

# Roselea Court Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 May 2023

**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. The service has been registered with the Care Inspectorate since November 2021

## About the inspection

This was an unannounced inspection which took place on 2, 3 and 4 May 2023. 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:

- spent time with a number of people using the service and spoke to family representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

People received care and support with respect and dignity.

Staff were very knowledgeable about peoples dietary needs, supporting good nutrition and hydration.

People were kept safe because the care home was clean, tidy and well maintained.

The service needed to explore peoples aspirations and wishes to promote wellbeing and reduce isolation.

Quality assurance processes require to improve 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 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?	5 - Very Good
How well is our care and support planned?	4 - Good

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 overall as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of respect. Relationships between people and staff were warm and staff from all departments demonstrated kind and caring support and were genuinely interested in people. This meant that people experienced care that promoted their dignity and choice. One person told us "I feel safe here, the staff are all nice." We observed practice that could compromise people's confidentiality and were reassured by the management team's plan to review this.

People could be confident that their health needs were reviewed timeously because the service had developed good links and relationships with medical professionals, particularly the local GP. People told us that it was sometimes more difficult to access some professionals such as the dentist although the service was taking steps to address this. The management of medication followed good practice guidance and the service was quick to address areas that required attention during the inspection.

Where people were at risk of falls, their mobility and confidence were not always supported by the service's approach to managing and preventing falls and fractures. We made an area for improvement about this (See 'How good is our leadership' Area for Improvement 1).

People told us there was plenty to eat, and that the food was very good and there was enough choice. We saw individual choices about food and preferred dining times being met. Staff were knowledgeable about people's dietary needs and the chef was very focussed on fortifying foods, supporting good nutrition and the dining experience. People were encouraged to enjoy meals served in tastefully decorated dining rooms with ambient music and a relaxed atmosphere.

People told us there were things to do at Roselea and we saw a range of activities that included exercise and pamper sessions. Although the staff work well to arrange activities, this did not always address people's wellbeing. This meant that people were not always able to achieve good outcomes and many people spent time alone in their bedrooms. People had completed booklets about their life but this was not always reflected in the summary document and care plans had no information about how to support people's wellbeing. We made an area for improvement about this. (See Area for Improvement 1).

### Areas for improvement

1. To help to give purpose to people's day, and support their wellbeing, people should have opportunities to take part in engagement that is meaningful to them. In doing so, there should be more emphasis placed on;
  - a) exploring and recording of people's aspirations and wishes
  - b) supporting engagement with people who choose to remain in their own rooms to help them live a meaningful and fulfilling life.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**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.

People and their families told us that communication was good and that they had meetings and newsletters that kept them up to date, although had not been asked for feedback on the home. One relative told us "I'm kept well up to date and any questions are answered right away" while another said "the manager is very approachable".

Staff told us they were happy with the level of support and supervision they received. Although this was not always formal, the management team were approachable and supportive. Staff said they would benefit from staff meetings and more information about service developments.

There were systems in place to monitor aspects of service delivery that included audits of infection prevention control, medication, wound care and falls. The audits were up to date, but areas that needed attention were not always identified within the audit process and when they were, were not always actioned. The service had improved recording of when people fall since our last inspection and shared this information across the staff team. However we were unable to see where proactive support or risk reduction measures were being identified or implemented. We made an area for improvement about this (see area for improvement 1).

Not all of the management team had oversight of significant information and there was a lack of clarity regarding roles and responsibilities in the quality assurance processes, including self-evaluation and improvement plans. This meant that peoples' outcomes were not always improved by the monitoring activity. We were encourage by the provider's plan to address this.

**Areas for improvement**

1. So that people can have confidence in the organisation providing their care and support the provider should ensure that robust and effective quality assurance processes are in place that identify proactive or preventative strategies.

This should include, but is not limited to, falls management and risk reduction.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that are well led and managed". (HSCS 4.23)

**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.

People could be confident that staff had the necessary skills and competence to support them with aspects of their life. Staff had access to on line training and compliance levels were high. Staff induction was thorough and staff said the induction process supported them to develop into their role.

Where people had specific needs, training for staff was not always available. Staff were not always confident in supporting people who may experience stress and/or distress. To improve outcomes for people, staff

training should reflect peoples changing needs. We made an area for improvement about this. (**See area for improvement 1**).

## Areas for improvement

1. So that people are supported by well trained staff whose skills and knowledge are kept up to date, the service should ensure that learning opportunities are developed to meet the needs of people who live in the care home based on evidence and good practice guidance. This should be regularly analysed, with new training planned as peoples needs change and should include, but is not limited to, training to support people who may experience stress and /or distress.

This is to ensure 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)

## How good is our setting?

**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.

People lived in a warm, comfortable, welcoming, environment with plenty of fresh air, natural light and sufficient space for people to maintain comfort.

