

Roselea House Care Home Service

175 Stenhouse Street
Cowdenbeath
KY4 9DD

Telephone: 01383 514744

Type of inspection: Unannounced
Inspection completed on: 19 October 2017

Service provided by:
Kingdom Homes Ltd

Service provider number:
SP2003001615

Care service number:
CS2009236885

About the service

Roselea House is registered to provide care to a "maximum of 20 older people with dementia and requiring nursing care". The care service is based in a modern, purpose-built, single-storey building, which is owned by Kingdom Homes, Ltd. The service provides accommodation in 20 single en-suite rooms, along with pleasant lounge and dining areas. Residents have access to a well kept, enclosed, garden area to the rear of the property.

The service was previously registered with the Care Commission in May 2010 and became registered with the Care Inspectorate on 1 April 2011.

What people told us

We spoke with five residents during the inspection. They indicated that, overall, they were very happy with the home and the care provided. Residents were particularly positive about the staff and manager. Examples of comments were:

- Manager excellent
- Manager talks to everyone, she's very nice
- Food is excellent and plenty of choice
- "Staff are helpful - they'll go into town and buy things for us if we need anything"
- Staff are lovely
- Sometimes don't get out as much as I would like
- It's a long day between breakfast and lunch

We spoke with three relatives/carers and gathered comments from three Care Standards Questionnaires. Like the residents, they were very happy with the care and support provided and commented favourably on the staff and management. Examples of comments were:

- "The staff and management across the board are amazing, always available for support"
- "Staff all know the residents well and support their choices and wishes"
- My relative "Has perked up significantly since admission"
- My relative is "encouraged to bake, dust, tidy as she wishes"
- My relative is "part of the home - he is part of the family"
- My relative is "involved with folding towels, tidying and hanging out washing"
- "I am very pleased with home"
- "The food is very good"
- "If visiting, you are always offered tea or coffee and can have a meal in dining room with my family member"
- Felt very involved in planning and reviewing care
- Staff and food are excellent (including special diets)

Self assessment

The service had not been asked to submit a self-assessment prior to this inspection taking place. We were advised of the service's plans to improve the quality of care provision and how these would be taken forward. Advice was given to the service manager about possible formats for setting out the service's improvement plan.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

Staff members had a positive attitude to their work and identified residents as individuals who deserved a high standard of care.

The home was committed to developing a more personalised, outcomes focused, approach to care and this was reflected in the new care plan documents that were being introduced. Staff were being trained to use the new care plans to help deliver care that was in line with individual residents needs, preferences and lifestyle.

There was good input from healthcare professionals, such as GPs, the mental health care home liaison team and dietitians.

The environment was clean and tidy, and well decorated. There was good use of signage, colour schemes and memory items to assist people with dementia and cognitive and sensory impairments find their way around the home. There was clear evidence of personal possessions in residents rooms and lounge furniture was arranged to encourage social interaction between residents.

Meals were a sociable experience and were served in a well set out dining room. Staff provided assistance, where needed, and the cook was highly motivated to produce meals that residents would enjoy. The quality of preparation and presentation of textured diets was particularly noted for its creativeness.

Residents were encouraged to remain active (e.g. by helping carry out light cleaning duties and setting tables, etc.), with specific attention given to residents who needed assistance to improve their mobility. There were regular activities within and outwith the home, including visits from pet therapy animals. Special activities could also be organised, such as a helicopter trip for one of the residents - this was arranged through the service provider's "Make a Wish" scheme.

There was good engagement with relatives and carers through day-to-day contact and organised meetings. Feedback was also obtained through questionnaires. Involving residents in meetings had not proved successful, however, the manager was considering alternative ways to obtain their views and inform plans to improve the service.

Appropriate processes were in place for the recruitment and induction of new staff. Staff were supported in their work through regular supervision and access to training and development opportunities. Regular staff meetings were also held, which centred on improving the quality of care provided. Such measures played an important part in improving the focus on person-centred care.

The manager and staff operated with improvement in mind and this was reflected in the commitment to developing a structured service improvement plan, which identified with needs and wishes of residents and their relatives/carers.

What the service could do better

Overall, care plans were well written and showed clear assessment and regular review. However, more consistency was needed in ensuring that approaches to matters, such as managing stress and distress, were documented and made easily accessible to staff. We accepted that the manager had plans in place to address this issue.

There were clear demands on staff time, especially during the morning when direct care needs were high. As a result, there were periods where parts of the home were not directly observed and residents behaviour or risk of falls, for example, could not always be monitored. The manager acknowledged this and stated that they would consider ways in which staff members are deployed, to improve the level of observation across the home (see Recommendation 1).

Child safety gates were being used in some bedrooms to prevent unwanted access by other residents, while room doors were open. We were unsure about the suitability of these gates and asked the service provider to review their use and consider alternatives, using an appropriate risk assessment tool (see Recommendation 2).

Residents and their representatives involvement in planning and reviewing care was a core part of the home's approach to care provision, however, such involvement was not consistently evidenced. This is important in ensuring that the needs and preferences of individual residents are reflected in the care and support provided to them (see Recommendation 3).

The home had appropriate audit processes in place, however, further development of monitoring systems relating to incidents could be undertaken. The development of an overview of incidents would provide an opportunity to identify trends regarding where and when incidents occurred. The manager stated that the design of the incident form would be reviewed to allow such analysis to be undertaken (see Recommendation 4).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The service provider should ensure that staff are deployed in a way that improves the level of observation across the home. This will be followed up at the next inspection.

National Care Standards - Care Homes for Older People: Standard 6 - Support arrangements

2. The service provider should ensure that all residents with child gates on their room doors have risk assessments carried out (involving, where possible, residents and/or their representatives). The risk assessment should include details of the need for such measures and any alternative methods considered. This issue will be followed up at the next inspection.

National Care Standards - Care Homes for Older People: Standard 4 - Your environment

3. The service provider should ensure that residents and/or their carers or representatives are consistently involved in planning and reviewing care and that their involvement is evidenced - e.g. by signing care plan documentation. Where it is not possible to involve residents and/or their carers or representatives, this should be clearly identified. This will be followed up at the next inspection.

National Care Standards - Care Homes for Older People: Standard 6 - Support arrangements

4. The service provider should introduce processes for analysing incidents to identify trends, such as where and when incidents occur. Such information can be used to risk assess the home environment and the delivery of care, and help to reduce the number of future incidents.

National Care Standards - Care Homes for Older People: Standard 9 - Feeling safe and secure

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings								
4 Nov 2016	Unannounced	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	Not assessed
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Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	Not assessed									

Date	Type	Gradings	
9 Feb 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 May 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
25 Jun 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
25 Jul 2012	Unannounced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
1 Sep 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
14 Mar 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good

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