

Newlands Care Angus Support Service

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Type of inspection:
Unannounced

Completed on:
19 July 2024

Service provided by:
Newlands Care Angus Limited

Service provider number:
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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 inspection which took place between 15 and 17 July 2024. 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 seven people using the service
- spoke with seven of their family and representatives
- spoke with eight staff and management
- gathered feedback from five staff and management from an online survey
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- People experienced support that promoted their identity, independence, dignity, privacy and choice.
- The leaders of the service worked well together.
- Staff were regularly consulted and they benefitted from regular team meetings.
- Staff were passionate about the people they supported.
- The service failed to consistently adhere to safer recruitment guidance and this needs to improve.
- The service needed to improve how it recognised and reported any incidents of potential harm to people.
- There were gaps in some personal plans.
- The service was not yet undertaking self-evaluation.

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?	3 - Adequate
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 made an evaluation of good, for this key question. As several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had significant positive impact on people's experiences and outcomes.

People experienced care and support with compassion because there were warm, encouraging, positive relationships between staff and people. This helped people to achieve their individual outcomes. One person shared, "I can't praise the staff enough" and "they have been a great support".

People experienced support that promoted their identity, independence, dignity, privacy and choice. For example, staff knocked before entering people's homes and left people's homes clean and tidy. People told us they really appreciated the staff and this was evident during the inspection.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. This upheld people's human rights.

Staff were vigilant to changes in people's health and wellbeing and contacted relevant professionals quickly. As a result, people received the right support from the right people when they needed it. One external professional shared, "I rate Newlands Care, they are very responsive".

People were given choice at mealtimes and their preferences were upheld. People enjoyed their food in an unhurried, relaxed atmosphere. This supported people's nutritional intake and overall wellbeing.

Some equipment had not been cleaned properly and this placed people at risk of harm. This is not reflective of dignified care and may spread infection. **(See Area for improvement 1)**

We heard the service was flexible and tried hard to accommodate changes as these arose for people using the service. For example, people were supported to access appropriate healthcare appointments and their support was tailored around these times. This promoted people's health and wellbeing.

Areas for improvement

1. To promote people's safety and wellbeing the provider should ensure all equipment is cleaned after each use. This should include but is not limited to, moving and handling equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is safe and secure' (HSCS 5.17).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The leaders of the service worked well together and it was evident they were committed to improving outcomes for people they provided care for.

People experiencing care and staff told us the leadership team were approachable and dependable. People felt at ease to call the office and staff responded quickly to any issue or request. One person shared, "they take action straight away" and "I have complete confidence in them". This helped people to feel well supported.

There were some effective oversight systems in place to identify and prioritise improvements. It was not always clear when actions had been identified if these had been completed. A service improvement and development plan was in place. However, this was in its infancy and the leadership should continue to develop and embed these processes. This is key to driving improvement forward and improving outcomes for people. We were satisfied the leaders were committed to driving this forward.

Staff were regularly consulted and they benefitted from regular team meetings. However, there weren't always clear action plans following these meetings and this was a missed opportunity to drive improvement forward.

From records reviewed, we saw that where things had gone wrong, leaders investigated and documented incidents. However, the correct actions and referrals weren't always made. For example, on one occasion following a disciplinary outcome for a member of staff, a referral to the relevant regulatory body was not made, as required. This was a legal responsibility which was not carried out and increased the risk to people experiencing care.

The service needed to improve how it recognised and reported any incidents of potential harm to people. Leaders in the service failed to identify and report three Adult Support and Protection concerns to the lead agency responsible for the protection of people. These referrals were prompted by the inspector during the inspection. Although the leaders did take other actions to protect people, it was concerning that there was a clear gap in the leaders' knowledge and understanding of safeguarding processes. We have discussed the expectations of the provider and reissued them with guidance.

The service also failed to undertake their legal responsibility of notifying the Care Inspectorate of some of these concerns. This meant important information wasn't shared at the right time to promote people's safety and wellbeing. We made an area for improvement in respect of this at our last inspection but due to the continued risk for people, we have made a requirement. **(See Requirement 1)**

Requirements

1. By 26 August 2024, the provider must ensure that people's health, safety and wellbeing needs are being accurately assessed and met, to protect them from harm.

