

## Rosaburn House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 March 2024

**Service provided by:**  
Northcare (Scotland) Ltd

**Service provider number:**  
SP2003002314

**Service no:**  
CS2006115094

## About the service

Rosaburn House care home is registered to provide a care service to a maximum of 66 older people. The provider is Northcare (Scotland) Limited.

The purpose built care home is located in East Kilbride, close to local shops and amenities. The service comprises of four wings, on two storeys, each wing having a spacious lounge and dining area. Residents have access to additional spaces including a private dining room, cinema and hair salon.

All bedrooms are single, with ensuite facilities. Residents have access to attractively laid out, secure gardens and there are balconies on the upper floors, which overlook the gardens. Visitor parking is available within the grounds of the service.

At the time of this inspection there were 65 residents living at Rosaburn House.

## About the inspection

This was an unannounced inspection which took place between 13 and 15 March 2024 between 07:30 and 19:30. 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:

- spoke with seven people using the service and five relatives;
- spoke with 15 staff and management;
- spoke with five visiting health professionals;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- People experienced good outcomes and were supported by motivated compassionate staff.
- There was access to a range of meaningful and social opportunities, helping people get the most out of life.
- Monitoring and recording of people's food and fluid intake must be improved.
- Quality assurance systems were not always effective in identifying areas of service performance that needed to improve.
- Internal policies and procedures were not always being adhered to which has the potential to impact on outcomes for people.
- Staffing arrangements and deployment were well planned and regularly assessed.
- The service must improve their oversight and recording of environmental issues related to the building.
- Systems and processes to monitor the standards of cleanliness of mattresses should be improved.
- We have made three requirements and three areas for improvement.

## 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?	5 - Very Good
How good is our setting?	3 - Adequate
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?

## 3 - Adequate

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with kindness and respect. We saw warm and pleasant interactions and there were very good relationships between staff and residents. Relatives said they were always made to feel welcome, and staff knew their loved ones very well. One resident told us "Staff are good, they can't do enough for you. It's a lovely place". This helped provide assurance that people were treated with compassion.

Where people's independence, choice and control was restricted to keep people safe, we saw that this was done in line with good practice (see Rights, Risks and Limits to Freedom [mwscot.org.uk](http://mwscot.org.uk)). For instance, the service had reviewed how it monitored the use of lap belts and sedative medication. This meant that the necessary legal arrangements were in place to support people's rights.

People were supported to have an active life and participate in a range of meaningful activities. Regular group and 1:1 activities were taking place in the home and the community. People told us they very much enjoyed the musical entertainment, outings for lunch, and opportunity to learn French. Feedback we received from people showed that staff promoted a variety of activities that helped to make people feel engaged, happy and included.

People should expect their health to benefit from the care and support provided. Health assessments and regular risk assessments took place. The management team had implemented a new system to monitor key indicators of health and wellbeing. This supported better awareness of residents changing needs to support with early intervention. The home had good links with multidisciplinary professionals, and we could see onward referrals to a range of health professionals including dietician, podiatrist and GP. This meant that people had the most appropriate health care at the correct time.

We observed a mealtime experience which was well managed, and meals looked appetising. For those who needed support at mealtimes, staff encouraged them to eat at a comfortable pace. We saw people being offered a range of nutritious snacks and drinks throughout the day and staff showed a good awareness of resident's needs.

Where people were at risk of weight loss or ill health there was not effective monitoring in place. For example, fluid charts were completed inconsistently, and people were often not reaching their daily target intake. Where people were losing weight, we could not see any evidence of their food intake being monitored in line with the service policy. This places people at risk of dehydration and continued weight loss. While we saw some strengths in relation to people's health needs, monitoring and recording of people's food and fluid intake must improve including ensuring staff are competent. This is to ensure people are kept safe from harm. (See requirement 1).

People were encouraged to take an active role in reviewing their personal plan and families were routinely involved in this process. Reviews gave people the opportunity to reflect on what was working well and what could be improved. This assured us people received care that was person centered.

Information we reviewed in one resident's personal plan was not up to date and we highlighted how information in another could be confusing. This puts people at risk of not receiving the correct care to meet

their needs. Staff must improve their competency when reviewing and auditing to ensure high standards of care/accurate records are maintained and people are kept safe from harm. (See requirement 1 under key question 2).

## Requirements

1. By 19 August 2024, the provider must ensure that monitoring of food and fluid provision and management within the home meets the needs of residents. To do this, the provider should, at a minimum:

- a) Ensure there is accurate recording and monitoring of people's food and fluid intake when a need arises.
- b) There is a protocol in place giving clear instruction on when monitoring is required.
- c) Records evidence attempts made to ensure people reach their identified targets.
- d) Staff have the required skills and competencies to accurately complete monitoring records.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that:

"My future care and support needs are anticipated as part of my assessment" (HSCS 1.14); and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21)

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

Feedback about the quality of management and leadership was very positive. People found the management team accessible and responsive. Staff appreciated the open and supportive style of the registered manager. Staff told us "The manager is very approachable, visible and the resident's all know her". This helped to make people feel listened to and supported.

