

Rosturk House Care Home Service

Carslogie Road
Cupar
KY15 4HY

Telephone: 01334 659 820

Type of inspection:
Unannounced

Completed on:
29 September 2021

Service provided by:
Rosturk House Limited

Service provider number:
SP2004004957

Service no:
CS2003042852

About the service

Rosturk House is a purpose built, single storey care home and registered to provide 24 hour care and support for a maximum of 54 older people. The provider is Rosturk House Limited. The home is located in a residential area of Cupar. All bedrooms are single occupancy and have en-suite shower and WC facilities. The provider aims to:

"Care for all residents in a safe and homely environment with motivated well trained staff.

To ensure the residents have the opportunity to be independent, have choice, freedom of expression, privacy and dignity, thus enabling them to achieve their full potential"

There were 49 people living in the home when we visited.

The home was in good decorative order throughout, was homely and welcoming and had an ample number of public rooms. Entry to the home was safely monitored and accessible to residents and visitors. 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

We spoke informally with residents during the inspection visit. Comments included:

"I enjoy the soup."

"the staff are run off their feet"

"when I moved in it was 5 star, it's not that now"

"the worst thing is the food they keep saying it's going to get better"

"I don't always get my shower"

"they changed the shifts and now we get supper around half past 7"

"the staff are fantastic, just not enough of them"

"I can wait ages for someone to answer my buzzer"

"I have no complaints about the care"

"My family are taking me out and about again"

We observed residents moving around the home and interactions between residents and staff were generally positive. People we observed appeared comfortable in the home's environment.

This inspection benefitted from support from our inspection volunteer scheme and relatives were contacted by telephone. From their feedback:

"Everyone spoke highly of the communication from the home, both in terms of information about the changes in regulations and advice re visiting and about matters pertaining specifically to their relative"

Comments included:

"There has been good, clear communication from the home to me. They kept me up to date with the rules."
 "As well as keeping in touch about how mum is doing they phone when she is upset and let me talk to her."
 "Its sometimes hard to get through on the phone. It can ring out for ages."
 "Window visits have worked well for us. I was able to take my grandchild which gave mum a real lift."
 "The care is very good. My mother would soon tell us if she wasn't happy."
 "We can't speak highly enough of the staff. They have put themselves out to look after my mum in very difficult circumstances."

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

Our focus in this inspection area was to follow up on requirements made at our last inspection and establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We wanted to ensure that people experienced high quality care and support that was right for them.

The way people spend their day should promote feelings of purposefulness and wellbeing. Planned activities can contribute to wellbeing and are important in maintaining physical and mental health. Planned activities currently rely on family members and care staff when they have time or even in their own time. The home is currently trying to recruit an activities coordinator. During our visit, care staff had very little time throughout the day to spend with people in communal areas and those within their own rooms to ensure they were getting adequate stimulation and interactions. As a result staff practice was often focussed on the task of providing care and support rather than taking the opportunity to promote a positive experience of care and support. **Our outstanding requirement (2) applies and an area for improvement (1) is made.**

People did now benefit from the service implementing open with care where visiting relatives could spend time with and take their loved ones out. Staff reported an increase in general wellbeing as a result of visiting having been re established.

People were supported to have access to food and drink while in communal areas and their own rooms. If they needed help, this was generally carried out with care and attention to their personal preferences. Care staff were very busy and at times task orientated which limited time for positive interactions and resulted in delays in meeting requests. At feedback, we discussed the need to be constantly vigilant in ensuring the highest standards in communication and delivery of care are sustained to ensure people's experiences were positive.

Area for improvement (2) recorded under Key Question 3, applies.

Care files reflected people's choices and wishes and included a mixture of generic and individualised risk assessments. That meant support plans could guide staff to provide care and support in a way which was best for the individual.

We were able to establish that the service continued to be responsive to people's healthcare needs during the pandemic. There was good evidence of requests for input from external professionals to support people with non-COVID-19 related issues. Record keeping sampled could support communication and included detail in relation to mitigating the risks presented by the pandemic.

Where people had made arrangements for guardianship or power of attorney, all relevant legal documentation was in place to support decision making and communication. Anticipatory care plans (ACPs) were in all files that we read. ACPs are important in providing advanced notice of what is wanted and may be needed to support palliative and end of life care, allowing people the chance to live each day secure in the knowledge their wishes are known.

