

## Rosturk House Care Home Service

Carslogie Road  
Cupar  
KY15 4HY

Telephone: 01334 659820

**Type of inspection:**

Unannounced

**Completed on:**

5 October 2018

**Service provided by:**

Rosturk House Limited

**Service provider number:**

SP2004004957

**Service no:**

CS2003042852

## About the service

Rosturk House is a purpose-built, privately run residential care home for older people. It is located in a residential area of Cupar.

The single storey home is now registered to accommodate a maximum of 54 older people. There were 51 people living here when we visited. All bedrooms are single occupancy and have an en suite shower and WC facilities.

There is an ample number of public rooms and good access into the home with adequate parking for visitors.

Facilities are of a high standard and the atmosphere in which the service is provided is homely, relaxed and friendly.

At the time of this inspection, the service was supported by temporary management arrangements.

## What people told us

Before this inspection visit we received 22 completed care standards questionnaires from residents and relatives. Feedback was generally positive and indicated a good level of satisfaction with the care and support provided.

Staff continue to be held in high regard and written comments included:

- "The carers presently employed there are wonderful, nothing is too much trouble, fantastic team....."
- "The home has recently been expanded to accommodate several more residents. I am not sure that the staffing levels have been increased sufficiently to cope with this increased demand on services."
- "in general we have found all carers to be excellent....."
- "sometimes the food is not good enough....."

The views of people were gathered throughout our visit. The ongoing changes in management were reported as unsettling and activities were described as having been less following the reduction in activities staff.

One comment summed up the general view as:

- "I cannot complain but things are different, we used to have a lot more activities and staff could spend time chatting, the manager checked everything but for a long time, they were hardly seen; Jenny seems to know what she is doing though"

This inspection also benefitted from support from our inspection volunteer scheme\*

People reported feeling: "well looked after."

\*An inspection volunteer is a member of the public who volunteers to work alongside the Care Inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or carer, these may also be recorded.

## 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 staffing?	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**

Following our inspection we were reassured that Rosturk House could provide a good level of care and support. We were concerned that resources were stretched given the increased size of the home and in regard to additional demands on activities, housekeeping and kitchen. As a result we have evaluated performance as good to reflect that current quality of care and support continued to enhance people's experience of life in Rosturk.

However, we have identified areas for improvement under key questions 2 and 3 (How good is our leadership? and How good is our staff team?) that have to be considered in order for people continue to have as good an experience of care as possible.

We had the opportunity to attend a residents' meeting and carry out general observations over mealtimes. As a result we could determine how people could be involved when able to give their views directly, and the quality of staff interactions with people who required 1:1 support. Individual interactions were warm and we could see staff who were genuinely concerned for the comfort of the people in their care.

However, over busy meal times, we witnessed staff too busy to pick up on non-verbal attempts to engage; resulting in missed opportunities to connect. We discussed this with management at feedback in terms of resources, and as an opportunity to provide a person-centred focus for staff development and which could be considered as part of improvement planning. **Area for improvement (1) recorded under How good is our leadership? applies.**

We had the opportunity to see how well supported this home is by volunteers and visiting relatives. We recognised the importance placed on meaningful activity by volunteers and staff alike, which reflected efforts to maintain compassionate and responsive care and support.

## How good is our leadership?

4 - Good

This inspection provided an opportunity to review the service while subject to a significant turnover of staff, increased resident numbers, extended layout and ongoing changes in management. We identified a trend where this home appeared to be: "doing more with less" in terms of resources. This had had an impact on staff and visitor experience of the quality of care and support provided. Nevertheless, we recognised good day-to-day management had ensured these challenges were recognised, and action was initiated to protect the standard of care and support provided.

We understand that the development of self-evaluation and improvement planning were at an early stage and with this in mind we have carried forward a recommendation made at our last visit within our area for improvement (1) recorded here.

This service continued to benefit from very well established quality assurance systems reflected in audits and staff training records seen. We discussed this at feedback with a view to encouraging the provider to consider and identify their own priorities for improvement. To support improvements we directed the acting manager to records services must keep and notifications that must be made, guidance on self-evaluation, the Health and Social Care Standards My support, my life and our new inspection methodology. All available on our website [www.careinspectorate.com](http://www.careinspectorate.com)

## Areas for improvement

1. For people to remain confident in the quality of service they and their loved ones receive, the provider could develop the home's improvement plan to ensure that everyone involved can improve the quality of care experienced in a planned and structured way.

The improvement plan could include details of:

- what areas need to be improved
- what the desired outcomes will be for people
- how the improvements will be made
- when the improvements will be implemented
- who will be responsible for making improvements and
- how will improvements be measured.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:**

**"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).**

**How good is our staff team?****4 - Good**

Following our observations and discussions with residents and staff, we were confident that there was a good staff team working well together to provide the care and support needed by the people in their care.

