Newark Care Home
Care Home Service

Southfield Avenue
Port Glasgow
PA14 6PS

Telephone: 01475 705 800

Type of inspection:
Unannounced

Completed on:
20 February 2025

Service provided by:
SCCL Operations Limited

Service provider number:
SP2014012299

Service no:
CS2014326119

About the service

Newark Care Home is registered to provide care to 61 older people. The service provider is SCCL Operations Limited.

The home is located in Port Glasgow and is within close proximity to local shops and public transport. The accommodation is a purpose built, modern style two-storey building. All of the bedrooms are single occupancy and have ensuite facilities which include a toilet and shower. The home is split into four units named Gleddoch, Finlaystone, Birkmyre and Lithgow. Each unit has its own living room, dining room, bathing facilities and quiet lounge area. There is access to an enclosed garden area directly from the ground floor and the upper floor is accessed by a lift. Parking is available on site.

There were 48 people living in the service at the time of inspection.

About the inspection

This was an unannounced follow up inspection which took place on 18 and 19 February 2025 between the hours of 09:30 and 20:30. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, complaints, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we reviewed documents and observed practice and daily life. We also spoke with:

- four people using the service and two of their family members
- eleven staff and management.

Key messages

- We followed up on six requirements that were made at previous inspections. These have been met.
- We followed up on seven outstanding areas for improvement, four were met and three were unmet. We have made a new area for improvement.
- Robust quality assurance systems had supported improvements in the service.
- Strong leadership and management helped to ensure people experienced positive outcomes.
- Better collaboration and team work promoted effective communication around people's changing needs.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 3 - Adequate

The service had made significant improvements in this area to meet the requirements made at previous inspections. Therefore, we have re-evaluated this area from weak to adequate.

We made an area for improvement at the last inspection to ensure people were engaged and stimulated in a program of planned activities. Whilst there has been some progress in this area, further improvement is required. Further information can be found in the section of the report "What the service has done since the last inspection". **See area for improvement 1.**

Areas for improvement

1. The service should ensure that activities are a planned part of everyone's daily care. All staff should see this as an important part of their role, getting to know people's likes and interests and improving the range of opportunities for engagement to meet individual need, both inside and outside of the service.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors".

How good is our leadership? 3 - Adequate

The service had made significant improvements in this area to meet the requirements made at previous inspections. Therefore, we have re-evaluated this area from weak to adequate.

We made an area for improvement at the last inspection to support improved meal time experiences for people living in the service; this was not met. Further information can be found in "What the service has done since the last inspection" section of the report. **See area for improvement 1.**

Areas for improvement

1. The management team should improve the overall dining experience by ensuring quality assurance audits are used to lead improvement. People should be offered hot drinks after meals if this is their preference and staff should ensure a positive dining experience is offered to those who choose to eat their meals in their own room.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me".

How good is our staff team? 3 - Adequate

We made a new area for improvement at this inspection to ensure that staffing levels remained safe and were continually reviewed as occupancy levels increase in the service. This is to ensure that people are supported by the right number of skilled and knowledgeable staff to meet their needs safely. Further information can be found in the report under the section "What the service has done since the last inspection". **See area for improvement 1.**

Areas for improvement

1. To ensure that people's assessed needs are safely met, the provider should ensure staffing levels are kept under regular review. This is to ensure that people are supported by the right number of skilled, trained and knowledgeable staff to provide their support. This should include, but is not limited to; when occupancy levels increase in the service or when people's needs change.

This is to ensure care and support is consistent with Health and Social Care Standards which state "My needs are met by the right number of people (HSCS 3.19) and "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation (HSCS 4.15).

How good is our setting? 3 - Adequate

We followed up on an area for improvement that was made at the last inspection in this area; this was not met. Further information can be found in the section of the report "What the service has done since the last inspection". **See area for improvement 1.**

Areas for improvement

1. To ensure that people are kept safe, the provider should have effective monitoring and cleaning systems in place to prevent cross contamination. This includes, but is not limited to, ensuring that kitchen equipment used to serve food is cleaned to a high standard.