The service had various private and communal areas that people were able to use freely which supported their privacy. People told us that they "preferred the small, intimate" dining rooms and benefitted from small group living.

We saw clear, planned arrangements for regular monitoring and maintenance of the care home and of equipment to ensure people were safe.

The home was very clean and fresh and a relaxing place to live. Staff carrying out housekeeping and cleaning tasks were familiar with environmental and equipment decontamination and aware of good practice guidance in infection prevention and control.

All staff that we spoke to were aware of environmental cleaning schedules and were clear about their specific responsibilities.

Feedback from people about the environment and how it could best work for them would support improved outcomes for people who live at Roselea Court.

## How well is our care and support planned?

**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 benefitted from care and support plans that were very personalised with good information about care and support. This included how people wished to be helped to live well right to the end of their life by making it clear to others what is important to them and their wishes for the future.

When people's needs changed and assessments reviewed, the updated support was not always reflected across the full plan which meant that information could be contradictory and may increase risk for people, for example, when requiring a mobility aid. The service had an outstanding area for improvement about this from a complaint inspection and we have repeated this. (**See area for improvement 1**).

When restrictive practices were identified to keep people safe, the service had not kept a record of practices and had not obtained the appropriate permissions about restraint. This included passive alarms, lap belts and bed rails. We made an area for improvement about this (**See area for improvement 2**).

## Areas for improvement

1. To improve outcomes for people experiencing support, the service should ensure that risks are fully assessed and outcomes are used to inform care plans to promote consistency of support and reduce the level of risk or injury. Detailed records should be kept to ensure that the effectiveness of the care plans can be evaluated and monitored.

This is in order to comply 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.

2. So that people are supported well and in line with current best practice guidance, the service should ensure that restrictive practices are appropriately assessed, regularly reviewed and that informed consent is in place for the use of any equipment and is signed by the resident or their representative.

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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (4.11).

## 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 reviewed this area for improvement during our inspection. The service had developed robust data, clear reporting structures and good communication for incidents and accidents caused by people falling. The service needed to use the information gathered to develop preventative and proactive support to reduce the risk of falls and we made a new area for improvement about this. (See How good is our leadership Area for Improvement 1).

## 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 reviewed this area for improvement during our inspection. and saw continued progress in quality assurance processes. Management oversight was evident however the audit did not always identify or action areas that needed attention. We discussed this with the senior management team. We made a new area for improvement to address this. (See How good is our leadership Area for Improvement 1).

## Previous area for improvement 3

To improve outcomes for people experiencing support, the manager should ensure that risks are fully assessed and are used to implement care plans to promote consistency of support and reduce the level of risk or injury. Detailed records should be kept to ensure that the effectiveness of the care plans can be evaluated and monitored.

This is in order to comply 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 26 October 2022.**

## Action taken since then

We reviewed this area for improvement during our inspection and saw that when peoples needs changed and assessments are reviewed, the updated support was not always reflected across the full care plan which meant that information could be contradictory and may increase risk for people. We repeated this area for improvement (See How well is our care and support planned Area for Improvement 1).

## Previous area for improvement 4

To ensure positive outcomes for people experiencing care, the manager should ensure that staff are aware of when people's representatives should be notified of unexpected incidents and what support has been



offered in relation to these. Information shared should be documented, including who was contacted, when they were contacted and what information was shared.

This is in order to comply 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 26 October 2022.**

#### Action taken since then

We reviewed this area for improvement during our inspection and saw up to date and regular communication in peoples personal plans. Relatives and representatives told us that the service communicated well and kept them up to date with their loved ones care and support. The service had implemented their plan to address this area.

#### Previous area for improvement 5

In order to ensure good outcomes for people, the manager should ensure that records reflect when and why as required medication prescribed for agitation was administered. This should include, but is not limited to, strategies tried prior to the administration of the medication, the impact of these strategies, and the reason for the administration of the medication.

This is in order to comply 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 26 October 2022.**

#### Action taken since then

We reviewed this area for improvement during our inspection. The recording of medication for people experiencing stress and/or distress had improved. However the service had not addressed support prior to medication and staff needed training on how to identify strategies to support people. We made an area for improvement about this.

(See How good is our staff team: Area for Improvement 1).

#### Previous area for improvement 6

To ensure positive outcomes for people experiencing care, the manager should ensure that missing items of clothing or belongings are discussed with families and appropriate action agreed. These discussions, and any agreed actions, should be documented and retained.

This is in order to comply with: Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 26 October 2022.**

#### Action taken since then

We reviewed this area for improvement during our inspection. The service had improved systems and processes for laundry to reduce the risk of clothing going missing. The management team were able to advise on a clear process to follow when belongings could not be located. The service had implemented their plan to address this area.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	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
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
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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