

# Roselea Court Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 October 2022

**Service provided by:**  
Morrison Community Care (Stirling)  
Propco Ltd

**Service provider number:**  
SP2021000202

**Service no:**  
CS2021000341

## About the service

Roselea Court Care Home is a purpose-built care facility, situated in a quiet cul-de-sac in the town of Stirling. Arranged over two floors, the home offers 50 spacious bedrooms each with an en-suite wet room, some of which have direct access to the garden.

The home has a wide variety of social areas including a cafe, cinema room, hair salon and a bar area and provides residential, nursing and short break care services.

## About the inspection

This was an unannounced inspection which took place on 20 October 2022 from 09:15 until 18:00. The inspection was arranged to follow up on a requirement from a previous inspection, and 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 people using the service, staff and management, observed practice and daily life, reviewed documents and spoke with visiting professionals

**Key messages**

Peoples assessments and care plans had improved significantly and now reflected people's needs, wishes and preferences.  
 The management team were committed to further improvement in quality assurance processes, to support good outcomes for people.

**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 is our care and support planned?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How well is our care and support planned?

4 - Good

A requirement was made at the previous inspection and since then the service had put an action plan in place, to manage the improvements needed. The service met these improvements which were in relation to care plans. (see 'what the service has done to meet any requirements we made at or since the last inspection')

As there was significant improvement in care planning and risk assessment, we have re-evaluated quality indicator 5.1 from weak to good. An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

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

### Requirements

#### Requirement 1

By 4 September 2022, the provider must ensure that each person has a personalised care plan that reflects their current individual care and support needs. To do this, the provider must, at a minimum ensure that:

- a) Documentation is sufficiently detailed, reflects the care planned and includes guidance and support provided by specialist healthcare professionals.
- b) Care plans are evaluated at regular intervals, to ensure that the care and support remains effective and any changes to peoples care and support is clearly documented within the care plan and communicated to staff.
- c) All new residents have a short term care plan in place on admission and a full personal plan completed within 28 days.
- d) the management team have sufficient oversight of care plans to ensure that they reflect people's needs and wishes and how these are to be met.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) 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 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)

**This requirement was made on 21 July 2022.**

### Action taken on previous requirement

Care plans had been updated since the inspection in July. They were well written and person centred. The care plans included a good insight into people and their life story and more recent wishes and preferences. The plans were evaluated at regular intervals and for most people, reassessed at the point peoples support needs changed. For example, immediately following a fall. Management team had good oversight of the plans through audit and followed up any actions. We thought it was important for people who were in Roselea for a short stay to have robust plans that shared their life, wishes and preferences with staff, and we were reassured by the management team's commitment to developing an appropriate short-term plan template.

### 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 ensure that people who are at risk of falling are safe, the provider should demonstrate that falls prevention and falls management procedures are in place, people at risk of falling are fully assessed and reviewed after each fall or if their condition changes. Care Plans should detail the risk of falling, risk factors and preventative measures, including, but not limited to, the use of mobility aids and advice from relevant healthcare professionals.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

**This area for improvement was made on 21 July 2022.**

#### Action taken since then

We saw some progress in falls prevention and falls management. Procedures were now in place and people who may fall had care plans that detailed their risk of falling, risk factors and preventative measures to be taken. From the plans that we read, two people had not had a full falls review when needed. The management team told us of their plans to monitor and address this. This area for improvement will be followed up at the next inspection.

#### Previous area for improvement 2

So that people experience good outcomes and to ensure the service remains responsive to changes and develops a culture of continuous improvement, the provider should demonstrate that robust quality assurance processes are in place and make certain that the management team has oversight of clinical and environmental audits.

This is to ensure that care and support is consistent with the Health and Social Care Standards 4.19 which states that:

'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 21 July 2022.**

### Action taken since then

We saw good progress in this area which included, a focus on developing quality assurance processes. The management oversight of clinical audits and actions had been fully completed following our inspection in July, but there were some gaps in more recent audit action plans. The team recognised that was an area that needed more work and had set themselves a target date of later this year to have improvements in place.

This area for improvement will be followed up at the next inspection

## 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 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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