

Holy Rosary Care Home Care Home Service

Holy Rosary Residence
44 Union Street
Greenock
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Type of inspection:
Unannounced

Completed on:
22 October 2025

Service provided by:
Little Sisters of the Poor Greenock a
Scottish Charitable Incorporated
Organisation

Service provider number:
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Service no:
CS2017362463

About the service

Holy Rosary Care Home is a service for older people situated in a residential area of Greenock. The care home is close to transport links, shops and community services. The service provides nursing and residential care for up to 28 people. There were 28 people living in the home at the time of inspection. The service provides accommodation on an upper floor, in single bedrooms, all with ensuite facilities. There are smaller lounges and dining areas available for residents. Downstairs there is a large dining room, library, tearoom, computer room, shop, physiotherapy room and a chapel. These facilities are shared with the people who live in the flats attached to the care home (the flats are separate to this registered service). There is a large well-tended garden and outside space which is not fully secure.

About the inspection

This was an unannounced inspection which took place on 16, 20, 21 October 2025 from 08:00 to 17:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and five of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

We also took into account 21 returned care inspectorate questionnaires, 11 from people, eight from staff and two from professionals.

Key messages

People benefitted from holistic health professional support and a range of health pilot schemes.

Staff were reported to be kind, caring and compassionate and developed positive relationships with people.

People benefitted from high quality facilities and enjoyed unrestricted access throughout the home.

Strong leadership and quality assurance provided improved outcomes for people.

Care plans contained person-centred information, but some were inconsistent.

There were some staffing challenges to address to ensure staff worked well together as a team.

We followed up on one requirement about fire safety which was met.

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 staff team?	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

We evaluated this key question as good, where the strengths led to positive outcomes for people and clearly outweighed areas for improvement.

People told us they were happy living in the service and comments included 'I only came to try it; I like it and will see out the rest of my days here'. 'The staff are so helpful and kind'. Positive relationships had developed with staff which helped to ensure people felt safe and well supported.

There was a wide range of activities available for people throughout the course of the week for people who wished to join in, and we observed some nice interactions throughout with dedicated activity staff. Whilst the majority of people and relatives were positive about the level of activity available, more than one commented that they would like more evening options, a relative also commented that it was quieter for meaningful engagement over the weekend. Daily mass services fostered social inclusion and promoted spiritual well-being. Families were encouraged to visit and some volunteer in the home, adding to the community atmosphere.

The service was successfully piloting a clinical tool which improved responsiveness to people's needs reducing GP visits and ensuring quicker access to medications. We noted a range of regular health assessments undertaken to monitor and assess people's health. Relatives shared that staff are quick to pick up on and communicate any changes with their loved one. People had access to assistive technology where needed. There was a strength and balance project to support both individuals and groups with maintaining mobility and evidence gathered demonstrated the project was having a positive impact on people's health.

There was regular input from health professionals, including Care Home Liaison Nurses, Podiatry, Physiotherapist and Dieticians. Staff we spoke with were confident about when to escalate any concerns about people's health. Professionals shared staff take appropriate action and followed advice to ensure people remained safe and well. We could see the hard work the leadership and staff team had embarked on to improve people's health outcomes.

People can expect to have access to nutritious homemade food and have their nutritional needs and choices met. People fed back positively about the food, and relatives shared it was good to be able to share meals with their loved ones. We noted that for people able to access the formal dining area, it was a nice mealtime experience which promoted making and sustaining friendships and complementing people's feeling of wellbeing. Staff had good oversight of people's nutritional needs and were trained and knowledgeable in supporting people. A mealtime champion was used to improve people's experiences. There was easy access to snacks and drinks throughout the day, and people were supported should they require this. One person shared 'I have gained weight since moving in as the food is so good'. The service took part in a recent health 'milkshake' project evidencing improvement for people with regard to weight and nutrition.

People should be protected by safe medication management policies and processes. It was positive that people could get quicker access to medications in the event of infection or pain through use of the pilot system. Whilst we were confident that people were getting their medication as per prescribed instructions, there were difficulties with the system which recorded the medication. As required protocols were not detailed enough to guide staff as the system did not have functionality to support this, and the system for recording and auditing medication was complex. We observed errors in recording, a lack of escalation when anomalies were identified, and lack of effective oversight. We highlighted this could increase risk for people

requiring support with medication. It was recognised this was a staff training issue on the new system and we will make an area for improvement under 'How good is our leadership?'.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Relatives told us that if they had a concern about their family member, that they were listened to by leaders and confident that any issues would be dealt with. Complaints were dealt with effectively and as per policy. The management team shared a number of compliments from grateful relatives for support their loved one received, particularly with care offered at the end of life. One relative shared 'whilst it was sad, the care was just wonderful'.