The home had a dedicated quality assurance advisor who was completing regular unannounced visits. There was a range of new quality assurance processes which had recently been implemented to provide improved oversight and support staff development. This promotes a culture of continuous improvement and supports better outcomes for people.

There was a service improvement plan in place, which was being reviewed and updated as actions were progressing. Feedback from stakeholders had been gathered and resulting actions were included in the improvement plan. This ensured that people who use the service and those important to them were involved in decisions about service improvements.

There was a range of quality assurance systems in place, however these were not always being used to their full potential. This had resulted in some improvements not being identified or actioned. Some of the staff were involved in quality assurance, for example completing monthly audits which supported the registered manager's oversight. The standard of audits completed as part of quality assurance was not consistent and highlighted a deficit in some staff skills. This places people at risk if necessary improvements are not identified or actioned. The service must ensure that all quality assurance processes are effective and robust, and staff have the required skills and competency to identify areas for improvement. (See Requirement 1).

The management team had implemented systems to provide oversight and analysis of clinical matters, including accident and incidents. For instance, we saw evidence of analysis of incidents including falls with actions taken to reduce the risks. This proactive approach ensures people are kept safe from harm.

There were frequent meetings to discuss matters in the home involving all staff. Resident and relative meetings were happening regularly, and any matters highlighted were acted on as needed. We saw evidence of asking people for their feedback through recent staff and resident questionnaires. This gave us assurances that people's views and opinions were sought and valued.

A complaints process was available however we could not see that the full process was being followed in line with company policy as outcomes and complainant responses were not recorded. Accurate recording of complaints should be captured to ensure correct processes are adhered to and people receive high standards of care. (See area for improvement 1).

## Requirements

1. By 19 August 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- a) assessment of the service's performance through effective audit;
- b) develop action plans which follow Specific, Measurable, Achievable, Relevant and Time-based (SMART) principles; and
- c) staff are supported to develop the necessary skills and competencies required for carrying out audits through access to relevant training and development opportunities.

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) Regulation 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 processes." (HSCS 4.19)

## Areas for improvement

1. To ensure good outcomes for people experiencing care, the service should ensure they adhere to their own policies and procedures, including but not limited to complaint handling and recruitment policies.

This is to ensure care and support is consistent 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".

## How good is our staff team?

**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.

The staff team were motivated, respectful and supportive and shared the aims and values of the service. This meant that people living in the home were cared for and supported by a dedicated and positive workforce.

Staff worked well together to support the outcomes for people. They were flexible and responsive to people's needs. This ensures care and support is consistent and stable.

There was a staffing assessment to support decisions made about staffing arrangements. This was based on a range of factors including the wellbeing of residents and took into account their needs and wishes. Staffing arrangements were flexible and responsive. This meant there was the right number of staff at the right time to meet people's needs.

Staff provided quality care and had the opportunity to spend meaningful time with residents. Staff's perception of staffing levels in the home was good and everyone we spoke to told us there was enough staff. Staff told us they had time to have meaningful interactions with people and recognised the importance of this. This allowed staff to foster good relationships with residents as they valued and prioritised opportunities for good conversations. This assured us people received compassionate care.

People told us they had confidence in the staff team. There was an effective induction and mentoring system in place for new staff. This ensures people continue to experience consistent high standards of care to meet their individual needs.

Supervision for staff was taking place regularly and staff told us they valued this opportunity. These sessions provided opportunity for discussions about work and provided an opportunity for professional development. We spoke with a number of staff who had worked with the company for several years and were being supported to develop and enhance in their careers. This enabled staff to develop their individual strengths, skills and interests to achieve good outcomes for people.

Staff recruitment files did not contain evidence that identification checks had been completed in line with best practice guidance (see Safer Recruitment Through Better Recruitment). The provider assured us that they were in the process of rectifying this as a matter of priority. The management should ensure they continually comply with their internal recruitment policies in order to keep people safe and provide high standards of care. (See area for improvement 1 under key question 2).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

The home was welcoming, homely and furnished to a high standard. People's bedrooms were personalised, spacious and well equipped and residents told us they were happy with their rooms. It was positive to see people regularly making use of the facilities including the cinema room and hair salon. This meant that the environment supported good outcomes for people by giving them a comfortable place to live.

Although the home appeared to be clean and fresh with aspects maintained to a high standard, we identified issues in relation to the cleanliness of bed mattresses. The home had recently employed new staff to support with improvements to bedrooms and we heard about regular deep cleans taking place. However on closer inspection of people's bedrooms we found bed mattresses and coverings which were not clean. We were concerned to find these areas had been recently checked by staff and assessed as clean. We

shared these findings with the management team who took immediate action to ensure a clean and safe environment. (See area for improvement 1).