People told us that in general they enjoyed their meals, especially the home made soup but some complained meals had been disappointing for some time. There were plenty of snacks and drinks available at set times but people reported getting plenty to eat and drink.

Improvements were noted in the management of medication and falls which could allow people to experience safer and effective outcomes.

Areas for improvement

1. Although staff knew residents well, they were providing basic care and support focussed on tasks and routines which did not promote personalised care. Opportunities for meaningful or planned activity were sparse.

In order for people to experience high quality care and support that is right for them the provider should evidence residents can participate fully in their local community, can choose to have an active life and participate in a range of recreational, social, creative, physical activities.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6 and "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)

How good is our staff team?

2 - Weak

People should have confidence in staff because they are in sufficient numbers, trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We found the performance of the service was undermined by the strain staff felt when there were not enough of them to support all aspects of the service. This was evident from reports where expected care had not been delivered, lengthy waits for calls to be answered and observing staff resorting to task orientated care at busy times. We evaluated staffing levels as weak and without improvement as a matter of priority, the welfare of people may be compromised. Weak performance requires action in the form of structured and planned improvement by the provider with a mechanism to demonstrate clearly that sustainable improvements have been made. **Our outstanding requirement (2) and areas for improvements (1) and (2), apply.**

Staff were able to describe symptoms and procedure should they have concerns about themselves or those they support. The training records we saw confirmed staff had undertaken training in infection control practices including COVID related safety measures. However, the manager must ensure staff practice consistently reflects their training and where extra guidance and support is in place as needed. **An area for improvement (2) is made.**

Staff worked hard to meet basic care and support needs. Residents held staff in high regard. Those who could, described staff doing a "fantastic" job.

The service is currently recruiting to fill vacancies across all staff teams but current staffing arrangements did not promote feelings of purposefulness and wellbeing. We found staff to be busy throughout the day and people experienced delays in response to requests, directly and when summoning assistance via the nurse call system. During our visit, care staff had very little time to spend with people in communal areas and those within their own rooms to ensure they were getting adequate stimulation and interactions. **Area for improvement (1) recorded under Key Question 1, applies.**

Where staff have been recruited, safer recruitment guidance has been followed. The process was well documented and consistently followed. However induction consisted of shadowing care staff with limited structure, planning or opportunity to gauge the quality of the experience. This in turn may impact on retention. **An area for improvement (3) is made.**

Assessing resident dependency levels is an essential part of ensuring effective staffing and in identifying the skills and experience needed to provide high quality care and support. Dependency assessment had been interrupted while the tool used was being checked for accuracy. It was evident that the lay out of the home, people's social and emotional support could not be supported by the number of care staff on duty. Examination of duty rosters and discussions with staff clearly indicated the provider must improve staffing arrangements. **Requirement (2) and Area for improvement (1) recorded under outstanding requirements and outstanding areas for improvement, apply.**

Areas for improvement

1. Although staff confirmed they had received training, including infection prevention and control, there were issues regarding frequent touching of masks and inconsistent waste disposal. Although staff knew residents well, their approach was focussed on tasks and routines which did not reflect individualised or person centred care.

The manager had systems in place to provide a good oversight of training but should evidence training is effective in ensuring people experience good outcomes.

In order for people to experience high quality care and have confidence in the people who support them, the provider should evidence that:

- Training is up to date,
- Staff are competent and skilled and
- Practice results in high quality care and support based on relevant evidence and guidance.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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 "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)

2. Although safer recruitment procedures were being followed, there was limited structure to staff induction. Induction consisted of shadowing care staff with limited planning or opportunity to gauge the quality of the experience. This in turn may impact on staff retention.

In order for people to experience high quality care and have confidence in the people who support them, the provider should evidence that induction is thorough and has been developed to meet the needs of residents and reflect the Health and Social Care Standards. There should be a clear plan as to what is to be included and how it will be delivered with sufficient time to support learning and supervision.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27)

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

3 - Adequate

Throughout our inspection we evaluated how well infection control practices support a safe environment for people experiencing care and support.

During a pandemic, the application of strict infection control procedures is paramount to make sure people are safe. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of all people experiencing care and the workforce.