This is to ensure care and support is consistent with Health and Social Care Standard "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

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

Requirements

Requirement 1

By 04 October 2024, the provider must ensure that people experiencing care are supported by enough staff who are motivated and working well as a team. To do this, the provider must:

a) ensure there are enough permanent staff on duty to meet the assessed needs of people and that agency numbers are reduced
b) ensure that all efforts are made to actively recruit staff to fill the current vacancies
c) ensure that all staff are aware of their responsibilities to work together as a team for the collective benefit of everyone in the home
d) ensure that staff are aware of the standards of practice expected by the provider and any poor practice is challenged and addressed
e) ensure that any negative culture within the home is addressed and staff are supported to want to be part of an improvement agenda
f) ensure that staff have training refreshed in the areas that have been identified such as IPC and PPE.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: "My care and support is consistent and stable because people work together well".

This is in order 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 requirement was made on 12 August 2024.

Action taken on previous requirement

We sampled the staffing rota and found that outwith unexpected or last minute staff sickness, staffing levels were generally aligned with the assessed dependencies of people living in the service. This ensured there were enough staff available to meet people's needs. Additional support from bank care staff during periods of sickness, holidays and training helped maintain continuity of care for people.

Leaders were actively addressing poor practices through staff performance management processes, which is important to maintain high standards of care and address any cultural issues within teams.

A significant number of staff (40 out of 55) had completed workbooks to better promote accountability and personal responsibility. Reflective practice formed part of this learning process, which enabled staff to recognise their own development. This was a positive step towards ensuring every member of staff understands their roles and responsibilities to benefit people's experiences and outcomes.

At the time of the inspection there was a significant reliance on agency nursing staff, which can affect continuity of care and team cohesion. Efforts to recruit and retain permanent staff should be a priority.

Training and competency records for staff indicated they had essential knowledge around safe and effective Infection Prevention and Control practice. This reduced the likelihood of any spread of infection to keep people safe.

The service was not fully occupied when we carried out the inspection and therefore we concluded that staffing levels were appropriate to the number of people currently living in the service. However, where occupancy levels may begin to increase, this carries a degree of risk to people. Close monitoring and proactive measures are necessary to mitigate these risks and ensure staffing levels continue to meet people's needs. We have made an area for improvement under "How well do we support people's wellbeing". See main body of the report.

Met - outwith timescales

Requirement 2

By 04 October 2024, the provider must ensure that people experiencing care live in a service which is well led and managed, and which results in improved outcomes for people through a culture of continuous improvement and transparent quality assurance processes. To do this, the provider must:

a) ensure that there is a manager in full time day to day charge of the care service to provide leadership and direction for staff
b) ensure that there are quality assurance systems in place that can evidence continuous evaluation and monitoring of service provision to help inform improvement and development of the service
c) ensure the improvement and development of the service, informed by quality assurance systems, is improving outcomes for people experiencing care
d) ensure that there is clear communication between members of staff and departments regarding the needs of people experiencing care and the meeting of those needs
e) ensure the management team are aware of their responsibility to submit Notifications to the Care Inspectorate in good time.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: "I use a service and organisation that are well led and managed".

This is in order 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 requirement was made on 12 August 2024.

Action taken on previous requirement
There has been significant improvement from the last inspection to demonstrate good oversight of clinical governance and the operational aspects of the service.

A regular program of comprehensive audits had been carried out in areas such as care planning, medication management, the environment and infection prevention and control. Actions identified from these audits were integrated into a wider service improvement plan, ensuring oversight of improvements were maintained and prevented actions from being overlooked. Specific managers and staff were assigned to audits and actions, promoting accountability and clarity of roles and responsibilities to ensure compliance. We could see that review dates for actions were set and updates made to ensure continuous monitoring and progress tracking.

Where specific themes were emerging, for example through care plan audits, managers had the ability to set themed action points, such as improvements to how people were supported with their continence care or with their mobility. This allowed for focused improvements in specific areas of people's support.

