider should introduce six-monthly person-centred reviews.

This should include, but is not limited to, reviewing people's health and social needs, setting outcomes that people want to achieve, and recording the views of people and their representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

### How good is our leadership?

### 5 - Very Good

We evaluated this key question as very good because there were major strengths that promoted positive outcomes for people. There were very few areas for improvement.

There had been significant improvements in the leadership of the care home since our last inspection. A new registered manager had successfully driven forward positive change in both practice and culture across all areas of the service. This was complimented by an experienced clinical lead and new permanent unit managers who had clear responsibilities for their individual sections of the home. Greater involvement and monitoring from the provider organisation offered further support mechanisms to promote and sustain improvements for people.

We received positive feedback from people, relatives, and staff about the service's leadership team. Two relatives told us that "the manager met us at a difficult time for our family, they showed genuine interest in us, and everything that was promised has been delivered, and more". A staff member explained "[the managers] have high standards and let us know when things need to improve, but it's done in a way that's encouraging and supportive, it's been a breath of fresh air".

The service had improved its quality assurance and auditing of important areas of the care home. Previously, audits were completed but were superficial at times and without clear action plans to improve standards. We could now see observations and audits of areas such as care planning, medication, falls, nutrition,

activities, and housekeeping. Each audit was meaningful and highlighted examples of good practice and areas that could be better. Effective action plans were created to ensure that improvements were achieved. This meant that when people's needs changed, or risks were identified, people received effective care and support to improve their wellbeing.

There was a system of meetings with residents, relatives, and staff of all departments to gain their views on service improvement. The management team listened to this feedback and enacted appropriate change to improve people's experiences. For example, improvements had been made to menus, activities, and communication following suggestions from people, reflecting the increased inclusivity of the home.

The provider employed an independent agency to complete a mock inspection of the care home. This mirrored the care inspectorate's quality framework and included a review of the quality of care, leadership, staffing, setting, and care planning. The review captured the varied improvements in the service whilst offering insightful areas for improvements, which had been addressed. For example, there had been improved documentation around some specific health needs. The use of an independent agency to meaningfully assess the quality of the care home demonstrated its commitment to continuous improvement.

A comprehensive service improvement plan had been developed following this review which will further enhance standards. We asked the service to develop the improvement plan further by capturing not only the findings of the independent review, but also the views of people, relatives, staff, and external professionals. These areas were recorded in separate documents. By bringing varied sources of information together, the improvement plan will offer richer perspectives to further drive positive change.

One of the key improvements of the service was its commitment to multi-disciplinary working. The new management team were inclusive, welcoming to agencies, and motivated to work with partners to improve practice and culture. The service now worked closely with various health professionals. This included frequent in person and digital meetings, visits, and regular specialist training held at the care home. The result was significantly improved standards of care in the home, a more skilled and informed workforce, and better outcomes for people. A group of professionals told us "The manager is very pro-active and keen to work with us. The staff listen and act on advice, you can see the growth in their skills and confidence. The changes within the home have been impressive".

## How good is our staff team?

**5 - Very Good**

We evaluated this key question as very good because there were major strengths that promoted positive outcomes for people. There were very few areas for improvement.

Staffing arrangements at Newton House were positive with a consistent and stable workforce that understood people's needs. Our observations, confirmed by a review of rotas, revealed there was a high number of staff working in each area of the home which ensured responsive and effective care. These appropriate staffing arrangements meant that people's holistic needs, both health and social, were being thoroughly met.

Previous inspections noted the care home had a high turnover of staff with people being cared for by a mix of agency workers and new staff with limited experience. This had been successfully transformed. Each area of the care home had permanent nurses, leaders, and staff who understood their role and resident needs.

A regional trainer had worked closely with staff to provide a thorough induction and ongoing training. A

'back to basics' training programme offered staff meaningful, hands-on learning about the role of a social care worker. This focused on communication, social interactions, and person-centred practice. This was supplemented by training in care tasks such as effective moving and assisting, nutrition, and promoting mobility. There were frequent observations of practice which ensured staff were putting learning into practice. Where issues were identified, staff were re-trained and offered further support and guidance. This had significantly improved staff competence and people's experiences.

The service worked closely with visiting health professionals to enhance their knowledge of people's physical and mental health needs. Professionals regularly provided specialist training in one of the home's unused units. This provided specialist knowledge in a realistic environment which improved standards.

A focus on staff performance extended beyond the care team and we were pleased to see continued support to other departments. For example, the kitchen staff appeared more confident, developing menus in co-operation with people and their representatives, and were more engaging with residents during and after mealtimes. There was greater cohesion and a sense of shared goals amongst the workforce. This was evident in our observations of communication in the home. Each morning, representatives of all departments - including nursing, care staff, kitchen, housekeeping, and maintenance - met to discuss any issues within the home and set the day's priorities. There were also effective handovers between each shift, with each member of staff given clear direction and guidance, which further enhanced practice.

