

## Rosepark Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 July 2021

**Service provided by:**  
Renaissance Care (No 8) Limited

**Service provider number:**  
SP2007009451

**Service no:**  
CS2007166021

## About the service

This inspection was carried out by two inspectors from the Care Inspectorate.

Rosepark Care Home has been registered since 2008 to provide care to a maximum of 60 older people with dementia, learning disabilities, physical disability, or illness, sensory or visual impairment and palliative care needs. It recently changed provider to Renaissance Care (No 8) Limited.

The care service consists of two separate buildings, Rosepark Care Home and Rosehill House. The home is in the town of Uddingston and is in a quiet residential area. People living in the home have a choice of single or double bedrooms.

There is an enclosed garden beside the Rosepark building for people to use and a patio area beside Rosehill House.

The provider's philosophy of care is "to provide the highest standard of individual care in a safe, friendly and homely setting, where caring staff maintain residents' dignity, privacy, independence and choice".

At the time of this inspection there were 58 people living in the home.

## What people told us

We asked people using the service and their relatives to share their experience of Rosepark Care Home. We spoke with people face to face during the inspection visit.

People we talked with during the inspection spoke positively about the staff and the care they gave. People told us,

"The staff are very kind".

"They look after me well".

Some residents commented that the food was good - particularly the cakes.

People were supported to use garden areas. This was commented on positively. One person told us "I enjoy getting out into the garden, it's good to get out in the sunshine".

Families we spoke with were complementary about staff and the care, they gave. They told us,

"Staff are so kind".

"All the staff are great; they have been so supportive to us through the pandemic".

"We think our relative is very well cared for".

Families said that the home are good at keeping them informed.

"They have kept in touch throughout the pandemic. It's been good to know what's happening".

One person said "Visiting has been difficult, but it's great to be able to come in and visit. It's made all the difference to us and to my relative".

## 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?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing? 2 - Weak

### 1.1 People experience compassion, dignity, and respect

We saw relationships between people living in the home and staff teams were friendly and that staff support people with patience.

On 13 July 2021 we made an unannounced early morning visit to the service. We were concerned that there were several people who were up and dressed. We could not determine if individuals were given the choice to be up so early.

During the inspection we found that some of the actions and language used by some staff when supporting people did not reflect the principles of respect or dignity. This approach did not support individuals' well-being and could make people feel vulnerable and unhappy.  
(See requirement 1)

### 1.2 People get the most out of life

The systems in place to support families to visit safely were working well. Staff were supporting people to keep in touch with their families.

It is important for people's well-being that they have opportunities to take part in meaningful activities. We saw enthusiastic activity workers supporting people to take part in activities. Care staff demonstrated an understanding of the importance of meaningful activity and worked well with activity staff to facilitate this. People were supported to access the garden area. People told us how much they enjoyed the activities available.

We also saw that there were periods of time when some people who were living with dementia had minimal attention or interaction from staff. Staff were busy completing tasks and were not focused on responsive, person-centred engagement. Staff would benefit from training to improve their dementia care skills and knowledge. This would help them develop a person-centred approach to support and prevent people from feeling lonely or isolated. (See area for improvement 1)

We were concerned when staff told us that there was a lack of appropriate seating for people who need the support and comfort of a recliner chair. This meant that not everyone had the opportunity to be out of bed when they could be or wanted to be. This would adversely impact on individuals' health and well-being. We discussed this issue with the management team during the inspection. They took action to address the issue and have identified what type of chair would provide the best support for individuals. This issue was also part of a concern about poor care assessment and a lack of effective care planning. This is further detailed in section 1.3 of this report. (See requirement 2)

## 1.3 People's health benefits from their care and support

Individuals should have a detailed personal plan in place which reflects their current care and support needs. This helps to direct staff how best to manage those needs.

A considerable number of the personal plans we sampled did not reflect the assessed care and support needs of people. There was little meaningful evaluation of plans. We could not determine if the care and support needs of people were effectively managed and met.

There were records of visits from external health care professionals in personal plans. Records detailed the outcomes of visits from healthcare professionals. However, due to poor record keeping and a lack of meaningful evaluation, we had difficulty in determining if directions from health care professionals were followed. We had concerns that individuals' healthcare needs were not effectively supported.