Staff were concerned about the quality of residents' experience of care. Our observations were of all staff working continually to ensure people could get enough to eat and drink and be safe while sitting in communal areas. Individual interactions were warm and we could see staff genuinely concerned for the comfort of the people in their care.

However, as recorded under: How well do we support people's wellbeing?, we witnessed that staff were too busy to pick up on non-verbal attempts to engage with some missed opportunities to connect. We observed a task orientated approach to managing continence and mealtimes. Managing continence was also dictated by the availability of equipment and staff needed to support residents less independent with their mobility.

It was good to see staffing reflected well within the staffing model used to measure resident dependency and which indicated the number of direct care hours required by people. There are some limitations to dependency tools for example: a task orientated approach to assessing care, no acknowledgement of social and meaningful activity or consideration to the layout of premises; plus no recognition of the pattern of direct care and where demands on staff are higher at busy times.

We were concerned that resources were stretched given the increased size of the home for example, additional demands on activities, domestic, laundry and kitchen. We were surprised that the amount of activities hours had been reduced from the 54 required as a minimum when the home is full, to 30 hours.

**With this in mind we have reflected a recommendation made in our last report and recorded an area for improvement (1) here.**

We were reassured by evidence of safer recruitment and induction systems reflected within staff files sampled. However, our discussions with staff raised concerns around the consistency of induction and moving and handling training. We noted the provider no longer had an internal trainer to support e learning, supervision and direct observations.

**With this in mind, we reflected a recommendation made at our last inspection in area for improvement (2) recorded here.**

**Areas for improvement**

1. In order for people to experience very good outcomes, the provider should review the staffing arrangements for activities, housekeeping and kitchen. The provider should also the provider should review the staffing arrangements to take into account the layout of the home and times where people require more care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).**

**"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).**

**"My needs are met by the right number of people" (HSCS 3.15), People have time to support and care for me and speak to me" (HSCS 3.16) and**

**"I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).**

2. In order for people to experience very good outcomes the provider should review the equipment available to ensure the necessary equipment is in good order and easily accessed to support safe moving and assisting technique. The provider should also review how supervision, induction and training can support staff to develop their knowledge, skills and practices.

This is to ensure that 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 professional and organisational codes (HSCS 3.14).**

**"I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11).**

## How good is our setting?

## 4 - Good

Rosturk House has a long history of providing a homely environment within a purpose built facility. At this inspection we had the opportunity to consider the service now provided, following the final opening of the second stage of building alterations and extension. Following our observations, examination of records and discussions with residents and staff, we were confident that the home provided a good setting.

We recognise the efforts of housekeeping and maintenance staff in providing a very pleasant environment. The setting is comfortable and homely, with a good variety of communal spaces where people could choose to spend time. We could be confident that people could choose to use communal areas or enjoy the privacy of their own room and they could have personal belongings, including items of furniture. The provider had made changes to the way communal areas could be utilised to supervise less able people to promote safety and dignity.

We discussed the ongoing consideration of how the home could be further enhanced to support improved quality of life for people living here. This included the specific needs of people living with dementia.

Records sampled reflected checks and systems in place to cover equipment and utilities, including kitchen and laundry. These were seen to include risk assessments and audits. As a result, the provider could plan any work needed to maintain safety and support improvements.

The gardens and quiet location were described as a real asset by people. We could see accessible outside space being enjoyed by people living here and the mini bus, when available, was an asset used to support people's links with the wider community.

Discussions with people living here confirmed that they felt safe and secure without being over-protected. Many felt they had maintained their sense of identity through links with family and wider community. The atmosphere was very relaxed and feedback from people living here reflected a high level of satisfaction with their room and housekeeping.

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

Care records sampled provided clear information about people's care needs, personal routines and preferences. As a result we could have confidence in staff understanding the importance of good record keeping and that care plans could help staff deliver care which reflected people's wishes. People's wishes regarding end of life were clearly documented. This would help ensure staff could provide care and support that was consistent with people's needs and expectations, at the appropriate time.

We were encouraged to see the care provided was supported by care plans which had a person centred format supported by a process of assessment and review. We were also reassured to see care plans were regularly reviewed and updated following healthcare professionals visits or significant events such as hospital visits. The management of medication was seen to be good with risks very well managed.

We were also reassured by the way family and representatives involvement was reflected within records. We could be confident that carers and family were encouraged to be involved and their views considered. Nevertheless, we recognise the challenges in pleasing everyone all of the time and would encourage the service to continue with a transparent approach to the rights and responsibilities of residents and visitors.

We were encouraged to see information held within care records in regard to managing falls, weight loss and up to date inventories. We recognise changes made in regard to supervising residents at increased risk of falls as a result of their cognitive impairment, with the front lounge and second dining room now utilised. We were also reassured by residents that they felt they got a good service from the laundry.

**As a result we regarded recommendations made following complaint activity to have been met.**

**Nevertheless we would continue to consider ongoing service performance in these areas, as a routine part of our future inspections.**

## 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 for service users to continue to experience a very good outcomes as the service expands, the provider could review the staffing arrangements for housekeeping and laundry.

