

## Rosehall Manor Care Home Service

310 Station Road  
Shotts  
ML7 4AQ

Telephone: 01501 820080

Type of inspection: Unannounced  
Inspection completed on: 20 March 2018

**Service provided by:**  
Third Life Care Limited

**Service provider number:**  
SP2003000159

**Care service number:**  
CS2005089642

## About the service we inspected

Rosehall Manor is a purpose-built care home in the Shotts area of North Lanarkshire. The service is provided by Third Life Care Ltd. It is accessible to public transport routes including bus, train or motorway. People living in the home are within walking distance of the main street with local shops and community amenities.

There are good views over the countryside from many of the bedrooms with other bedrooms having views into well-tended gardens. There is access to outdoor seating areas depending on the weather and season.

The 64 bedrooms have en-suite facilities and there are also additional bathing facilities and toilets. The shared public spaces have lounge and dining areas. The aim of the service is to provide care and support for older people and those living with dementia.

This service has been registered since 1 July 2005.

## How we inspected the service

Two inspectors carried out an unannounced visit to the home on 20 March 2018. The purpose of this visit was to review the requirements and recommendations made at the last full inspection.

This report should be read in conjunction with the report produced following the full inspection on 2 November 2017.

We looked at:

- care plans and the quality of information recorded
- care plans for stress/distress behaviours
- incident forms
- six monthly review meetings
- medication recording sheets (MARS) and "as and when required" medication
- monthly evaluations
- risk assessments
- audits being completed
- analysis of accidents/incidents
- training
- staff registration with Scottish Social Services Council (SSSC)
- activities
- daily notes
- workbooks for new staff
- we completed a walkabout of the home
- we attended the morning changeover meeting
- we spoke with residents and staff as we walked around the home

## Taking the views of people using the service into account

We spoke with residents as we walked around. Residents told us they were happy to live in Rosehall Manor.

## Taking carers' views into account

We did not speak with any carers during this visit.

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

### Previous requirements

#### Requirement 1

There should be detailed recordings of episodes of stress and distress behaviour, with any known triggers and staff interventions recorded. Incidents of stress and distress behaviours should be analysed to look for trends.

This is to comply with SS1 2011/210: Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users

Timescale: To commence on receipt of this report and be fully implemented by 26 February 2018.

**This requirement was made on 4 December 2017.**

#### Action taken on previous requirement

We looked at four care plans and found only two had stress and distress behaviour care plans. This meant they failed to identify any triggers or intervention strategies that staff could use to divert residents before the use of "as required" medication.

The ones that had been completed had good information and we felt the team were on the right track.

The service did not record incidents in a stress/distress care plan so that the number of these could be monitored for each individual. This would give the service the information to take to health professionals to ensure residents were given the correct support.

**Not met**

#### Requirement 2

Six monthly reviews of residents care must be carried out.

This is to comply with SS1 2011/210: Personal plans 5. (3) A provider must (b) review the personal plan (iii) at least once in every six month period whilst the service user is in receipt of the service.

Timescale: To be fully implemented by 26 February 2018

**This requirement was made on 4 December 2017.**

#### Action taken on previous requirement

We found six monthly review meetings were taking place.

**Met - within timescales**

#### Requirement 3

The service provider must ensure that service users' personal plans and medication administration records (MARs) set out how the health, welfare and safety needs of the individual are to be met.

In order to do this, the service must ensure that the personal plans and MARs:

- Accurately reflect all the current needs of the individual and include details about the individual's preferences over all aspects of care and support.
- Include information about care and support interventions and are up to date and regularly evaluated.
- Have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning
- Inclusion of information regarding the use of specialised equipment and medication to support the individual.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 5(1): Personal Plans.

Timescale: All care plans to be updated by 26 February 2018

**This requirement was made on 4 December 2017.**

### Action taken on previous requirement

We found some improvement to care plans since the last inspection however there was further work to be done to ensure they fully met residents support needs.

An example was continence care which did not guide staff to promote continence but rather how to manage it. Care plans must give staff clear guidance on how to carry out tasks in the way residents prefer. This would ensure staff consistency which is beneficial to residents on their dementia journey.

We were pleased to find some care plans highlighted what residents could do independently but this was not evident in all parts of care plans.

We could see that monthly evaluations were carried out to note if there were any changes to the support needs. Although we could see improvements the requirement is not yet met.

**Not met**

## Requirement 4

The provider must ensure when PRN medication is administered the reason and outcome must be recorded on the medication record sheets (MARS).

This is to comply with SSI 2011/210: Welfare of users 4.(1) a provider must (a) make proper provision for the health, welfare and safety of service users

Timescale: To commence on receipt of this report and to be on-going

**This requirement was made on 4 December 2017.**

### Action taken on previous requirement

We looked at medication administration records (MARS) and the use of "as and when required" medication (PRN). We found that in general the reason for administering the PRN was generally recorded however the outcome was not always recorded. This meant there was no record if the PRN had been effective or not.

