

# Newcarron Court Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
11 June 2025

**Service provided by:**  
Advinia Care Homes Limited

**Service provider number:**  
SP2017013002

**Service no:**  
CS2017361016

## About the service

Newcarron Court Nursing Home is registered to provide care for up to 116 older people. It is situated in the Carron area of Falkirk.

Accommodation is provided over two floors and divided into six units. The ground floor comprises of Crammond unit accommodating 16 residents; Arran 16 residents and Lewis 24 residents. Iona, Skye and Harris units are all on the first floor and each accommodate 20 residents. At the time of the inspection Arran and Iona units were closed.

Staffing is provided over 24 hours, with a team of nurses and carers in each unit. The management team comprises of a manager and clinical services manager. All bedrooms are single occupancy with an ensuite toilet and wash hand basin. There are lounge and dining facilities in each unit. The gardens are dementia friendly with seating, pathways and areas of lawn, and can be accessed from the ground floor via a keypad system.

## About the inspection

This was an unannounced inspection which took place on 9 and 10 June 2025. The inspection was carried out by two 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 40 people using the service and 14 of their family members
- Spoke with 35 staff and management, including the pre-inspection surveys
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

## Key messages

- People benefitted from kind and compassionate staff.
- People experiencing care, their family members and staff found the leadership team to be approachable and act quickly to solve any concerns.
- Staff worked well together.
- The provider needed to make a number of repairs and redecoration to reduce the risk of infection and provide a more pleasant and homely setting.
- Personal plans needed to better reflect the care and support experienced by people living in the service.

## 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?	3 - Adequate
How well is our care and support planned?	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?

4 - Good

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

People were supported with kind and respectful interactions. Staff knew people well, and people experiencing care responded well to staff they recognised. This meant people living in the service could expect to experience warmth and compassion in their day to day life.

When people needed additional health care this was accessed promptly. Specialist advice was sought from external professionals when required, such as the dietician or mental health team. We spoke with advanced nurse practitioners who were visiting and their feedback was of a good working relationship and good communication with the service. People then benefitted from receiving care from the right professionals at the right time.

Medication administration was safe and effective. Medication ordering was organised and any gaps in medicines administration were explained. Topical medicines were well organised, signed and dated when opened and had clear labelling. Protocols were in place for 'as required' medication. These were limited in information for some medicines, and did not refer to other strategies to put in place prior to the use of an 'as required' medicine, which may have reduced the need for the medicine. We made an area for improvement about this (**see area for improvement 1**).

There was good oversight of people's wounds. Wound assessments and treatment regimes gave clear detail on how to manage the wound. Photographs of the wound were in place which appeared to show wounds were healing, which meant people's needs around wound care were being met.

The dining experience was relaxed and unhurried and tables were set nicely. Meals were presented well and condiments were available. Some people were offered finger foods when they could manage these independently. The menus were displayed however these were not suitable for people who have a cognitive or visual impairment. We discussed this with the leadership team and they agreed to adapt them to a format that was more suitable. We asked the leadership team to ensure staff were using plated meals to support people to make choices at meal times and will review this at the next inspection.

### Areas for improvement

1. To promote people's safety and wellbeing, the provider should ensure protocols are in place for all 'as required' medicines. The protocols should alert staff to any strategies to put in place prior to the use of an 'as required' medicine. This should include, but not be limited to, strategies for reducing stress or distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff evaluated people's experiences to ensure they were meeting their preferred outcomes. The leadership team held regular meetings with people living in the service and their nominated representatives. People's views were acted upon and the service displayed 'you said, we did' notices in each unit so people knew how the service had responded. Whilst the leadership team added what people told them they wanted to the service improvement plan, we discussed the benefit of identifying themes from surveys carried out with people in a more in-depth way and will review this at the next inspection.

The leadership team had good clinical oversight. The service carried out a large amount of audits to ensure their processes were being followed and people were safe. Information from audits was summarised so the leadership team could see at a glance where to focus their attention. Some audits identified the same areas to be actioned over a period of months, for example the dining audit consistently identified areas that were not clean. Some areas of the home were not clean at the time of the inspection. We asked the leadership team to focus on ensuring the home is clean in order to protect people from infection. We made an area for improvement about this (**see area for improvement 1**).

Most people, their family members and staff said they found the leadership team to be approachable and that they acted quickly to resolve any concerns. This meant people felt confident in approaching the leadership team with the expectation they would work together to solve any issues. One family member said, "We raised a complaint and it was dealt with very quickly and successfully" and a staff member said, "You can go to the manager with any problems at all" and another said, "The management are fabulous, really approachable, it is easy to talk to them."

## Areas for improvement

1. To keep people safe and promote their wellbeing, the provider should ensure the entire home is consistently cleaned to the desired standard. This includes ensuring repairs are carried out timeously so that surfaces are cleanable, and working with staff to identify and rectify what may be preventing the home from being as clean as it should be.

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).

