

Rosaburn House Care Home Service

Rosaburn Avenue
East Kilbride
Glasgow
G75 9DE

Telephone: 01355 598 390

Type of inspection:
Unannounced

Completed on:
25 September 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 en suite 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 a follow-up inspection which took place between the hours of 08:30 and 18:00 on 10 and 24 September 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 seven people using the service and two of their relatives
- spoke with six staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

This follow-up inspection focused on the requirements and areas for improvement made during the previous inspection and evaluated how the service had addressed these to improve outcomes for people. During this follow-up inspection, we increased the evaluation for quality indicator 1.3, 2.2 and 4.1 to good because the service had made progress by building on key strengths.

Key messages

- The management and staff team had embraced the need for change and made significant improvements to the areas identified at the previous inspection.
- Residents told us that staff were kind and caring to them, and the home had a calm and welcoming atmosphere.
- Information recorded within personal plans and documentation used to monitor people's food and fluid intake had improved to ensure people's wellbeing.
- The service had implemented robust protocols for monitoring of people's health, and staff were confident and competent in their roles.
- There had been improvements to the completion of quality assurance activities providing better oversight of the service to ensure standards remain good.
- There had been targeted improvements to stress and distress documentation and management, leading to better outcomes for people in the home.
- Systems for monitoring and oversight of environmental safety had greatly improved, and staff were clear on their roles and responsibilities for this ensuring people experience high quality facilities.
- Improvement was evident in all required areas made during the previous inspection. As a result, people's needs were being met more effectively.

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 setting?	4 - 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

The improvements found at this visit has resulted in the evaluation for this key question changing from adequate to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

For this key question we looked at monitoring of people's food and fluid intake to meet the needs of residents.

Clear protocols and procedures were in place which supported staff to provide consistent and effective care. The service had made improvements to systems and oversight of people's food and fluid monitoring, and were working closely with external health professionals. This ensures people receive the right care to meet their needs.

Staff showed an improved confidence and competence in their role. The service had developed and delivered training for staff and as a result we saw an improvement in the standards of documentation in the home. The management team had adopted a "whole home approach" and staff were positive about the development opportunities they had taken part in. This helped support a positive culture in the home and ensure staff have then necessary skills for their roles.

There was effective oversight of people's dietary and fluid intake. We saw evidence of people being offered a range of food and fluids to meet their identified needs, and appropriate action being taken when needs change. This assured us that people's health and wellbeing was promoted.

How good is our leadership?

4 - Good

The improvements found at this visit has resulted in the evaluation for this key question changing from adequate to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

For this key question we looked at quality audits, and adherence to internal policies and procedures.

There was a range of systems and processes in place to provide oversight in the home, and we saw notable improvements to the quality of those completed. All staff who were responsible for quality assurance had taken part in one-to-one training for auditing. Oversight in the service had improved and new systems in place were robust and effective. This helps to promote a culture of continuous improvement ensuring people experience good standards of care.

Audit tools had been reviewed and updated to ensure they continue to drive service improvements. We saw clear evidence of actions being identified and completed in a timely manner. The service had embedded the improved quality assurance processes and staff felt supported in their roles to meet these responsibilities. This proactive approach supports continuous and sustained improvements in the service.

Improvements had been made to ensure the service was adhering to their internal complaints and recruitment policies. We saw clear records where a complaint had been handled to a satisfactory outcome. Staff files had been updated to ensure they were now in line with best practice 'Safer recruitment through better recruitment' (Care Inspectorate, 2023). This ensures good outcomes for people.

How good is our setting?**4 - Good**

The improvements found at this visit has resulted in the evaluation for this key question changing from adequate to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

For this key question we looked at environmental safety and maintenance, and the cleanliness of mattresses in the home.

The management team now had a better overview of the environment and we could see from these records that any issues or requests were recorded, actioned and signed on completion. This ensured that repairs were carried out within a reasonable timeframe providing us assurances that the premises were safe and reduced the risk of harm.

Robust safety checks were in place for equipment such as profiling beds, and we saw evidence of prompt action being taken to address any issues that may arise. This proactive approach ensures that people have access to good standards of equipment to meet their needs.

Regular environmental audits were taking place and we saw actions being addressed efficiently. The environment was clean and fresh throughout and we saw improvements to the standards of mattresses in the home. Staff training had taken place to ensure high standards of cleanliness in the home. This ensures people live in a home that is safe and well-maintained.

How well is our care and support planned?**4 - Good**

We have continued to evaluate of good for this key question, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We have reported on our findings under the following sections:

'What the service has done to meet any areas for improvement made at or since the last inspection.'

One area for improvement had been met in relation to personal plans for stress and distress.

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

Requirements

Requirement 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).

This requirement was made on 23 April 2024.

Action taken on previous requirement

Improvements had been made to ensure effective monitoring and care to meet people's healthcare needs. We have commented on this further under Key Question 1 - How well do we support people's wellbeing?

Met - within timescales

Requirement 2

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).

This requirement was made on 23 April 2024.

Action taken on previous requirement

Improvements had been made to the quality assurance processes within the home, supporting a culture of continuous improvement and leading to better outcomes for people.

We have commented on this further under Key Question 2 - How good is our leadership?

Met - within timescales

Requirement 3

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).

This requirement was made on 23 April 2024.

Action taken on previous requirement

Improvements had been made to ensure effective oversight and maintenance of the environment, including fire safety and maintenance of equipment.

We have commented on this further under Key Question 4 - How good is our environment?

Met - within timescales

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 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 (HSCS) which state that:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21)

This area for improvement was made on 23 April 2024.

Action taken since then

We saw evidence of adherence to the service's own policies and procedures.

We have commented on this further under Key Question 2 - How good is our leadership?

This area for improvement has been met.

Previous area for improvement 2

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 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).

This area for improvement was made on 23 April 2024.

Action taken since then

Effective systems and processes were in place to monitor standards of cleanliness in the home ensuring people have a safe and clean place to live.

We have commented on this further under Key Question 4 - How good is our setting?

This area for improvement has been met.

Previous area for improvement 3

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 that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

This area for improvement was made on 23 April 2024.

Action taken since then

Personal plans had been reviewed and updated to provide quality person-centred information. Plans we reviewed gave a clear picture of people's personalities and characteristics, and captured what was important to them. This helps staff deliver personalised care and support that suits people's needs and preferences.

Updated plans provided good guidance on how staff could support people during incidences of increased stress. Communication plans had been implemented which provided clear guidance on how staff should respond and interact with people. The service had made improvements to explore what people's behaviour may be communicating, and as a result, we heard of a reduction in incidences of stress and distress. This leads to improved outcomes for people experiencing care.

Staff were kind and caring in their approaches. We observed warm interactions throughout our inspection which supported people to feel settled and calm.

This area for improvement has been met.

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 well do we support people's wellbeing?	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 setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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