Notifications to regulatory bodies have been routinely made. The quality of information provided around significant events that had occurred, such as people experiencing falls, demonstrated where responsive action has been taken to reduce risks to people. This included re-assessment of people's support and referrals to other health professionals to improve people's experiences and outcomes.

Met - outwith timescales

Requirement 3

By 16 February 2025, the provider must ensure people are supported safely and well with their assessed needs. Methods and systems used to communicate and monitor people's health and wellbeing must be clear. To do this the provider must:

a) ensure monitoring records and alerts are in place for people who require support in relation to bowel management, pain, skin care, food and fluids and oral hygiene
b) give staff clear instruction on how to complete monitoring records
c) ensure monitoring records are regularly reviewed to make sure they are completed effectively
d) facilitate and document daily meetings, ensuring these are carried out consistently. Actions required must be clearly communicated and taken without delay.

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

This is to ensure that my care and support is in line with Health and Social Care Standards (HSCS) "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

This requirement was made on 20 November 2024.

Action taken on previous requirement
Themed supervisions have taken place to ensure staff know how to complete daily records on the electronic care management system. This supported staff's competency in using electronic recording systems to support improvements around health monitoring and tracking people's support.

Daily 'Flash meetings' have improved communication between staff at all levels and were used effectively to provide essential updates on the operations of the service as well as people's needs. We observed discussions taking place which were detailed and directive to ensure people's changing needs were known to provide responsive care. Examples included where follow up was needed in terms of wound care, input from health professionals and where people required additional monitoring and support.

Daily meetings were now taking place with care staff, which has further promoted communication between staff and ensured health monitoring records were reviewed at a mid-point in the day to ensure these were completed effectively. This provided assurances that any omissions would be identified and action taken to resolve these promptly.

We sampled monitoring records for people who required support with their health and nutrition, oral care, pain management, fluid intake and bowel management. We noted significant improvements in the completion and accuracy of these records, which indicated that people were being well-supported.

Met - within timescales

Requirement 4

By 16 February 2025, the provider must ensure that people are protected by safe and effective medication management systems and procedures. Practice must be in accordance with the organisational medication policy and adhere to practice guidance including, The Royal Pharmaceutical Society's 'Professional guidance on the safe and secure handling of medicines' 2018. To do this the service must ensure;

a) PRN protocols are in place for as required medication which includes bowel management, pain relief and stress and distress
b) PRN protocols must give clear instruction on when medication should be used and when further action should be taken
c) clear links must be made between care plans and PRN protocols, to ensure staff have knowledge of the signs to be aware of as well as strategies and techniques to provide responsive care
d) medication audits and spot checks are carried out timeously to ensure any errors highlighted are addressed without delay
e) where additional medication requires to be stored for people, stock control arrangements and checks must be in place to ensure people have access to their medication at the right time.

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

This is to ensure that my care and support is in line with Health and Social Care Standards (HSCS) "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 20 November 2024.

Action taken on previous requirement
We sampled PRN protocols for medication to be given 'as and when required' for bowel management, stress & distress and pain management.

Overall, these were completed effectively and indicated people's needs had been met. There were clear links made within relevant sections of people's care plans which were person centred. These guided staff on interventions and strategies to be taken to ensure people were supported well with their physical and emotional wellbeing.

Themed supervisions had taken place with staff responsible for providing medication support. These were comprehensive, covering critical areas of medication management such as; stock checks, processes around medication ordering and delivery, and waste management. This supported staff's learning and development to ensure people's medication support was provided safely and effectively.

We saw that a good level of discussion had taken place amongst staff in meeting minutes around the use of the new electronic medication administration recording system. This system was also supporting improvements to medication stock checks to help with re-ordering and minimise medication waste.

Medication competencies carried out showed that staff practice had adhered to the standards and practice expected.

Medication audits were carried out monthly and used effectively to monitor any improvements required. We could see that actions had been progressed and completed in the audits sampled to demonstrate where improvements had been made. This demonstrated that where improvements were noted, action was taken to resolve issues promptly to minimise any risks to people.

