

Roselea Court Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
10 October 2025

Service provided by:
Priory CC131 Limited

Service provider number:
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Service no:
CS2025000050

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 52 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 café, 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 February 2025.

About the inspection

This was an unannounced which took place from 7 to 9 October 2025. The inspection was carried out by three 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 to and spent time with with 22 people using the service
- spoke with and received feedback from 22 family representatives
- spoke with and received feedback from 31 staff and management
- observed practice and daily life, reviewed documents and a including care plans
- spoke with visiting professionals.

Key messages

People benefitted from kind, caring support from staff that knew them well

The provider needed to improve how some people were supported with aspects of their care including skin integrity and nutrition.

Quality assurance processes were not driving improved outcomes for people and the provider needed to address this.

The service needed to review the environment, using good practice guidance, to better support people orientation and engagement.

Care plans needed to be reviewed to ensure that they reflected peoples needs and were person centred and respectful.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

3 - Adequate

We evaluated quality indicator 1.3 (People's health and wellbeing benefits from their care and support) as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

We observed kind and caring interactions and people benefitted from this because staff knew them well and had built positive relationships. Feedback about the service from people and their families was positive. One person told us that the staff were "very friendly and supportive" while a relative said that "staff are very helpful, nothing seems to be too much trouble" and "this helps me feel confident in being able to leave my relative"

We observed the dining experience to be calm and relaxed. There was a nice atmosphere where staff encouraged people to eat and support provided was respectful, unrushed and dignified. People had access to drinks and snacks throughout the day. We could see that some people had specialised dietary needs including texture modified meals and fortified diets. The arrangements for getting the right diet to people had been developed well, however, there were people who were losing weight and the communication about this was not good. This meant that some people may be at risk of malnutrition because the right information was not recorded and shared to support them. Because of this we could not be confident that people were appropriately supported with nutrition.

Where people had a wound or concerns with skin integrity, we saw that treatment plans were not recorded well and records made were not organised. We saw gaps in the treatment of wounds over extended periods. This meant that we could not be confident that people's skin integrity was supported to reduce risk, prevent breakdown and heal wounds.

Because these areas had an impact on outcomes for people, we made a requirement (see requirement 1).

People could be confident in the support they received with medication. The paper based system was clearly documented and this included medication given only when required and medication administered topically. We were concerned about the review process for psychoactive and antipsychotic medication, but we have addressed this elsewhere in the report (See section 2.2 Quality assurance and improvement is led well).

The service had developed good links with external professionals which meant that people had access to the right specialist when needed. However, when other professionals were involved in care, it was not always clear to see the communication or outcome which could impact on their identified support. We have addressed this elsewhere in the report (See section 5.1 Assessment and personal planning reflects people's outcomes and wishes).

Requirements

1. By 21 November 2025, the provider must ensure that people are supported with all aspects of their care. This should include, (but is not limited to) skin integrity and nutrition.

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

- a) Staff use assessment and screening tools fully, and as designed, to identify people at risk
- b) Where anyone is identified as 'at risk', then appropriate actions are followed including a full care and support plan and communication to all staff involved in supporting the plan
- c) Training is provided to staff to allow them to complete and interpret assessment documentation and take appropriate and immediate action.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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: 1.19 'My care and support meets my needs and is right for me.' 3.14 '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.'

How good is our leadership?

3 - Adequate

We evaluated quality indicator 2.2 (Quality assurance and improvement is led well) as adequate. While there were some strengths, key areas needed to improve and because these areas impacted on outcomes for people, we made a requirement.

People and their families knew the leadership team and told us that they were approachable and helpful. Staff said that they were well supported although formal supervision needed some updating to meet the service set targets.

When we looked at quality assurance and clinical governance, we were concerned that people may be at risk because this was not robust. There was an established system of clinical risk and environmental audits which were completed regularly by the team at Roselea. Some of the audits we saw had missed or incorrect information and others repeatedly identified the same concerns, but these were not followed up with action. This included scrutiny around medication, wounds, nutrition, falls, infection control and documentation. Follow up meetings did not focus on action or prevention. The service improvement plan was well populated but many of the areas which needed improvement or action had been recorded as complete on the improvement plan. Although most audits were completed, because some of the information was incorrect and there were no follow up actions, we were not confident that this work would lead to improved outcomes for people. We made a requirement about this (see requirement 1).

Requirements

1. By 3 January 2026 the provider must ensure people are safe and receive care and support that is well-led and managed and which results in better outcomes for people. This should be achieved through establishing a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include, but is not limited to, ensuring that:

- a) the systems of quality assurance and audits are consistently and robustly completed
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) information from quality assurance is communicated to the appropriate people when necessary
- d) there is robust and regular oversight of the service by the organisation to monitor implementation of the quality assurance system and its effectiveness.