## How good is our staff team?

4 - Good

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

It was uncertain whether staffing levels were based on people's needs and preferred outcomes. Staffing was arranged using a staffing tool, designed by the organisation, that appeared to be based on a staffing ratio rather than on people's preferred outcomes. However a process was in place to discuss staffing needs when the leadership team identified staffing was not adequate to meet people's needs. Staff said there was sometimes not enough staff to meet people's needs, one staff member said, "When we are down to two

care staff, people are not getting their breakfast until later in the morning." Some people living in the service and their family members also said there were not enough staff at times, but others said staff attend to them quickly. People appeared well cared for but some people in rooms had to wait for their meals due to the level of support people required. Staff spent time with people chatting and, in one unit, doing hand massages. There was some inconsistency in records with regards to people's dependency level scoring but people's needs and preferences were being attended to. We discussed with the leadership team the need to demonstrate that staffing arrangements are made following an accurate assessment of people's needs and preferred outcomes and made an area for improvement about this (**see area for improvement 1**).

Staff worked well together. Staff said they liked their colleagues and enjoyed coming to work. Many staff had worked in the service for a long time and knew each other very well, so people experienced consistent care and support from the staff who knew them well. Some staff said communication could be better at times, especially when returning from days off but were aware of where to find information about people. One staff member said, "We all work together. We know how each other works, we have built up a good relationship" and another said, "The teamwork is brilliant, it doesn't matter who you work with." This meant people experienced a warm atmosphere as staff worked well together.

## Areas for improvement

1. To support people's wellbeing, the provider should demonstrate that staffing arrangements are made following an accurate assessment of people's needs and preferred outcomes, taking the views of people and their nominated representatives into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'People have time to support and care for me and to speak with me' (HSCS 3.16).

## How good is our setting?

### 3 - Adequate

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

Many areas of the home were in need of repair or redecoration; this was mostly confined to one unit but a smaller amount of repairs and redecoration were needed in other areas. There was an intrusive smell of urine in one unit, the base of some toilets had old sealant that needed to be removed, the area cleaned then new sealant replaced. Some flooring needed to be renewed, walls and ceilings had large marks on them or paint peeling from them and some furnishings needed to be replaced. There were small holes in walls, skirting and door facings which meant they were not smooth enough and therefore, not cleanable. This put people at risk of infection and did not give a homely feel to the home. There were a lot of weeds in between paving slabs in the garden that could be a trip hazard to people. The service had completed an environmental audit which had identified many of these issues. We discussed the need to increase the pace of change of the identified improvements and made an area for improvement about this (**see area for improvement 1**).

The signage needed to be in a format and position that was right for everyone. Some signage was damaged and needed to be replaced, some was placed too high so that it was not visible to people using a wheelchair. There was a lack of way-finding signage to direct people to different areas of the home. There was too much information on the activities planner and the text was too small to read easily. We asked the service to consider reviewing how they promote activities in the home to support people's understanding. The

leadership team had identified the need to replace signage throughout the home and we will review this at the next inspection.

The home was very large but had been divided into units to promote smaller group living. The corridors were long and were not wide enough to have seating along them. This meant staff spent time observing or supporting people when walking in the corridors to ensure their safety.

Regular monitoring and maintenance of equipment was up to date, however we identified lifting equipment that was rusty at the base, therefore, not cleanable. The provider arranged for this to be replaced. The provider responded well to our concerns about the setting and we will review their improvements at the next inspection.

### Areas for improvement

1. To promote people's health and wellbeing, the provider should conduct a full environmental audit and carry out any actions identified. This should include, but is not limited to, replacement of any damaged flooring or furnishings, repair and redecoration of walls, skirting, doors and ceilings and making the garden a safe space for people to walk in. The views of people experiencing care or their nominated representatives should be taken into consideration when planning the redecoration.

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).

### How well is our care and support planned?

### 3 - Adequate

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

We couldn't be sure personal plans reflected the care and support experienced by people living in the service. Some personal plans contained contradictory information about people that could negatively impact on their needs and preferences. One personal plan had inconsistent information about whether the person was a choking risk and another described two very different ways of supporting a person when they were distressed. This could put people at risk, for example, of choking if staff followed the section of the care plan that said the person was not at risk of choking (when in fact they were).

Audits did not always identify areas for improvement. Personal plans were regularly reviewed and there was generally a level of detail about people to give staff a sense of the person's preferences. However there was some disrespectful language used at times and the style of writing changed in some plans, sometimes within the same sentence which made them difficult to understand. Risk assessments were sometimes incomplete or missing. Although the care plans were being audited every month, the audits were not picking up the issues we identified. This could pose a risk to people as their identified care and support was not always clear. We discussed this with the leadership team and have made an area for improvement (**see area for improvement 1**).

## Areas for improvement

1. To promote clear and consistent care and support, the provider should ensure people's personal plans contain respectful language, are fully completed, including all relevant risk assessments, contain consistent and accurate information, and are audited effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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' (HSCS 1.15).



## 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 provider should ensure that the service can fully meet the needs of all people who are newly admitted to the service. To do this, you, the provider, should develop and undertake robust pre-admission assessments involving people and their representatives, and then review the skill mix of staff to ensure that the needs of the other people already residing in the service are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My need, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 2 May 2024.

**This area for improvement was made on 2 May 2024.**

#### Action taken since then

The leadership team visited people to assess their needs and preferences prior to admission. They used an assessment tool that covered all elements of the personal plan, in a more simple form. The information and meeting of people assured the leadership team that needs could or could not be met.

**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](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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
2.3 Leaders collaborate to support people	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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