

Newcross Healthcare Scotland Care at Home Support Service

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Type of inspection:
Unannounced

Completed on:
11 July 2025

Service provided by:
Newcross Healthcare Solutions
Limited

Service provider number:
SP2005007230

Service no:
CS2020380764

About the service

Newcross Healthcare Scotland Care at Home is registered to provide care at home to adults and children with complex needs related to physical disabilities and/or learning disabilities, living in their own homes and in their local community.

At the time of the inspection, the service provided support to 19 people in a number of areas across Scotland, including the Highlands, Inverclyde, Aberdeen, Aberdeenshire, Angus, Perth & Kinross and Midlothian.

About the inspection

This was an unannounced follow-up inspection which took place between 2 and 11 June 2025. The inspection was carried out by one inspector from the Care Inspectorate. The inspection focused on the requirements and areas for improvement made during the previous inspection which took place on 25 April 2025. We evaluated how the service had addressed these to improve outcomes for people.

In making our evaluations of the service we:

- met two people using the service
- spoke to three family members
- met with the registered manager
- spoke to four staff
- spoke to three external professionals involved with the service
- observed practice and daily life
- reviewed documents.

Key messages

Improvement was evident in most of the required areas made during the previous inspection.

People's personal plans had been updated to reflect their health and wellbeing needs. However, further work was required to ensure they provided staff with consistent information to meet people's outcomes.

Documentation relating to restrictive practices and interventions had improved.

The service had continued to develop opportunities for staff to feel engaged and supported.

A survey had been recently completed to gather people's views.

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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

During the inspection we found that whilst the service maintained records and informed relevant professionals about incidents, it had not submitted notifications to the Care Inspectorate for all of these.

We signposted the service to the Care Inspectorate's "Adult care services: Guidance on records you must keep and notifications you must make" published in March 2025. **(see 'What the service has done to meet any requirements we made at or since the last inspection) and (see area for improvement 1).**

Areas for improvement

1. To promote a culture of continuous improvement the provider should ensure that all incidents are clearly recorded, reviewed and notified to relevant bodies, in line with relevant guidance.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

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

Requirements

Requirement 1

By 30 June 2025, the provider must ensure that people receive the right care and support to keep well, including when their needs change.

To do this, the provider must, at a minimum ensure:

- a) that personal plans contain sufficient detail about health and wellbeing needs, how to respond to any changes and that relevant records are kept
- b) any changes to people's needs are correctly recorded, documented and, where appropriate they are followed up.

This is to comply with Regulation 4(1)(a) and 4(2) 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:

'My care and support meets my needs and is right for me' (HSCS 1.19)
and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement was made on 25 April 2025.

Action taken on previous requirement

People's personal plans had been regularly reviewed and updated since the last inspection. Whilst the plans we sampled had been updated, further work was required to ensure that they provided staff with consistent information to ensure they reflected people's current needs.

Personal plans included guidance on how to respond to any changes in people's needs, and relevant records, such as bowel charts, were in place for people who required them.

Staff recorded the care and support that was provided as well as the tasks that were completed. Staff had access to personal plans and related documentation via the online system used by the service.

There was evidence of multi-disciplinary team involvement, and external professionals said they were actively involved in regular meetings and reviews.

This requirement has not been met and we have agreed an extension until 30 September 2025.

Not met

Requirement 2

By 30 June 2025, the provider must ensure that people receive the right care and support, including where choices and movement may be restricted.

To do this, the provider must, at a minimum ensure:

- a) that any restrictions are safe and necessary
- b) that any decisions around restrictive practices and physical interventions take account of current legislation, national guidance and are regularly reviewed
- c) that a multi-disciplinary approach determines when restrictive practices and physical interventions can be used and decisions are mutually agreed by relevant parties, including agreement of the person, their legal representative(s), family, social work or other agencies as appropriate
- d) there is sufficient detail in their person plan so that they receive the right care and support
- e) all incidents are clearly recorded, reviewed and notified to relevant bodies.

This is to comply with Regulation 4(1)(a), Regulation 4(1)(c) 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:

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3)
and
'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 25 April 2025.

Action taken on previous requirement

The service had updated their restrictive practice and physical interventions consent form to ensure it aligned with relevant legislation and guidance. Additional fields had also been added to record multi-disciplinary team involvement as well as agreement from family members.

The service had continued to work with external professionals to review personal plans so that they included clear information for staff about how to support people experiencing stress and distress.

One professional confirmed they were currently working with the staff team to review and update their client's plan. In the plans we sampled, information was included about identified restrictive practices and interventions. Although one document had not yet been signed off, this was because it was currently undergoing review.

While the service maintained records and informed relevant professionals about incidents, it had not submitted notifications to the Care Inspectorate for all of these. We signposted the service to the Care Inspectorate's "Adult care services: Guidance on records you must keep and notifications you must make" published in March 2025.

Some parts of the requirement have been met and a new area for improvement has been made to address outstanding areas.
(see key question 'How good is our leadership?').

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

To promote positive outcomes for people, the provider should develop their service improvement plan. This should include, but not be limited to, their own self-evaluation of the service and the views of people and their families who use the service.

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

'I am actively encouraged to be involved in improve the service I use, in a spirit of genuine partnership.'

(HSCS 4.7);

and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 25 April 2025.

Action taken since then

Feedback had been sought from people and their families during the review process, with resulting actions added to the service's action plan. The service had recently distributed a survey to all staff, people they supported, their families and external professionals. Once the results have been collated and reviewed, the manager told us that any identified actions would be added to the service's action plan.

During the inspection we spoke with the manager about how they could continue to develop their plan. We signposted the service to the Care Inspectorate's "Self evaluation for improvement – your guide" to support the continuous improvement of the service.

This area for improvement has not been met.

Previous area for improvement 2

The provider should continue to develop opportunities for staff to meet regularly to support communication, promote effective team working and to ensure that staff benefit from a culture of continuous improvement.

The provider should also ensure that effective records of team meetings are made to ensure that everyone is kept up-to-date and aware of what has been discussed and agreed.

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

'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),

'My care and support is consistent and stable because people work together well' (HSCS 3.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 25 April 2025.

Action taken since then

The provider had continued to develop opportunities for staff engagement since the last inspection.

Staff supervision had taken place regularly, including practical observations and an annual appraisal.

Staff said that they felt supported and that they could contact their manager if they needed.

Team meetings had been held regularly and the records of these had improved.

Three staff engagement days have taken place since the last inspection, with three further dates planned. These days had been held across various locations and all staff had been invited to attend.

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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