Met - within timescales

Requirement 5

By 16 February 2025, the provider must ensure people are protected by a service which is well led. Duties, roles and responsibilities of leaders and clinical staff and their contribution to the operations of the service must be made clear. This includes, but is not limited to;

a) ensuring job roles and functions are clearly established
b) ensuring the right people, with the right skills, knowledge, experience and qualifications are in the right roles
c) ensure daily staff provision includes the availability of leaders to promote the smooth running of the service.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is consistent and stable because people work together well" (HSCS 3.19) and "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).

This requirement was made on 20 November 2024.

Action taken on previous requirement
The secondment of a nurse from a sister home to act as interim deputy manager ensured there was continuity in leadership while recruitment processes were ongoing for vacant leadership roles. This had provided support to the registered manager.

There was a clear leadership structure in the service which comprised of the registered manager, depute manager and clinical lead. Clearly defined job descriptions were in place for all leadership roles, which helped set clear expectations and responsibilities. This had contributed to the smooth running of the service and enabled effective oversight, leadership and management.

Additional support had been provided by the regional manager and business support to drive improvement in the service and ensure active management and leadership was available to support staff.

A 24/7 on-call rota had been implemented which ensures that there is always a senior member of staff available to handle emergencies or urgent issues.

We heard positive feedback from staff and families which indicated that leaders were active and supportive. This provided confidence in the leadership of the service to continue to identify and make improvements to benefit people supported by the service.

Met - within timescales

Requirement 6

By 16 February 2025, the provider must ensure that they uphold people's rights where there are known limitations of capacity. Staff musty have knowledge of decisions that can be made for or on behalf of people using the service. To do this the provider must:

a) carry out an audit of people's known legal status and capacity to determine what legal documentation should be in place in accordance with Adults with Incapacity Scotland (Act) 2000
b) ensure clear records and copies are held of legal documentation including section 47 certificates and accompanying treatment plans, DNACPRs, guardianship orders and power of attorney
c) carry out regular checks to ensure legal documentation is in date and take the appropriate action when these are due to expire
d) ensure contact details are held for relatives or representatives of people supported who can make legally make decisions on their behalf.

This is to comply with SSI 2011/210 Regulation 4(1)(a) (Welfare of users) 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 that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

This requirement was made on 20 November 2024.

Action taken on previous requirement
There is now a detailed system for logging and managing people's legal status and documentation, which is crucial to ensure decision making for people is within legal parameters.

Storage of legal documentation is held on the electronic care management system, with key information displayed in each person's care plan to ensure staff can easily access this information.

This also includes essential information about people's family members and/or representatives. This ensured that staff had up to date guidance and were aware of individuals who can make legal decisions on people's behalf.

We were told about plans to review people's capacity status and legal documentation monthly, such as Power of Attorney, Guardianship, Incapacity Certificates and DNACPRs (do not attempt cardio pulmonary resuscitation). This will support the service to take any action where legal documentation may be due for review.

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

The service should improve the post fall monitoring, recording and investigation process and ensure all measures to prevent the likelihood of falls are fully explored. Personal plans and risk assessments should be updated to reflect any changes and a person's representative should be informed of incidents and investigation findings in a timely manner.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices".

This area for improvement was made on 20 November 2024.

Action taken since then

Leaders had carried out regular analysis of people who had experienced falls in the service. We were able to clearly track the actions that had been taken to mitigate risks to people. This included referrals and input from specialist community falls teams, re-assessment of equipment to support people with their mobility and consideration given to assistive technologies to reduce falls where possible. Care plans sampled were up to date to reflect the actions that had been taken to support people with their current needs.

People's families and relevant external professionals had been made aware when people had experienced falls. This ensured leaders communicated in an open and transparent manner where any concerns to people's health and wellbeing were identified.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that activities are a planned part of everyone's daily care. All staff should see this as an important part of their role, getting to know people's likes and interests and improving the range of opportunities for engagement to meet individual need, both inside and outside of the service.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors".