In order to achieve this the provider must:

- a) Ensure any Adult Support and Protection incidents are appropriately investigated and reported timeously to the Care Inspectorate and the Health and Social Care Partnership.
- b) Ensure that all staff are trained in Adult Support and Protection at a level that suits their role.
- c) Ensure that all referrals to any regulatory bodies are made timeously. Leaders should be able to demonstrate they have a robust knowledge of the processes and thresholds.

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

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff morale was positive and staff worked well together. Staff were working hard and demonstrated values that were in keeping with the Health and Social Care Standards. People were supported at their own pace and told us they didn't feel rushed. People using the service benefitted from a warm atmosphere because there were good working relationships between staff.

Staff were passionate about the people they supported and this was evident in our observations during the inspection. Staff told us they felt valued by the leadership team and appreciated the introduction of 'staff member of the quarter'. Staff felt recognised for the work they do.

Some people told us the staffing group was inconsistent. One person shared, "there's a lot of new faces, it's hard to get to know people" and "my loved one doesn't cope with all these new faces". This was raised with the leadership team who acknowledged there has been a period of reorganisation and change within the service. Consistent and stable teams have since been allocated. The rotas we reviewed during the inspection confirmed this. We will follow this up at our next inspection.

Staff knew people well and were knowledgeable about their needs. We observed staff were proactive in recognising any changes in people's health needs and made appropriate referrals. This promoted people's health and wellbeing.

Staff worked hard to build connections with other peripatetic professionals. This meant people benefitted from different organisations working together to support individuals using the service.

Staff reported that they were feeling supported and listened to which contributed to people feeling valued. Staff benefitted from supervision and 'spot checks'. This ensured staff were given time to seek support and identify any training needs.

Newly recruited staff received a structured induction process. New staff shadowed more experienced staff. Staff told us they had the right level of knowledge to be able to practice safely.

Staff training records demonstrated staff had access to a variety of training to support them carrying out their role. The leadership team had a good overview of what training was outstanding and we observed staff members were given prompts to complete these.

Probationary support was good. We observed staff who required additional support and how this improved outcomes for people.

The provider failed to consistently adhere to safer recruitment guidance. Although there was an improvement with some elements of it, for example, gaining references. We were concerned that one staff member had started shadowing shifts prior to their 'Protection of Vulnerable Groups' (PVG) scheme being in place. This places people at risk of harm and is not compliant with best practice. This needs to improve and we made a requirement. **(See Requirement 1)**

Staff were registered with appropriate professional bodies and there was a system in place which regularly reviewed people's registrations. This helped keep people safe.

Requirements

1. By 26 August 2024, the provider must ensure that people are kept safe by ensuring people are supported by staff who have been recruited in line with 'Safer Recruitment Through Better Recruitment' 2016 guidance.

In order to achieve this, the provider must at a minimum:

- a) Demonstrate that all staff are being recruited in line with best practice guidance in order to meet legal and regulatory requirements.
- b) Review recruitment procedures, ensuring it complies with 'Safer Recruitment through Better Recruitment' (2017).
- c) Implement a system to quality assure recruitment, to ensure managers have a robust overview.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011, (SSI/2011/210) Regulation 9.

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).

How well is our care and support planned?

4 - Good

We made an evaluation of good, for this key question. As several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had significant positive impact on people's experiences and outcomes.

Most people had a personal plan and a variety of risk assessments to direct care and keep people safe. We observed that risk assessments were clear and easy to find. This helped staff reduce harm to people. The service held information regarding people's health needs as they related to people's care. We observed that risk assessments were very generic and would benefit from being more personalised to each person. For example, people were referred to as 'an individual' instead of using their name. This would support a risk assessment that was more personalised. However, this did not impact on staff being able to identify and manage risks for each person.

There were gaps in some personal plans. Some care plans were out of date and important information was missing. For example, one person's moving and handling information had not been updated. This meant there was a risk staff may deliver care and support that didn't meet people's needs and wishes. Some staff members shared our concerns and stated, "some of the care plans don't reflect the care required" and "it can be confusing, especially for new staff". We did not observe this to negatively impact on outcomes for people and staff were able to confidently discuss and deliver care that met people's needs.