This is in order to comply with regulations 3 and 4(1)(a) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated quality indicator 3.3 (Staffing arrangements are right, and staff work well together) as good, where several strengths impacted positively on outcomes for people.

People could be confident that the staff were recruited safely and trained appropriately for the work that they did and there appeared to be enough staff available to provide support to people. Staff told us they felt valued, listened to and well supported by the management team.

Staff retention was good, and this meant that relationships were well established and staff worked well together.

Although most staff knew people well, we had a few concerns during our observations when some staff did not take time to understand people and their decisions and because this could be addressed through personal plans, we addressed this elsewhere in the report (see section 5.1 Assessment and personal planning reflects people's outcomes and wishes).

How good is our setting?

4 - Good

We evaluated quality indicator 4.1 (People experience high quality facilities) as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Roselea Court Care Home was light and airy with plenty to see from strategically placed furniture around the many windows. Bedrooms were clean, comfortable and spacious and some were nicely decorated and personalised. The environment was well maintained by the inhouse team with support from external

professionals where appropriate and regular checks and monitoring occurred to ensure that standards were maintained, and people were kept safe. Cleaning records were all up to date and followed good practice guidance and the home appeared clean and tidy.

The building featured tasteful décor, natural light and wide corridors with rails to support people but important places such as people's individual rooms were not easily identifiable. The communal environment lacked clear signage and wayfinding, and there were limited points of interest or features to support orientation and engagement. This could impact people's independence and overall wellbeing and a more balanced use of signage and visual cues could support people in navigating their environment with greater confidence.

Because this impacted on people, we made an area for improvement about this. (See Area for Improvement 1).

Areas for improvement

1. In order that people are able to move around and feel safe and secure in their surroundings, the service should undertake a review of the environment using good practice guidance.

This should include but is not limited to:

- a) easing decision-making and orientation
- b) encouraging independence and social interaction
- c) reducing agitation and distress
- d) promoting easy access to outdoor space, fresh air and natural light.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.21) .

How well is our care and support planned?

3 - Adequate

We evaluated quality indicator 5.1 (Assessment and personal planning reflects people's outcomes and wishes) as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People had individualised and personal support. Plans with clear outcomes that reflected their aspirations and preferences. The plans had good information about people, for example about their life history. We had some concerns that information in care plans was not always used to support people, for example with communication or with activity which meant that the planned outcomes were not being met. Plans were not always clear about how care was actually provided, for example, around restrictive practice.

Some people had a plan prepared to support them if they were to experience stress and/or distress, but the plans did not provide enough information about how best to support individuals. We saw recordings for other people about their distressed experiences where there was no plan in place at all. We had concerns

about how some plans were focussed more on support for staff and also about the tone of language used in some care plans and daily recordings.

Because this could have a significant impact on outcomes for people, we made a requirement. (See requirement 1).

Requirements

1. By 3rd January 2026, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs. This should include, but is not limited to, supporting stress and distress and restrictive practice.

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

a) documentation is sufficiently detailed and reflects the actual care planned or provided and is updated immediately as needs change.

b) care plans and daily recording are outcome focused and written in a person-centred manner, taking account of all the needs and wishes of people.

c) care plans are in place which identify how to respond to specific needs such as stress and/or distress, restrictive practices and also include good practice guidance, for example, the Herbert Protocol.

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).

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 be complying with its statutory duty of candour requirement in adherence to Section 22(1) and (2) of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.

This is in order to comply with:

Health and Social Care Standard 4.4: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 14 July 2025.

Action taken since then

We reviewed this at our inspection. We could see evidence of communication with families when required around Duty of Candour however, given the short timescale we would need to see more of this over a period of time to be confident about embedded practice.

We will review this again at the next inspection.

Previous area for improvement 2

People should be confident their continence needs are identified when they move into the service, and then integrated into a continence promotion care and support plan, which would give guidance to staff on how continence needs are to be met.

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 14 July 2025.

Action taken since then

We reviewed this at our inspection and found other concerns about care and support plans. This area for improvement has been incorporated into a new requirement (see requirement 1 key question 5: How well is our care and support planned?).

Previous area for improvement 3

The provider should have a clear protocol in place for staff to follow, to ensure the correct information is provided to families with regards to the labelling of personal clothing before moving into the service.

This is in order to comply with:

Health and Social Care Standard 4.19: 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 14 July 2025.

Action taken since then

We reviewed this at our inspection and found that process were now in place that included guidance about belongings. We could not see how this had improved practice as the most recent admissions had not followed this process. We will review this again at the next inspection.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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