Newton House had adopted a home-maker model to its staff team. This sought to reduce the professional barriers between departments. For example, there was a recognition that the promotion of activities and resident stimulation was the role of all workers. We saw staff working closely together to ensure people had continued stimulation even outwith the set activity programme. This was an effective initiative which improved the overall experience of people living at the care home.

Staff wellbeing had been a priority of the service. Workers had regular supervision and team meetings to discuss their performance and wellbeing. There were additional supports such as an employee assistance programme, a 'thank you board' which recognised good practice, and staff pantry to share resources. These measures promoted staff morale that translated to a positive environment to live and work.

## How good is our setting?

## 5 - Very Good

We evaluated this key question as very good because there were major strengths that promoted positive outcomes for people. There were very few areas for improvement.

Newton House was a modern, bright, and attractive care home. There were ample communal spaces for people and their guests to socialise and relax. A café - which is open to residents, guests, and members of the community - was popular and promoted meaningful contact and socialisation. This space produced a lively, vibrant atmosphere. There were also spacious and comfortable lounges across all areas of the home, as well as more intimate sitting areas, which offered further choice for people and guests.

People's bedrooms, which included ensuite toilets, were attractive and personalised to reflect people's wishes. People living at the care home expressed choice over the décor, furniture, and arrangements in their personal bedrooms.

Both communal and private spaces in the care home were clean, tidy, and free of clutter and malodours. We reviewed a variety of seats, furniture, toilets, and people's mattresses, and these were clean and in good condition. This cleanliness was achieved by having a well-resourced housekeeping team who cleaned all

areas of the care home generally to a high standard. This was evidenced in cleaning records which showed frequent cleaning, with appropriate products, throughout the day. We did note that in two communal toilets there should be greater attention to detail. For example, there were stains in difficult to reach places such as under soap dispensers. The management team responded appropriately by ensuring staff cleaned these areas and added these specific tasks to the cleaning schedule. We were satisfied that this issue had been addressed and improvements maintained.

There were PPE stations across the care home which were well-stocked with appropriate gloves, aprons, and other items. This further promoted effective infection prevention and control.

The service had recently taken the decision to open the internal doors between different units of the care home. This was decided after consultation with people and their families or representatives. The promotion of free movement had improved people's mobility, sense of independence, and reduced stress and distress for some residents. A series of sensory items and points of interest had been introduced to promote stimulation for people who walked with purpose across the home. There were also well-maintained outdoor spaces, including a large garden area directly outside the café, which was well-used by residents and guests, promoting their mobility, comfort, and sensory needs. These improvements reflected the rights-based values of the care home.

The housekeeping team managed people's laundry effectively. There was appropriate collection and transportation of items across the home. The laundry room had separate entrance and exit points with a clear separation of clean and used items. Large, modern washing machines were used at appropriate temperatures. These practices reduced the risk of infection for people and staff.

A dedicated maintenance worker ensured that the health and safety needs of people, staff, and guests were promoted. There were regular checks and maintenance of all equipment, as well as health and safety reviews of issues such as water quality and temperatures, and the condition of electrical devices. The maintenance worker communicated effectively with residents, staff, and other departments to ensure that any issues identified within the home were promptly addressed. This kept people safe and well.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good because there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

Every person living at the care home had a personal plan, known as a care plan. Plans contained detail about people's life histories, likes and dislikes, and how they wanted to be supported. This was an example of good person-centred planning.

The management of people's health needs was a particular strength of the plans. All of people's health needs were clearly assessed, planned, and evaluated to ensure people received effective care and support. Where people had specific needs, there were in-depth monitoring tools and plans to promote their wellbeing. For example, people at risk of malnutrition had nutritional screening tools, regular weight monitoring, and detailed dietary plans to promote improved nutrition. People at risk of falls had multifactorial risk assessments, falls plans, and any falls within the care home were monitored and analysed to reduce the risk of recurrence. People who experienced stress and distressed also had specific, personalised plans that detailed ways to reduce incidents and promote effective and consistent responses.

The service monitored people's needs well and when additional support from health professionals was



required this was promptly arranged. For example, we saw referrals to dietitians when people lost weight, and joint working with mental health professionals when people experienced changes in their behaviour. This multi-disciplinary approach improved people's outcomes, as well as upskilling the staff team who gained experience and guidance in these important areas.

There were appropriate risk assessments in place to monitor potential harm that people could experience, with effective strategies in place to reduce incidents. Legal documents, such as Guardianship powers and DNACPRs, were clearly recorded where this was appropriate to promote people's wellbeing.

Every person living at the care home had a monthly review of their care and support, and their care plan, through a resident of the day system. Keyworkers reviewed all aspects of the person's care to ensure it was effective and meeting their needs. Some, although not all, of these monthly evaluations included conversations with people and families to gain their views. Whilst we encouraged the service to continue their resident of the day approach and monthly evaluations of people's care, we asked them to introduce a system of person-centred six-monthly reviews. In addition to monitoring people's health needs, person-centred reviews put people at the heart of the meeting, listen to the views of people and their families, and identify the outcomes they want to achieve. This will make the care home even more inclusive and give people a stronger voice in their service.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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