

Rosturk House Care Home Service

Carslogie Road
Cupar
KY15 4HY

Telephone: 01334 659 820

Type of inspection:
Unannounced

Completed on:
14 July 2021

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 registered to accommodate 54 older people. All bedrooms are single occupancy and have an en-suite shower and WC facilities. There were 52 people living in the home when we visited.

The home is in good decorative order throughout, is homely and welcoming and has an ample number of public rooms. Entry to the home is accessible to residents and visitors and the external area of the home benefits from well tended garden on all sides as well as adequate parking for visitors.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

What people told us

People told us that staff were kind, compassionate and caring.

People told us that help came when they summoned staff, although staff were very busy and they did not like to bother them.

People told us that staff were "run off their feet"

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

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 system for staff testing was organised and in line with guidance. A designated member of staff was available to test people visiting the service at the main entrance. There was a commitment to keeping people safe through early detection of Covid-19.

Bedrooms and lounges did not all appear to be clean. Inspected en-suite and communal bathrooms were cluttered and dirty. Equipment, such as commodes and moving and handling items were dirty and sometimes soiled. Fixtures and frequently touched surfaces did not appear to have been adequately cleaned. This made these areas a higher risk for cross contamination.

One domestic assistant working 6.5 hours per day was expected to clean 54 bedrooms, en-suites, communal areas, corridors and bath/shower rooms, excluding deep cleaning and sanitising of high-risk areas. This increased the risks to people from cross contamination.

There was a lack of PPE stations throughout the building, however we did see these outside of two bedrooms for those people isolating and PPE was available in each of the en-suites meaning staff had readily available stocks. There was a lack of clinical waste disposal bins meaning that staff were required to carry used PPE some distance to dispose of it safely. We found some bins did not have bin liners, however, staff continued to use the bins. Some bins were not appropriately operated by a foot pedal. This increased the risk of cross contamination.

There were no wall mounted alcohol gel dispensers throughout the home and staff had not all been supplied with a pocket- sized bottle. This meant that where handwashing facilities were not readily available, staff had no means of sanitising their hands.

Throughout the service there was guidance reminding staff of handwashing, social distancing, the use of hand gel and the use of PPE. We observed staff using PPE correctly and good handwashing practice was observed although access to hand gel was insufficient.

Improvements must be made to ensure that the environment and equipment are cleaned and maintained to reduce the risk of cross infection and to ensure that people experience an environment that is well looked after, clean, tidy and fit for purpose. (See requirement 1)

Requirements

1. By 1 August 2021, the provider must make proper provision for the health, welfare and safety of people using the service. In particular the provider must:
 - i) Ensure staffing levels are sufficient in meeting the needs of people using the service.
 - ii) Ensure that domestic, laundry and catering staffing is sufficient in meeting the needs of people using the service.
 - iii) Maintain a clean, hygienic and clutter free environment in line with Infection Prevention and Control guidance.
 - iv) Improve access to hand hygiene products (ABHR) and waste disposal arrangements.
 - v) Ensure adequate time is provided for deep cleaning and sanitising of the environment, fixtures, fittings and equipment.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

Requirements

Requirement 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.

This requirement was made on 1 July 2020.

Action taken on previous requirement

We saw that all residents representatives had been asked to attend a six month review and advised these will happen six monthly. The service advise families and service users they can request reviews out with these times, and also make amendments to care plans if they wish.

Met - within timescales

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 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).

This area for improvement was made on 1 July 2020.

Action taken since then

This Area for Improvement remains on-going. There continued to be concerns in relation to staffing levels and skill mix.

Previous area for improvement 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).

This area for improvement was made on 1 July 2020.

Action taken since then

This Area for Improvement remains on-going. There continued to be concerns in relation to general management oversight of the quality of outcomes for people using the service.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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	2 - Weak

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