

Roselea House Care Home Service

175 Stenhouse Street
Cowdenbeath
KY4 9DD

Telephone: 01381 514744

Type of inspection:
Unannounced Inspection

Completed on:
25 April 2018

Service provided by:
Kingdom Homes Ltd

Service provider number:
SP2003001615

Service no:
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 12 people using the service. They indicated that, overall, they were very happy with the home and the care provided. People were positive about the staff and manager and made comments such as

"I have no complaints",
"people are so friendly",
"it is a wonderful place"
"meals are like home made"

We spoke with four relatives/carers. Like people using the service, they were generally very happy with the care and support provided and gave favourable feedback on the staff and management. The manager was described by one person as "brilliant" and as "always being available to deal with issues". Others felt that the home had been a good choice for their relative's care and that there were lots of activities. It was, however, noted that there had been a lot of staff changes and some issues with cleaning rooms.

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 the inspection we graded this service as:

Key Question	Quality Indicators	Evaluation
How Good are Outcomes for People Experiencing Care?	1.1 People experience compassion, dignity and respect	Very Good – 5
	1.2 People have a good quality of life as a result of their care and support	Very Good - 5
	1.3 People’s health benefits from their care and support	Very Good - 5
	1.4 People are getting the right service for them	Not evaluated
How good is our delivery of key processes?	5.1 Assessment and care planning Peoples’ needs and wishes.	Very Good - 5

How Good are Outcomes for People Experiencing Care

In order to answer this question we considered and evaluated the following Quality Indicators

- 1.1 People experience compassion, dignity and respect
- 1.2 People have a good quality of life as a result of their care and support
- 1.3 People’s health benefits from their care and support
- 1.4 People are getting the right service for them (this was not evaluated, but considered as part of our overall assessment)

Findings from the inspection

People could expect to be treated with compassion, dignity and respect. Staff were familiar with people as individuals and delivered their care in a way that respected their personal preferences and choices. People were supported to be independent and to make choices according to their abilities. Where people could not express their wishes clearly, staff took time to understand what they wanted. Interaction with others was encouraged and family and friends were welcomed into the home.

People who could not make their own decisions were supported through appropriate legal frameworks. This is important in ensuring that people’s preferences and expectations are accounted for when planning and delivering their care and support.

Where people experienced stress and distress, staff responded in a calm and reassuring manner. This helped people relax and enjoy as much of their day as possible. Although the practice observed was very good, some care records could have had more information about managing distress, resulting from anxiety and pain – this would help ensure that all staff could take a consistent approach. The service stated they would further develop protocols for managing stress and distress. This will be followed up at the next inspection.

A healthy and active lifestyle should be promoted through a range of activities. A well developed programme of activities helped support people's physical and mental wellbeing. This included good links with the local community and schools, and innovative ideas, such as using an "Alexa" device to encourage people to select music and participate in singing and dancing. We noted that activities were limited during the morning, because of people's direct care requirements; however, opportunities did improve as the day progressed.

People should expect regular input from healthcare professionals to help them keep physically and mentally well. Comprehensive health assessments were carried out at the point of admission and reviewed regularly thereafter. Referrals for consultations and advice from a variety of healthcare professionals (e.g. GPs, tissue viability nurses, mental health liaison team and dieticians) were also made.

People should be able to enjoy their food and drink in a sociable atmosphere. Meals were served at tables in dining areas, or in people's bedrooms, according to personal needs and preferences. Staff sat at tables with people, which helped encourage conversation and ensured that people could get help with eating and drinking if they needed this. The quality of food was of a high standard.

Requirements

Number of requirements: 0

No requirements were identified under this Key Question

Areas for improvement

Number of areas: 0

No areas for improvement were identified under this Key Question

Grade: 5

How Good is our delivery of Key Processes

In order to answer this question we considered and evaluated the following Quality Indicators

5.1. Assessment and care planning reflects peoples' needs and wishes

Findings from the inspection

In order that people receive the care and support they require, they should be cared for by staff who are familiar with their needs. The service has faced challenges in dealing with high staff turnover; however, progress was being made in recruiting staff and re-establishing a more permanent care team. A comprehensive supervision process and access to a comprehensive training programme should help ensure that staff are equipped to deliver a high standard of care. Staff resources and training and development will be reviewed at the next inspection.

Care plans should give clear direction about how to deliver people's care and support, along with information about their personal interests and preferences. Progress was being made with implementing new care plan documents, which were found to be person-centred and reflected people's lifestyle and care needs. The service acknowledged that improvements could be made in identifying how people are supported to achieve better outcomes and stated they would make changes to accommodate this.

People should be confident that processes are in place to ensure that care records are up to date and that policies and procedures are working properly. This helps identify problems in the processes used to support people's care and reduces the risk of things going wrong. The service had well-established processes in place to audit and review care plans, as well as care-related policies and procedures, and had plans in place to further develop these processes.

As a means to improve the quality of care, and outcomes for people, the service had started to develop a service improvement plan – the intention was to initially focus on staff and team development. The importance of identifying improvements and implementing these in a way that improves outcomes for people was underlined. This has been identified as an area for improvement, which will be followed up at the next inspection (see area for improvement 1).

Requirements

Number of requirements: 0

No requirements were identified under this Key Question

Areas for improvement

Number of areas: 1

1. To help continuously develop better outcomes for people using the service, the service provider should further develop the service improvement plan. This should set out ideas and plans for improving the service, and should involve a variety of stakeholders (e.g. people using the service, their families/carers and staff members). This will be followed up at the next inspection of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

Grade: 5

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

Requirements

No requirements were made.

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

Areas for improvement

Area for improvement 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.

This area for improvement was made on: 19 October 2017

Action taken on previous area for improvement

This area for improvement has been met.

The service was allocating staff to observe specific areas of the care home. Staff were also briefed on the needs of people using the service and any requirements for additional actions and/or levels of observation.

Area for improvement 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.

This area for improvement was made on: 19 October 2017

Action taken on previous area for improvement

This area for improvement has been met.

The service had implemented risk assessments that detailed the need for gates and any alternatives considered. Risk assessments were seen to involve people using the service and/or their representatives.

Area for improvement 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.

This area for improvement was made on: 19 October 2017

Action taken on previous area for improvement

This area for improvement has been met.

There was improved evidence to demonstrate the involvement of people using the service and/or their representatives in planning and reviewing care. New care plan documentation, however, needed to be adapted to include space for people to sign and acknowledge involvement. We accepted that the service provider would take appropriate action to remedy this.

Area for improvement 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.

This area for improvement was made on: 19 October 2017

Action taken on previous area for improvement |

This area for improvement has been met.

Processes for analysing incidents to identify any trends had been introduced. This included a monthly analysis of accidents and incidents and incident notification action plan.

Complaints

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

Enforcements

No enforcement action has been taken against this care service since the last inspection.

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Care Inspectorate
Compass House
11 Riverside Drive Dundee
DD1 4NY

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