Personal plans contained very limited information to help guide staff to promote individuals' choice. Stress and distress plans need more clarity to guide staff with agreed and consistent approaches to management of distress for individuals.

End-of-life care plans need to be developed further to ensure that individuals decisions were respected regarding their care. (See requirement 2)

We noted that many risk assessments were out of date. This included assessments for weight loss, skin integrity and the risk of falls. Personal plans lacked accurate information about the strategies in place to minimise identified risks. There were no meaningful evaluations of care plans to determine the effectiveness of plans. We had concerns that the service was not effectively managing risks and that this would negatively impact the health, welfare, and safety of individuals. (See requirement 3)

Well managed and sociable mealtimes can help support people's health and well-being. We saw that people had access to drinks and snacks between meals. The staff had an awareness of people's preferences and specific dietary needs. However, the dining experience needs improvement. At times people were rushed and dining rooms were noisy. Staff were not always promoting individuals' choices. More attention was needed regarding the height of tables, the placement of plates and cutlery and in prompting people to eat well. Improving mealtimes would support people to maintain their independence with eating and drinking and make it a more sociable experience. (See area for improvement 2)

The format of charts to monitor that people were receiving enough to drink need to be reviewed. Individuals' fluid intake should be measured against an agreed target to support their health needs and minimise the risk of dehydration.

There was a need for attention to detail regarding the completion of care charts. To ensure that healthcare needs are accurately assessed and monitored care charts should be fully and timeously completed. (See area for improvement 3)

## Requirements

1. By 27 September 2021, the provider must ensure that the care service is provided in a manner which maintains the dignity of service users and promotes the principles of respect and choice. In particular, you must ensure:

- staff understand and act in accordance with the principles of dignity, respect and choice set out in the Health and Social Care Standards,
- staff registered with the Nursing and Midwifery Council and the Scottish Social Services Council understand and adhere to their relevant codes of conduct and practice.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'My human rights are protected and promoted, and I experience no discrimination'. (HSCS 1.2)

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'. (HSCS 3.13)

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'. (HSCS 3.1)

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

And, in order to comply with Regulations 3 and 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 27 September 2021, the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be managed and met, as well as their wishes and choices. In particular you must ensure that:

- personal plans are developed in consultation with the individual and their representative to reflect a responsive, person-centred approach taking account of choices and preferences,
- personal plans accurately record the management of health, welfare, and safety needs and how these will be managed,
- plans identify what equipment is needed to effectively support individuals needs and reduce risks,
- measures identified in personal plans are being implemented in practice to meet the individual's health, welfare, and safety needs,
- end of life care plans must be developed which reflect the wishes and choices of the individual to enable staff to support people with compassion and dignity,
- personal plans fully reflect that advice from healthcare professionals has been followed,
- evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices,

- provide training so that staff are aware of their responsibility in maintaining accurate records, retaining records, and following best practice guidance,
- systems are implemented to monitor the accuracy and quality of information in personal plans.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15)

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'. (HSCS 1.12)

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively'. (HSCS 1.7)

And in order to comply with Regulation 5(1) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. By 16 August 2021, the provider must ensure that people living in the service are safeguarded and that their health, welfare, and safety needs are effectively managed and met.

In particular, you must ensure the following:

- risk assessments are accurate and up to date. This includes, but is not restricted to, risk of falls, weight loss and skin integrity issues,
- the outcomes of risk assessments are used to inform plans of care to manage risks effectively,
- regular clinical governance meetings are implemented to provide a holistic approach to action planning in order to address risk management,
- ensure that where there are indications of poor care provision, action is taken promptly to address this, and a record is maintained of all improvements made.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

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)

And, in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. The activity programme provided should be appropriate for each resident despite their health and well-being needs. The programme should promote the choices and aspirations of each resident. Resident involvement in activities should be recorded in an outcome focussed way so that it is evident if the activity was a success for the resident.

To help support meaningful engagement with people living with dementia the provider should ensure that staff are supported with appropriate training such as 'Promoting Excellence programme for dementia learning and development'.

