

Northwood House Care Home Care Home Service

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Helensburgh
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Type of inspection:
Unannounced

Completed on:
17 July 2025

Service provided by:
Third Life Care Limited

Service provider number:
SP2003000159

Service no:
CS2003000436

About the service

Northwood House care home provides 24-hour care for older people. There is access to daily nursing care for up to 20 older people. The provider is Third Life Care Limited.

The care home is a large detached villa with added extensions and is located in a residential area of Helensburgh. There is limited parking in the grounds of the care home.

There were 18 people living there at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 13, 14 and 15 July between 7:30 and 18:30. 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 eight people using the service and four of their family.
- Spoke with eight staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with one professional and received feedback from three others via inspection questionnaires.

Key messages

- The home had a welcoming and friendly atmosphere.
- Staff knew people well, were compassionate and recognised their needs.
- Families and people spoke highly of the care received in the home.
- Managers and staff were approachable to everyone.
- The environment required upgrading to ensure people receive care and support in an appropriate setting.

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?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Nursing and care staff were available at all times and consistently interacted with people, both in communal areas and on a one to one basis in their own rooms. Interactions we saw were always compassionate and understanding of people's needs. Staff knew people well and had positive relationships with them, as such this meant that they were able to recognise when there were changes in people's physical and emotional health. This meant that there was prompt action when health issues arose. We saw that when external input was required, staff did not hesitate to contact the relevant health professionals. These actions meant that we were assured people's health and wellbeing was well cared for.

There was a positive learning culture amongst the staff team and most undertook additional training when it became available. Some staff also used other training resources in their own time to keep themselves well informed. Having this knowledge added to staff having a greater understanding of possible health issues and they were able to provide the best care for people. We discussed with the manager that they should extend the training records for staff beyond the mandatory courses, as this would evidence the mix of knowledge that the staff team had. This would assist in having the right staff supporting people with specific conditions, such as Dementia, Diabetes or Parkinson's disease.

People's electronic personal plans contained a lot of information about them. Starting with a "getting to know you" section, which meant that there was information on people's life history, who was important to them, personal interests and likes and dislikes. Health information, medications, treatments and risk assessments were also part of the plan. Staff were able to access these documents on their hand held devices. This meant that when supporting people they were fully aware of any risks to the individual, as well as how to minimise the risk, therefore keeping the person safe and free from harm.

People with Dementia can experience a lot of distress and agitation and its important to have a plan in place, to assist staff with how best to support them, whilst trying to avoid the use or over use of medication. The service had started to write "stress and distress" plans for some people. These gave staff a clear guide in how to manage different behaviours for people that could bring them back to a comfortable base line. These plans also assist staff to be more confident in the knowledge of how to manage individual behaviour. There were a significant number of stress and distress plans to be developed in the service, and the manager should ensure that these are completed for people as soon as possible. (see area for improvement one)

We saw that some people had good future plans in place and that the manager and staff made an effort to have these completed soon after admission. However, some people and/or their families felt they were not ready to discuss future plans at that time. These were not forgotten by the service and they should continue to approach the subject with people and their families. Future plans can facilitate a more dignified and personal approach to end of life care, and as such, are better to be discussed while people are well and not when they may be distressed and anxious.

Medication rounds were well managed, meaning that people received their medication safely and at the right time of day.

Electronic medication recording systems (EMARs) were used and staff administering medication were confident in its use. Medications were stored in a locked cupboard in each person's room, and it was good to see that medications were given to people in the privacy of their own rooms.

Food provided was nutritious, tasty and safe for people to eat. Meals were served in the dining room and food was of a good quality, and alternatives were offered to people who did not want the menu choices. There was home baking available each day for snacks and tea times.

People were consulted about food on a six monthly basis, via a survey and the aim was to provide a summer and winter menu. Dining was a relaxed event for people and staff were always there to provide support for anyone who needed it. For those people who had swallowing difficulties they were assessed by a Speech and Language Therapist (SLT) and meals were made as per the recommended level.

Personal choice and outdoor spaces are important to people and helps to improve their wellbeing. There was nice secure garden courtyard with non restricted access for people; whatever time of day people had the choice to spend their time where they wanted, either in communal areas with others, within their own room or in the secure garden area (weather depending). There was also a larger less secure garden where people could sit with family/friends or with staff accompanying them.

