

Rosturk House Care Home Service

Carslogie Road
Cupar
KY15 4HY

Telephone: 01334 659 820

Type of inspection:
Unannounced

Completed on:
19 March 2024

Service provided by:
Rosturk House Limited

Service provider number:
SP2004004957

Service no:
CS2003042852

About the service

Rosturk House is a purpose built, single storey care home and is registered to provide 24 hour care and support for a maximum of 54 older people. The provider is Rosturk House Limited. The home is located in a residential area of Cupar. All bedrooms are single occupancy and have en suite shower, WC facilities and overlook the gardens. There are good transport links locally.

About the inspection

This was an unannounced follow up inspection which took place on 19 March 2024. The inspection was carried out by one inspector 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 three people using the service
- spoke with two staff and management
- observed practice and daily life
- reviewed documents.

Key messages

The management team demonstrated a commitment towards improvement.

Staff training was being prioritised.

Staff were being supported in their roles.

Care plans required more guidance for staff.

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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

We followed up on an outstanding requirement under this key question, which has been met.

As a result, we re-evaluated this key question as adequate, where strengths outweighed weaknesses. See 'what have we done to meet any outstanding requirements since the last inspection' for further details.

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

Requirements

Requirement 1

By 28 November 2023, the provider must ensure that people experience a service with well trained and informed staff. You must ensure that all staff receive training appropriate to their role, in line with the support needs of the people using the service. This must include, but is not limited to:

- a) regular quality assurance checks to demonstrate how the training received is being implemented in practice throughout the care service;
- b) regular monitoring of staff practice to provide assurance that staff practice is consistent with current good practice guidance;
- c) providing regular staff supervision to ensure their learning and development needs are assessed, reviewed and addressed; and
- d) ensuring staff have access to up-to-date knowledge and best practice guidance through access to regular team meetings.

This is in order to comply with Regulations 9, (2)(b) (fitness of employees) and 15, (b)(i)(staffing), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 6 September 2023.

Action taken on previous requirement

We found that the service had made significant progress in this area since the previous inspection. Face-to-face training had taken place and there were further opportunities for staff to undertake eLearning. Records of mandatory training evidenced almost all staff had undertaken essential training. Staff had been set

timescales for completion of other training courses. Where training had not been completed this was being discussed between staff and management and support and guidance offered. Some important training courses, including Adult Support and Protection training were yet to be refreshed by staff. However, we felt confident the service had implemented plans to ensure all staff undertake necessary training in the upcoming months.

Staff were being encouraged to reflect on the training they had received. We found documentation which evidenced this. Feedback from staff about the training opportunities was positive. New staff were being given additional support via 1:1 sessions to ensure they felt supported and able to undertake their role.

The service had been undertaking regular observations of staff practice. These covered a range of interactions, including administration of medication, communication, meaningful engagement and infection prevention control (IPC). Observations of practice highlighted areas where practice could be developed and showed a commitment towards improvement.

Staff supervision sessions had taken place in recent months. Following these sessions the service had reviewed the frequency and format of staff supervision. The service sought feedback from staff via self-evaluation forms. The service reported these will be used to support productive supervision sessions this month. The service reported supervision will then take place on a three-monthly basis for all staff. We felt reassured the management team were prioritising staff training and support. As a result, people could feel confident staff were well trained and supported.

The service had continued to hold team meetings. Team meetings included discussion around areas for improvement identified during management audits, as well as noted improvements within the service. Information about any changes was shared with staff. Minutes of meetings were emailed to staff to ensure those who were unable to attend were aware of the discussions. We reviewed meeting minutes which were clear and comprehensive. As a result, we felt confident staff were being well informed.

This requirement has been met.

Met - outwith timescales

Requirement 2

By 08 January 2024, the provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users

a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users.

To be completed by: 08 January 2024

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people. This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 21 December 2023.

Action taken on previous requirement

This requirement was followed up on 26 January and assessed as not met. The timescales had been extended. This requirement will be re assessed at the next inspection.

Not assessed at this inspection

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

In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. This should include meaningful engagement with people who experience advanced physical and/or cognitive impairment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 6 September 2023.

Action taken since then

We did not evaluate this area for improvement during this inspection. This area for improvement is outstanding.

Previous area for improvement 2

People and their representatives should be included in care planning and reviews. The service should provide support where necessary to ensure people can contribute in a way that is meaningful to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 6 September 2023.

Action taken since then

We sampled care plans and reviews. The service had made progress undertaking face-to-face reviews and including families and representatives in these. We found evidence their views being included in documentation. However we found limited evidence of people who use the service being involved in reviews or care planning. People should expect to be consulted about their care in a way that is meaningful to them. We directed the service to resources which could support them to consider how they include people's views.

As a result this area for improvement was not met.

Previous area for improvement 3

Care plans should include information and guidance for staff about all aspects of an individual's care and support. This should include but is not limited to stress and distress guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 6 September 2023.

Action taken since then

We sampled care plans during this inspection. We found evidence of improvement in some aspects of care planning. We found care plans which detailed individual needs and included comprehensive post falls recording. However, guidance around stress and distress was limited. Management recognised that planning and guidance in this area could be improved. Clear guidance for staff should support a consistent approach, based upon the assessed needs of an individual.

As a result this area for improvement was not met.

Previous area for improvement 4

In order to demonstrate respect and ensure good outcomes for people experiencing care, and their representatives, all staff should understand the need to listen to people's concerns, record these and act upon them promptly. This should be standard practice which is regularly reviewed by management to help them measure outcomes for people.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that 'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'. (HSCS 3.13)

This area for improvement was made on 16 August 2022.

Action taken since then

We did not evaluate this area for improvement during this inspection. This area for improvement is outstanding.

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 good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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