This is to ensure care and support is consistent with the Health and Social Care Standards, 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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'.  
(HSCS 3.14)

2. To fully support people with their nutritional needs the provider should ensure the following,

- the mealtime experience is developed into a more sociable event,
- individuals' choices are fully offered and respected,
- noise is reduced in dining rooms,
- staff are effectively led and deployed to support service users to eat and drink.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'. (HSCS1.34)

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'. (HSCS 1.35)

'I can drink fresh water at all times'. (HSCS 1.39)

3. To support the monitoring of individual's healthcare needs and inform effective care planning the provider should review the format of fluid charts to include targets, and ensure that care charts are fully and timeously completed.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'My care and support meets my needs and is right for me'. (HSCS 1.19)

## How good is our care and support during the COVID-19 pandemic?

2 - Weak

### 7.2 Infection control practices support a safe environment for both people experiencing care and staff

The environment of the home was clean and maintained to an acceptable standard. Housekeeping staff were knowledgeable about cleaning schedules. Laundry areas were clean and well managed.

However, the systems used to assess and monitor cleanliness of the home, equipment and IPC measures needs improved. This would help to protect people by ensuring the maintenance of acceptable standards of cleanliness in the home and of the equipment used by residents.

Adhering to current guidance regarding all infection prevention and control measures (IPC) should help to protect people living in the home from the risk of infection. On the first day of inspection, we identified some aspects of IPC that need to be improved. This included the management of PPE, the need to increase the availability of alcohol-based hand rub dispensers and the replacement of some mattresses. The management team took immediate action to resolve this. On the second day of the inspection, we noted that the areas of concern had been improved. (See area for improvement 1)

Staff received IPC training and we saw that they used PPE correctly. However, there was a need to remind staff about good hand hygiene practice for themselves and for the people they support. There was not a consistent approach to cleansing residents' hands before snacks and meals.

The provider should reintroduce the programme to directly observe staff practice. This would reinforce training and ensure that people were protected from infection.  
(See area for improvement 2)

## **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care**

We noted that there were vacancies within the nursing team. This had impacted on aspects of the care and support of people living in the home. This included, poor supervision of staff practice, ineffective risk management, lack of robust assessment and monitoring of individuals care needs and poor record keeping. These issues had impacted on the health, welfare and safety needs of people living in the home.

The depute had been deployed to cover nurse shifts. This reduction of hours in the management team had impacted on maintaining effective assessment and monitoring of the quality of staff practice and of service provision.

There is a need for the provider to review the staff levels and skill mix of staff teams to ensure that the care and support needs of people living in the home are effectively managed and met.  
(See requirement 1)

## **Requirements**

1. By 16 August 2021 the provider must send the Care Inspectorate details of the outcome of a staffing review.

To ensure that staffing levels and the skill mix of care teams are responsive to the changing needs of service users the provider must take account of the dependency levels of service users.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## **Areas for improvement**

1. To ensure consistency of approach to assessment and monitoring of infection prevention and control measures, the cleanliness of the home and equipment, the provider should develop a robust quality audit.



This should take account of current infection prevention and control guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

2. The provider should use their existing systems to monitor and assess staff practice. This includes, but is not restricted to, Infection Prevention and Control measures such as effective hand hygiene.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

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

## 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 to ensure that people feel safe and have a further reduced risk of infection, the service should ensure that staff receive further training on:

- a. COVID-19.
- b. Infection prevention and control.
- c. Donning and doffing of PPE.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and organisational codes'. (HSCS 3.14)

**This area for improvement was made on 21 July 2020.**

#### Action taken since then

Staff have received Infection, prevention and control training. We observed that staff practice regarding the use of PPE was in line with current guidance.

This area for improvement is met.

#### Previous area for improvement 2

The service should ensure that staff are aware of the NHS Lanarkshire best practice guidance 'Nutrition Matters' and be competent in implementing 'MUST Step 5' when they identify a resident meets the criteria.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

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

**This area for improvement was made on 21 July 2020.**

#### Action taken since then

There was a need for record keeping and risk management to improve. These issues will be the subject of requirements and are detailed under quality indicator 1.3 in this report.

This area for improvement is not met.

### Previous area for improvement 3

The service should ensure there is a robust audit system in place to ensure that care plans are always up to date.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as wishes and choices' (HSCS 1.15).

**This area for improvement was made on 21 July 2020.**

#### Action taken since then

Personal plans were of a poor standard and are the subject of a requirement. This is detailed under quality indicator 1.3 in this report.

This area for improvement is not met.

### 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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