**This area for improvement was made on 6 November 2017.**

#### Action taken since then

As recorded within the body of this report, it was good to see staffing reflected well within the staffing model used to measure resident dependency and which indicated the number of direct care hours required by people.

There are some limitations to dependency tools for example a task orientated approach to assessing care, no acknowledgement of social and meaningful activity or consideration to the layout of premises – plus no recognition of the pattern of direct care and where demands on staff are higher at busy times.

We were concerned that resources were stretched given the increased size of the home for example, additional demands on activities, domestic, laundry and kitchen.

We were surprised that the amount of activities hours had been reduced from the 54 required as a minimum when the home is full, to 30 hours.

**With this in mind we have carried forward this recommendation, recorded within area for improvement (1) under 3.3.**



### Previous area for improvement 2

In order for service users, their relatives/representatives and visitors to continue to experience a very good outcomes, the provider could review how supervision, induction and training can support:

- established and experienced staff to apply policy and procedure and professional standards;
- new recruits to develop their knowledge, skills and practices.

**National Care Standards care homes for older people: Standard 5, Numbers 1, 2, 3, 4 and 9.**

**This area for improvement was made on 6 November 2017.**

#### Action taken since then

As recorded within the body of this report, staff raised concerns around the consistency of moving and handling training. We noted the provider no longer had an internal trainer to support e learning, supervision and direct observations. We also note the previous manager's reference to on-going staff training in regard to falls management and within the action plan received following complaint activity.

**With this in mind, we have carried forward staff training within area for improvement (2) recorded under 3.3.**

### Previous area for improvement 3

For people to remain confident in the quality of service they and their loved ones receive the provider could develop the home's improvement plan to ensure that everyone involved can improve the quality of care experienced in a planned and structured way.

The improvement plan could include details of:

- what areas need to be improved
- what the desired outcomes will be for residents
- how the improvements will be made
- when the improvements will be implemented
- who will be responsible for making the improvements and
- how will improvements be measured.

**National Care Standards care homes for older people - Standard 5 Number 4.**

**This area for improvement was made on 6 November 2017.**

#### Action taken since then

As recorded within the body of this report, we understand that the development of self-evaluation and improvement planning and as a direct result in changes in management.

**With this in mind we have carried forward this recommendation under area for improvement (1) recorded under 2.2.**

## Previous area for improvement 4

In order to reduce the risks of falls for people living in the care home, the manager should use current good practice guidance to develop effective falls prevention strategies. Individual risk assessment should be used to inform personalised and meaningful falls prevention care plans. These should be regularly reviewed and updated, to reflect changes in individual circumstances, presentations and care needs.

The manager must be able to demonstrate the work that has been carried out to achieve this recommendation.

**Health and Social Care Standards - My support, my life: 1.15 - My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices; 3.14 - I have confidence in the people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes; 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.**

**This area for improvement was made on 13 June 2018.**

### Action taken since then

We received an appropriate action plan on 10 July 2018. Remedial work to be undertaken included a review of risk assessment and care planning for a named resident and evidencing improved record keeping.

At this inspection we could see from the sample of support plans that appropriate risk assessments were in place, current and subject to review. In addition, changes had been made in terms of supervision of communal areas to efficiently allocate staff to observe and support residents who could not easily summon help.

## Previous area for improvement 5

In order to ensure that people are getting the right amount of food they need to maintain a healthy weight, the manager should ensure that:

- records reflect how well a person is, or is not, eating
- care plans reflect a person centred and outcome focussed approach to ensuring people eat well.

The manager must be able to demonstrate the work that has been carried out to achieve this recommendation.

**Health and Social Care Standards - My support, my life: 1.34 - If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected; 3.18 - I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.**

**This area for improvement was made on 13 June 2018.**

### Action taken since then

We received an appropriate action plan on 10 July 2018. Remedial work to be undertaken included evidencing improved record keeping and as a result supporting improved communication in regard to the provision of meals.

At this inspection we could see from the sample of support plans that appropriate records regarding food and fluid management were being maintained.

### Previous area for improvement 6

- . In order to ensure that residents' personal property is protected, the manager should introduce a robust system:
- to make sure all clothing and personal property is clearly labelled.
  - to make sure that residents' inventories of personal property is accurate and current.
  - to minimise the loss of essential personal items such as dentures and spectacles.

The manager must be able to demonstrate the work that has been carried out to achieve this recommendation.

**Health and Social Care Standards - My support, my life: 4.3 I experience care and support where people are respected and valued.**

**This area for improvement was made on 13 June 2018.**

### Action taken since then

We received an appropriate action plan on 10 July 2018.

We were reassured by the standard of inventories held within support plans sampled. Discussions with laundry personnel further reassured us in terms of staff knowledge and recognition of personal clothing.

## 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health 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 staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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