There were a variety of activities that took place and information about these was displayed for people, as well as shared with families online. There was lots of lovely information on the services online page about what happened each day, and families could see their loved ones enjoying themselves. These varied from in house physical activities, creative and outdoor fun at local facilities. Local nursery children attended the home regularly, as well as regular visits from therapy pets. People loved taking part in talking with the children, and felt good when they had the opportunities to spend time with different visitors. We did note that there were a few people who would benefit from more one to one time, as not everyone enjoys mixing in groups of people and we highlighted this to the manager.

Areas for improvement

1. To ensure that people benefit from care by staff with the relevant knowledge, the provider should ensure that all additional training for individual staff is recorded on the service training plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11)

How good is our setting?

3 - Adequate

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

The service looked good on the outside and had an attractive garden at the front of house. On entry to the home it had a "lived in" homely feel about it. Rooms throughout the home differ in size, with those upstairs tending to be more spacious than those down stairs. All rooms were sufficient in size to have their own ensuite shower room, and rooms had been personalised with people's own belongings. We saw that people were clearly comfortable in the environment and knew their way around.

The main sitting room was middle size and led through to the dining room, which also housed a small kitchen area. These rooms were sufficient in size for the number of people living there and laid out in a way that people liked, with space for movement within the rooms.

People deserve to live in high quality facilities, however in many areas throughout the home, furnishings and décor were tired looking and some in need of replacement.

The TV lounge was a small but well used area. This was poorly laid out and had a poor mix of seating and other items cluttering the room. Flooring in this area, and a few other areas, had been damaged and required replacing. It had been repaired to ensure peoples safety, however it did not look good. (see requirement one).

Downstairs ensuites were not all in good condition and some had warped flooring and aged equipment. We were pleased to hear that the provider had plans for ensuites to undergo refurbishment and discussed the need for these plans to progress.

Bedroom doors were clearly marked with peoples names to help identify their own room. However, the doors and other areas throughout the home required that the paintwork was refreshed. (please see requirement one).

All areas looked clean and tidy, however when we looked more closely we noted that some areas required further cleaning, in order to meet the national infection prevention and control standards. (NIPCM). In the main these were places that could not be seen at first sight, such as, lower shelves, hidden areas in the kitchen and the sluice room. Domestic staff did carry out cleaning tasks as per the cleaning schedule. However, there was one member of domestic staff working on any day with a large and complex area to cover.

The laundry room had sufficient space and machines, and a system in place to ensure items were bagged separately, to prevent cross infection. However, there were other items in the laundry taking up space, it was in need of decluttering and a deep clean in the less obvious areas.

Space is very limited in the home and we saw that laundry trollies' were kept in corridors, as well as some other bulky items, such as walking frames. These were obstacles for people walking around the home and placed people at risk of knocks and/or falls as well as infection control concerns. We understood that there were no other areas to store them, however the provider must consider ways to create essential storage space. (see requirement one)

Going forward, it would be helpful if the manager of the service had a better oversight of the environmental issues. This would ensure that areas of replacement or repairs were picked up quickly and dealt with. (please see requirement one).

Requirements

1. By 20 October 2025, the provider must ensure that a workable mid to long term plan is produced, in order to improve the quality of peoples living environment.

To do this the provider must:

- a) Carry out a full environmental audit of the service covering décor, furnishings and fittings, as well as the layout and structure of the building.
- b) Produce a separate environmental plan based on the results of the audit.
- c) Ensure that the manager, or other appropriate person, has good oversight of all environmental issues and works being carried out.

- d) Ensure that the cleanliness of the environment meets the standards stated in the national infection prevention and control manual for care homes.
- e) Arrange for the smaller improvements and repairs to be carried out quickly and/or in a timely manner.

This is in order to comply with: Regulation 10(2)(b) 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 experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.24)

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 safe infection prevention and control processes are in place, the provider should ensure that staff knowledge and understanding of relevant good practice guidance is assessed, and any required training is provided.

This is to ensure that care and support is consistent with the guidance contained within the Care Home Infection Prevention and Control Manual (CH IPCM) and with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11)

This area for improvement was made on 25 November 2024.

Action taken since then

The manager had made some progress on this area for improvement. They did this by liaising with another manager in the provider group, who had specific knowledge and understanding of infection prevention and control good practice. After the first few meetings the other manager was unable to attend and therefore the meetings stopped for a time. This meant that the manager did not have all of the information and support required. The plan is to reinstate the meetings and then assess staff in their knowledge of the Care Home Infection Prevention and Control Manual.

The area for improvement has not 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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