We found the performance of the service in relation to infection control practices to support a safe and clean environment to be adequate. Where there are some strengths, it is important the provider builds on these strengths, to increase the likelihood of people experiencing positive experiences and outcomes.

The system for staff testing was organised and in line with guidance. There was a commitment to keeping people safe through early detection of Covid-19.

Improvements had made to ensure that the environment and equipment was generally clean and maintained to reduce the risk of cross infection. As a result people could experience an environment that is well looked after, clean, tidy and fit for purpose. Bedrooms and lounges appeared to be clean. Inspected en-suite and communal bathrooms were uncluttered and generally clean. Equipment, such as commodes and moving and handling items were generally clean. Fixtures and frequently touched surfaces had been adequately cleaned. As a result people could experience an environment that is well looked after, clean, tidy and fit for purpose.

There were PPE stations throughout the building and PPE was available in each of the en-suites meaning staff had readily available stocks. We found some bins did not have bin liners, however, staff continued to use the bins. We also observed staff frequently touching the front of their masks. The provider should arrange refresher training to maintain staff infection prevention and control awareness. **Area for improvement (2) recorded under Key Question 3 applies.**

There were wall mounted alcohol gel dispensers throughout the home and staff had been supplied with a pocket- sized bottle. This meant that where handwashing facilities were not readily available, staff had 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. as a result the transmission of infection could be interrupted and people kept safe.

As a result of short notice absence one domestic assistant was available on the day of our inspection. Normally two domestic assistant working 6.5 hours per day would be scheduled and expected to clean 54 bedrooms, en-suites, communal areas, corridors and bath/shower rooms, excluding deep cleaning and sanitising of high-risk areas. In addition, night staff had cleaning duties. The provider should review staffing to ensure enhanced cleaning during the pandemic is sustained and in readiness in the unfortunate event they have to manage an outbreak. **Our outstanding requirement (2) and areas for improvements (1) and (2) apply.**

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

Requirements

Requirement 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).

This requirement was made on 26 July 2021.

Action taken on previous requirement

The provider had made improvements and the environment was clean, hygienic and clutter free in line with Infection Prevention and Control guidance. Staff had access to hand hygiene products (ABHR) and waste disposal arrangements had also been improved.

The provider is continuing to recruit and induct new staff but we were not satisfied that staffing levels including domestic and catering staff were sufficient in meeting the needs of people using the service or that adequate time was provided for sustained deep cleaning and sanitising of the environment, fixtures, fittings and equipment.

As a result this requirement is met in part. The staffing element can be monitored in future under outstanding requirement (2)

Met - within timescales

Requirement 2

The 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, ensure that at all times suitably qualified and competent persons are working in the service in such numbers as are appropriate for the health, welfare and safety of service users.

To be completed by: 01 August 2021

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people. 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)

This requirement was made on 26 July 2021.

Action taken on previous requirement

The provider is continuing to recruit and induct new staff but we were not satisfied that staffing levels including domestic and catering staff were sufficient in meeting the needs of people using the service or that adequate time was provided for sustained deep cleaning and sanitising of the environment, fixtures, fittings and equipment. **As a result timescales for this requirement have been extended to 31 October 2021.**

Not met

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.

This area for improvement was made on 1 July 2020.

Action taken since then

We were not satisfied that people who use the service are supported by appropriate staffing levels and skills mix. **Outstanding requirement (2) applies.** The provider's dependency measurement had been interrupted while the tool used was checked for accuracy. The provider has yet to ensure that there is an effective

system in place to manage and review the deployment of staff throughout the home. **As a result we will carry forward this area for improvement.**

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:

- o What areas need to be improved
- o What the desired outcomes will be for people
- o How improvements will be made
- o When will improvements be implemented
- o Who will be responsible for making improvements and
- o 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.

This area for improvement was made on 1 July 2020.

Action taken since then

The manager had a wide range of audit information which provided the opportunity for good oversight and action planning. This could provide the basis for identifying areas for improvement but should be further developed to:

- Include the involvement of everyone with an interest in the service,
- Provide structure for planned improvements and
- An opportunity to gauge success.

As a result we will carry forward this area for improvement.

Complaints

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

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 good is our staff team?	2 - Weak
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing levels are right and staff work well together	2 - Weak

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.