Maintenance and safety checks did not always show timescales for repairs being completed. We raised this with the management team who agreed to address this. Although maintenance and safety checks were regularly taking place, some equipment safety checks were missing for example, equipment to support with safe moving and handling of people, and specialist beds. We identified some areas needing repair, which had not been identified through the home's internal processes such as emergency door closing devices in bedrooms. Recommendations were raised by the Scottish Fire and Rescue service in August 2023, and we could not see recorded evidence of completion. This will ensure residents have access to a safe environment fit for purpose. (See requirement 1).

People should have access to outdoor space and fresh air. The home had a well-maintained garden space with various points of interest. The inclusion of a walking route in the garden area helped to promote physical activity and movement for the residents. This provided people with an enjoyable space to spend time outside.

## Requirements

1. By 19 August 2024, the provider must support people to ensure that people live in a setting which is safe and well-maintained in relation to the building and any required equipment. To do this the provider must, at a minimum but not limited to:

- a) Ensure all required test/services of equipment including profiling beds and moving and handling aids are carried out on time and the outcome is clearly recorded.
- b) Ensure all repairs and safety checks identify timescales for commencement and completion of work and are carried out timeously
- c) Ensure there are effective systems for oversight of the completion of environmental repairs and improvements, which record all actions taken including recommendations made by the Scottish Fire and Rescue Service.

This is to comply with Regulation 3 (Principles) and 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: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

## Areas for improvement

1. To ensure a clean and safe environment the provider should ensure there are effective systems and processes to monitor standards of cleanliness of mattresses. This should also include assessment of staff practice in order to ensure the environment is clean, and the risk of infection is minimised.

This ensures 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 processes' (HSCS 4.19).



**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.

Personal plans provided good quality and person centred information. They gave a sense of who a person was and what mattered to them. Personal plans provided details of people's healthcare needs, abilities and choices. We saw an improvement in information on specific health conditions and the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to residents.

Personal plans were available in an accessible format and families and residents had an active involvement in their development and review. Regular reviews took place which involved the resident, their relatives and social work. Although we could see personal plans being regularly evaluated and assessed, these processes were not always effective in ensuring information remained accurate and up to date. Effective evaluations of plans will ensure information is correct and supports consistently positive outcomes for people. (see requirement 1 under key question 2 - How good is our leadership?).

Stress and distress care plans gave staff some good information on how to support people. However, we found this information difficult to locate and it did not clearly link to other relevant information within the person's plan. We discussed with the management team how the format and information could be improved upon. This will help staff to recognise, intervene and reduce individuals' levels of distress. (See area for improvement 1).

Risk assessments were in place and up to date. We saw risk assessments completed for those at risk of harm due to falls, skin breakdown or poor dietary intake. The assessments recorded how to keep people safe, and the actions needed to reduce risk. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

People living in the home were listened to and involved in decisions about their future care. Future Care Planning previously referred to as Anticipatory Care Planning was in place for people who wanted them with improved detail on people's wishes.

**Areas for improvement**

1. To ensure people experience care and support that is right for them, personal plans for people who experience increased stress and anxiety should be improved. Information should clearly direct staff on strategies to recognise, support and reduce levels of distress experienced.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 management team should ensure that information within care plans is accessible and informs all aspects of the care and support people experience. To do this the management team should further develop care and support plans to include the following areas and ensure that this information is shared with the key staff providing support:

- Meaningful activity/people get the most out of life.
- Meaningful contact that meets people's outcomes needs and wishes.
- Strategies for supporting people who experience stress and distress.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 area for improvement was made on 7 October 2022.**

#### Action taken since then

People had access to support plans which were held in their bedrooms. Meaningful activity care plans were in place giving detail of how staff can support people in a way that suited their individual needs and preferences.

Information on strategies to support people who experience stress and distress was available however this was difficult to locate. Some plans we looked at provided information on how to communicate with people to minimise levels of distress, however other plans required updating. We made suggestions on how this information could be improved upon to ensure that it is clear and directly links to the appropriate care plans in place.

This area for improvement is partly met and is re-worded to reflect the findings of this inspection. See Key question 5 – area for improvement 1.

#### Previous area for improvement 2

Where there is an identified health need, in this case oedema, there should be a clear and practical care plan in place, this should include any advice from external professionals. Where there is an issue with an individual engaging in any interventions staff should seek advice from family and external professionals, providing ideas and strategies.

This is to ensure care and support is consistent 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 8 June 2023.**

**Action taken since then**

Health related care plans were in place for people and provided clear and detailed advice for staff. We could see evidence of regular communication between staff, families and external health professionals. Families told us they were kept up to date with any changes to their relatives needs, and feedback from visiting professionals on the standards of care in the home was positive.

This area for improvement has been met.

**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?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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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