

## Rosturk House Care Home Service

Carslogie Road  
Cupar  
KY15 4HY

Telephone: 01334 659820

**Type of inspection:**

Unannounced

**Completed on:**

25 September 2019

**Service provided by:**

Rosturk House Limited

**Service provider number:**

SP2004004957

**Service no:**

CS2003042852

## About the service

Rosturk House is a purpose build, privately run residential care home for older people. It is located in a residential area of Cupar. The single storey home is registered to accommodate a maximum of 54 older people. All bedrooms are single occupancy and have an en-suite shower and WC facilities. There were 51 people living in the home when we visited.

There is an ample number of public rooms and good access into the home with well maintained gardens surrounding the home. There is adequate parking for visitors. Facilities are of a good standard with the home being homely and welcoming.

## What people told us

An inspection volunteer supported this inspection. An inspection volunteer is a member of the public who volunteers to work alongside the Care Inspectorate inspector during the inspection process. They have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. Their role is to speak with people using the service, their family, carers, friends or representatives and gather their views. In addition the inspection volunteer make their own observations from their perspective as a recipient of care and these may be recorded.

Residents, relatives and staff had the opportunity to comment on their experience of the home through completing Care Standard Questionnaires which were returned prior to the inspection and by speaking with us during the inspection. Comments included:

"I really love it here."

"Overall care and support is excellent."

"in recent months there have been two changes of manager. Staff morale does not seem to be high."

"there is an activities coordinator but, according to my relative in recent months she has been put on other duties meaning that planned activities don't happen."

"we are of the opinion that social events, entertainment and activities are not frequent or readily available. If this area of care was increased/improved then this would compliment the other areas of care which Rosturk performs extremely well at."

"you can come and go as you please, get up when you want."

"I go to all the activities, quizzes, discussion groups, about your likes and dislikes, old time Cupar etc."

"the entry system has been changed to a fob key only held by certain members of staff. This means visitors often have to wait several minutes to enter or leave the home."

"Food is no longer cooked on the premises - I wonder if this is an improvement."

"my relative has never complained but I believe food is not as good as before with most of it being frozen, pre-packed."

"food is great, I eat everything I'm given, its flavoursome."

"I don't enjoy the food here, it's made in packs."

"we recently had a family bereavement and all staff were wonderful and caring - all going beyond the call of duty."

"room not very clean, lack of dusting. Sometimes clothes not hung up, my relative often has on clothes that don't belong to them."

"My relative has no access to drinks as not mobile - prone to urine infections."

## 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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

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 found the service was performing at an adequate level in relation to supporting people's wellbeing.

People using services should experience warmth, compassion and have trusting relationships with those who provide care and support. Some residents told us that the care and support they received was very good and that they loved living in Rosturk. From our observations it was clear that staff working in the home knew the residents well including their routines and where they liked to sit and socialise within the home. During the inspection we saw staff supporting residents to get around the home using mobility aids where necessary. People living in the home looked well cared for and comfortable within the setting of the home. When we spoke with staff, they told us that they would like to spend more time speaking with residents, however, we found staff to be mainly task-focussed and opportunities to sit and talk with residents were often missed. An example of this was during a mealtime observation where staff congregated together and missed opportunities to talk with residents and help with their meal choices.

As there were no menus in the dining room, this meant that most residents were not aware of what meal they were having. The service had recently reviewed staffing levels and deployment throughout the home. This included the introduction of a "floating" carer during the day to provide support within the communal lounge area. We found that staff were not clear about what to do in this role and again observed missed opportunities to engage with residents. We spoke with the management team about the need to continually review staff deployment throughout the home during day and night shifts to make best use of staffing numbers as well as skills and interests. (See area for improvement 1).

People we spoke with had mixed views about the meals provided. The home had recently moved to the provision of prepared meals following consultation with residents and relatives. We were pleased to hear that feedback about the meals had been listened to in making some changes to the menus. However, it was clear, from people's views, that further changes would be necessary. We asked the management team to consider ways that residents could choose from well presented, healthy meals, snacks and drinks which reflected their cultural and dietary needs, including fresh fruit and vegetables. We will review progress with meal provision at future inspections.

It is important that people were able to participate in and enjoy activities which were meaningful to them and reflected their past interests and hobbies. Rosturk had recently appointed a new activity coordinator who had begun to develop a plan of daily activities, trips, social events and links with the local community. People we spoke with told us that they had recently enjoyed a trip on a barge. Coffee mornings had also been arranged with another local care home to encourage friendships and socialising. This was a work in progress and we will review activity planning at future inspections.

People should expect that any treatment or intervention that they experience is safe and effective. During the inspection we examined medication records and wound care records. We also spoke with the district nurse who told us that there was good communication between the home and local healthcare services. Following our review of records, we spoke with the management team about areas where improvements could be made. These included the use of protocols where people were prescribed as required medication for pain or anxiety.

At the last inspection we made an area for improvement about the development of self-evaluation and improvement planning for Rosturk House. We spoke with the management team about using the Kings Fund environment self assessment tool "Is your care home dementia friendly?" as part of this planning. As this had not been progressed, we have carried this forward (See area for improvement 2).

## Areas for improvement

1. In order that people who use the service are supported by appropriate staffing levels and skills mix, the provider should ensure that there is an effective system in place to manage and review the deployment of staff throughout the home.

This is to ensure that the care and support is consistent with the Health and Social Care Standards which state "my needs are met by the right number of people" (HSCS 3.15) and "people have time to support and care for me and speak to me" (HSCS 3.16).

2. For people to remain confident in the quality of the service, the provider could develop the home's improvement plan to ensure that everyone involved can improve the quality of care experienced. The improvement plan could include details of:

What areas need to be improved  
 What the desired outcomes will be for people  
 How improvements will be made  
 When will improvements 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 leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**3 - Adequate**

From speaking with people and examining records, we found the service to be performing at an adequate level in relation to care and support planning.

People using services should expect to have a personal plan which sets out how their needs will be met as well as their wishes and choices. We would expect people to be fully involved in the assessment, development and review of their personal plans. Care records sampled provided a basic guide to support people and meet their needs. We identified a number of strengths regarding care planning including:

- details of legal powers in place where these were needed to manage the person's care and support.
- use of assessment tools to identify needs such as activities of daily living and nutritional needs.
- good evidence of involvement of healthcare professionals to meet people's needs.

We also identified areas where care planning should be improved and discussed these with the management team during the inspection. These included:

- care plans should be updated following any significant events or change to the individual's needs.
- where there was a change to medication, this should be detailed in the care plan along with any reasons for this change.

- protocols and plans should be person centred and identify the outcome desired for the individual. An example of this was a skin integrity care plan in each plan sampled, which was not specific to the person.
- where there was a changed risk i.e. following a number of falls this should be detailed within the care plan.
- language used in care planning documents and records, should be reviewed to ensure this reflects best practice.
- a full review of the care plan should take place at least six monthly. (See requirement 1).

We will review progress with care planning at future inspections.

## Requirements

1. In order to improve care planning, the service must by 31 January 2020

- a) fully involve individuals and where appropriate their representative or families, in their assessment of need, development and review of their personal plan and make personal plans accessible and available to the individual at all times.
- b) make arrangements to review the personal plan of each service user at least once every six month period whilst the service user is in receipt of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS1.12), "I am fully involved in developing and reviewing my personal plan which is always available to me" (HSCS2.17) and in order to comply with Regulation 5(2)(b)(iii) of the Social Work Improvement Scotland (Requirement for Care Services) Regulation 2011.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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