To ensure all care plans are accurate and up to date we recommend the manager introduces a care plan quality audit as part of their quality assurance processes. This will ensure any updates to care plans are identified and undertaken timeously and staff will have access to the most up to date information on people to meet their needs. **(See Area for improvement 1)**

People experiencing care told us they felt involved with their care planning. One person shared, "I feel listened too" and "when I call the office, they action my requests". This meant people were experiencing care and support in line with their wishes and preferences.

We were satisfied people were receiving formal reviews of their care and support plans in line with current legislation. People and their loved ones were involved in this process. This meant people's views were considered and they received care that was tailored to their needs and wishes. However, we observed that some review paperwork had not been fully completed. Although we didn't observe this to negatively impact on people's outcomes. Staff should take the time to ensure reviews are fully detailed to ensure a robust assessment is completed.

Legal powers were documented in people's care plans and a copy of legal documents evident. This meant that staff were aware who was responsible for residents who lacked capacity, to ensure they were protected and their rights upheld appropriately.

Areas for improvement

1.
To support people's wellbeing and safety, the provider should ensure people's care plans are reflective of the care and support they require to meet their needs.

This should include but is not limited to:

- a) Implement a quality assurance system, to ensure care plans are regularly audited and information is complete and up to date.
- b) Ensure risk assessments are personalised to reflect each person's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience a service that is right for me' (HSCS 5.5).

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 the service continues to develop and meet the changing needs of people, the provider should ensure that the service improvement plan establishes short, medium and long-term goals, which are identified through data from quality assurance processes and feedback from stakeholders.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement' (HSCS 4.19).

This area for improvement was made on 23 October 2023.

Action taken since then

The provider had developed a service improvement plan but it remains in its infancy. However, we were satisfied the provider was committed to driving this forward and observed some improved outcomes for people actioned via the improvement plan.

We observed that short, medium and long-term goals had been set. This could be strengthened by linking this to outcomes for people and discussed regularly at team meetings and shared with people using the service. This will help drive improvement forward and continue to improve outcomes for people.

We observed that there has been efforts to seek people's views and this should be developed into practice. We heard that the service was responsive to any areas of improvement and this helps support better outcomes for people.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure that people are supported and protected by a staff team who are equipped with the correct skills and core values, the provider should ensure they always follow safer recruitment practices in relation to gaining references.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.23).

This area for improvement was made on 23 October 2023.

Action taken since then

From records checked, we observed newly recruited staff had appropriate references in place and were in line with safer recruitment guidance. This helps keep people safe.

This area for improvement has been met.

Previous area for improvement 3

In order to promote the safety and wellbeing of people, the provider should ensure that risk assessment and management plans are documented in such a way that staff can easily identify and reduce harm and that plans are reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way' (HSCS 4.14).

This area for improvement was made on 23 October 2023.

Action taken since then

We observed risk assessments were clear and easy to find. This helped staff reduce harm to people. However, risk assessments were generic and would benefit from being more personalised. For example, people were referred to as 'an individual' instead of using their name. This would support a risk assessment that was more person focused. However, this did not impact on staff being able to identify and manage risks for each person.

Staff demonstrated a good understanding of people's needs and how to manage risk appropriately. This helped keep people safe.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure that where there are significant accidents, incidents, adult protection issues and serious staff conduct issues, that the Care Inspectorate is informed via the notification system.

This is in order to comply 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 25 September 2019.

Action taken since then

When we looked at accidents and incidents we saw there were three incidents that had not been reported in line with statutory guidance. This placed people at risk of harm.

The service also failed to undertake their legal responsibility of notifying the Care Inspectorate of some of these concerns. This meant important information wasn't shared at the right time to promote people's safety and wellbeing. We made an area for improvement in respect of this at our last inspection but due to the continued risk for people we have made a requirement.

This area for improvement is no longer in place and has been incorporated into a new Requirement under 'How good is our leadership?'.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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