This area for improvement was made on 12 August 2024.

Action taken since then

There has been some improvement in the amount of planned activities in the service and it was positive to hear about people being supported in the community on a one-to-one basis. There is further improvement needed to ensure that planned activities are meaningful and promote the interest and preferences for a wide group of people. Opportunities for people to have regular access to the community were being explored. Leaders were aware there were further improvements required in this area.

This area for improvement has not been met.

Previous area for improvement 3

The management team should improve the overall dining experience by ensuring quality assurance audits are used to lead improvement. People should be offered hot drinks after meals if this is their preference and staff should ensure a positive dining experience is offered to those who choose to eat their meals in their own room.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me".

This area for improvement was made on 12 August 2024.

Action taken since then

Meal time experience audits had been completed sporadically across the service. These have not been used in a purposeful way to support improvement around people's dining experience.

This area for improvement has not been met.

Previous area for improvement 4

To ensure people continue to have access to facilities and live in a high-quality environment, the provider should complete the planned program of refurbishments timeously and with minimal disruption to people, including their choices and routines.

This is to ensure care and support is consistent with Health and Social Care Standard "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16).

This area for improvement was made on 20 November 2024.

Action taken since then

Refurbishment work had continued since the last inspection with new flooring fitted in communal areas, upgrades to shared bathrooms, bedrooms re-decorated and new furnishings and fittings throughout the service. This had enhanced the environment and aesthetics of the service to benefit the people who lived there. People and their families spoke positively about the improvements to the environment which clearly impacted positively on people's wellbeing.

This area for improvement has been met.

Previous area for improvement 5

To ensure that people are kept safe, the provider should have effective monitoring and cleaning systems in place to prevent cross contamination. This includes, but is not limited to, ensuring that kitchen equipment used to serve food is cleaned to a high standard.

This is to ensure care and support is consistent with Health and Social Care Standard "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

This area for improvement was made on 20 November 2024.

Action taken since then

We sampled cleaning records for the kitchen and areas where food was served to people living in the service. There were several gaps in these records. We discussed this with leaders in the service who had recognised improvements were needed via environmental audits completed internally. We were not concerned about the cleanliness of the kitchen and food serving areas during the inspection. However, it is important that clear records are completed to demonstrate these areas have been cleaned to the standard expected.

This area for improvement had not been met.

Previous area for improvement 6

The provider should ensure people's views and wishes for their future care and towards end-of-life is known. This should include, but is not limited to, input from people and their relatives and other health professionals where possible. Planning arrangements and people's wishes should be recorded clearly and align with The Scottish Government's 'Enriching and Improving Lives Framework'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively" (HSCS 1.7) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 20 November 2024.

Action taken since then

All of the care plans we sampled detailed that people's future care needs had been anticipated and planned as far as possible. These were individual to people's wishes towards the end of their life which, for example included their religious beliefs, decisions around continuing care interventions and funeral arrangements.

Leaders had actively tried to engage families in discussion around future care planning and had sent out invitations inviting them to meetings. This meant that people's plans towards the end of their life included the involvement of their loved ones.

This area for improvement has been met.

Previous area for improvement 7

The service should have accurate, detailed and up to date personal planning records for personal care on the electronic care planning system (PCS). These should reflect individual choices and preferences, and detail how the planned support should be delivered.

This is to ensure care and support is consistent with Health and Social Care Standard 1.4: "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected".

This area for improvement was made on 20 November 2024.

Action taken since then

We sampled care plans for a number of people supported by the service. We were able to confirm that care plans had been reviewed regularly and included updates when people's needs had changed. We found that the information contained in each person's care plan was generally person centred and outcome focused. These guided staff on how to support people with their individual preferences and needs.

Some people's care plans did not contain information about their social history. This is important, as it recognises people as individuals and what may be important to them. We were assured by discussions with leaders that the improvements required had been identified through monthly care plan audits, and there were plans to take action to develop care plans further.

This area for improvement has been met.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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