**Not met**

**Requirement 5**

The provider must complete regular audits and analysis of accidents and incidents to identify risks.

This is to comply with SSI 2011/210: Welfare of users 4.(1) A provider must (a) make provision for the health, welfare and safety of service users

Timescale: An audit to be completed on receipt of this report and then on a regular basis

**This requirement was made on 4 December 2017.**

**Action taken on previous requirement**

We looked at audits and found these being completed monthly. The analysis of accidents was carried out to identify any trends. This gave the service the information to help them try to minimise further accidents. We found enough evidence to meet this requirement but have asked the service to develop action plans to show how this information is used to try to reduce incidents.

**Met - within timescales**

**Requirement 6**

The provider must ensure staff who work closely with residents have dementia skilled training.

This is to comply with SSI 2011/210: 15 Staffing A 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 (b) ensure that persons employed in the provision of the care service receive (i) training appropriate to the work they are to perform

Timescale: All staff to complete this training by 26 February 2018

**This requirement was made on 4 December 2017.**

**Action taken on previous requirement**

We found all carers and nurses were working through dementia skilled level workbooks with a six month target date to complete.

**Met - within timescales**

**Requirement 7**

The provider must carry out regular medication audits.

This is to comply with SSI 2011/210: Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users

Timescale: A medication audit to be completed on receipt of this report and then on a regular basis

**This requirement was made on 4 December 2017.**

**Action taken on previous requirement**

We found medication audits were completed monthly. Action plans were developed for any issues raised.

**Met - within timescales**

## Requirement 8

The provider must ensure all staff required to be registered with the SSSC have an up to date registration.

This is to comply with SSI 2011/210: Staffing 15 A 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

Timescale: Full check of SSSC registered staff on receipt of this report and on a regular basis

**This requirement was made on 4 December 2017.**

### Action taken on previous requirement

We found all staff who required to be registered with the SSSC had up to date registration.

**Met - within timescales**

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

## Previous recommendations

### Recommendation 1

There should be a stimulating environment for all residents.

National Care Standards, Care Homes for Older People, Standard 17, Daily life

**This recommendation was made on 4 December 2017.**

### Action taken on previous recommendation

The provider had increased the number of hours activity co-ordinators worked. We were pleased to find activity co-ordinators worked weekends and some evenings. This gave opportunities for activities that were not just during the day Monday to Friday.

During inspection we observed some good interactions between staff and residents and there were activities taking place.

This recommendation has been met.

### Recommendation 2

Daily notes should detail how the person has spent their day.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements

**This recommendation was made on 4 December 2017.**

## Action taken on previous recommendation

We found daily notes showed how the resident had spent their day including activities and 1-1 time spent with staff.

This recommendation has been met.

## Recommendation 3

Life histories should continue to be developed.

National Care Standards, Care Homes for Older People, Standard 6, Supporting Arrangements

**This recommendation was made on 4 December 2017.**

## Action taken on previous recommendation

Staff had given life history booklets to visiting families, asked them to complete them and hand them back. This had not yet happened for everyone but the service continued to work hard to provide life histories for residents. This gives staff information to encourage reminiscence and chat.

This recommendation has been met.

## Recommendation 4

The older part of the home should be refurbished.

National Care Standards, Care Homes for Older People, Standard 4, Your Environment

**This recommendation was made on 4 December 2017.**

## Action taken on previous recommendation

We could see improvements and refurbishment had taken place.

This recommendation has been met.

## Recommendation 5

There should be evidence staff are deemed competent when working with residents.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements

**This recommendation was made on 4 December 2017.**

## Action taken on previous recommendation

We looked at one example of a workbook completed by a new staff member. When completed this showed new staff were putting their training into practice and how they worked alongside residents.

We did not find enough evidence of these workbooks being completed as we were only given one during this inspection. The workbook continued to be rolled out to new staff and we will look at this again at the next full inspection.

This recommendation has not been met and is repeated.

## Recommendation 6

Care staff should be part of the handover of information from one shift to another.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements

This recommendation was made on 4 December 2017.

## Action taken on previous recommendation

We attended the morning handover and we could see care staff were part of this.  
This recommendation 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.

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings
2 Nov 2017	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
24 Jan 2017	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
3 Dec 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
26 Feb 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good



Date	Type	Gradings	
19 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 May 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
15 Jan 2013	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
27 Jun 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
10 Feb 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Sep 2011	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
29 Jun 2011	Unannounced	Care and support	1 - Unsatisfactory
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	Not assessed
2 Feb 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	3 - Adequate

Date	Type	Gradings	
13 Jul 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed Not assessed
22 Dec 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
17 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
1 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
24 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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