People should benefit from a culture of continuous improvement. Quality assurance systems and audits demonstrated management oversight in areas such as the care plans, falls, health monitoring and medication. Audits revealed a need to improve staff practices and competency around the use of the new medication recording system. We asked leaders to explore ways which 'as required' medication protocols could guide staff with more detail in order to keep people safe. See area for improvement 1.

A service improvement plan was shared which outlined where the service wished to improve. Leaders demonstrated good knowledge of what was working well and what needed to improve. We noted pieces of work around self-evaluation carried out including core assurances and meaningful connections which was good to see. There were overall mostly effective systems in place to monitor service delivery.

The service encouraged people to share their views about improvements within the service in a number of ways. There were surveys and residents' and relatives' meetings ensuring people's voices were heard. We passed on suggestions from stakeholders for occasional relatives' meetings to be held at night and more activities at night and weekends whilst we appreciate some people do not want this.

People can expect staff to respond promptly. An upgrade to the nurse call system could be added to the service improvement plan due to the age of the current one. There was no method to record how long people were waiting for assistance. Some people perceived they waited for some time for staff, and shared this during reviews, though we did not see anyone waiting too long during the visit.

There was effective oversight of staff professional registration with the Scottish Social Services Council and the Nursing and Midwifery Council.

Areas for improvement

1.

To ensure people are getting their medication administered as prescribed, the provider should;

a) ensure all staff administering medication are trained and competent in the online medication recording system. This includes but is not limited to staff having enough clear guiding information and detail about as and when required medications

b) improve oversight of staff competency in the system and ensure audits effectively and quickly address anomalies to minimise risk.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a relatively stable staff team with less use of agency staff and new staff onboarding from recent recruitment drives. We observed warm and respectful interactions, which contributed to a sense of wellbeing for people. People shared 'staff are kind to me and well trained' and 'I like the volunteers who keep the gardens so nice, as a gardener before, this is good for me'.

People's assessed needs were considered when looking at staffing levels and how staff were deployed. Leaders had introduced different shifts to ensure deployment of nursing staff met people's needs. Care staff shared that although shifts were busy, there was enough time to do what was needed and spend some time with people.

Staff in other departments advised there was not enough time or staff to complete their tasks, and we shared this with the leadership team to address. Most staff said they loved their job despite some challenges around staffing levels. We noted people and staff and many relatives had developed positive relationships. A relative shared 'staff are responsive and so patient with xxxx, this gives me comfort'.

People can expect their care and support to be consistent because people work together well. Staff morale was mixed with some staff sharing they were unhappy with staffing arrangements. Safer staffing relates to all staff and whilst some staff worked well together, we could see that there were issues with a whole team approach and discussed this at length with the leadership team.

Shortages in some departments meant staff were covering and expressed burnout with the leadership team reportedly not listening to them. This led to some elements of their role not being completed such as appraisals or some staff observations of practice, this could lead to increased risk to people. For example, we noted some people not wearing socks during our visit suggesting some issues with laundry return perhaps due to the staffing levels. Leaders assured this would be explored.

This staffing situation had already been recognised and was being addressed though some staff reported that they felt organisational resources were not supportive enough or in keeping with promoting staff wellbeing. We were confident that the management team would look at solutions to improve staff morale and address staffing levels and deployment issues to benefit people. See area for improvement 1.

People can expect to have confidence in people because they are trained, competent and skilled. Staff training was being prioritised with a number of face-to-face training events including infection prevention and control (IPC), moving and assisting and adult support and protection. Whilst there were inconsistencies, regular competency checks for care staff were completed giving assurance that care staff were able to apply their learned skills in practice.

Staff training compliance was good giving people confidence they were supported by well-trained skilled staff. We noted regular team meetings which were well attended for people and captured where people had highlighted issues.

Areas for improvement

1.

To ensure that people always benefit from adequate levels of staffing the provider should;

- a) maintain oversight of adequate staffing levels and deployment in all departments
- b) ensure this includes peak times and where people may need additional support
- c) have contingency staffing plans where there is longer term absence gaining feedback from people and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am confident people respond promptly, including when I ask for help' (HSCS 3.17).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was well presented, warm and comfortable and decorated nicely for the season. People had personalised their rooms which were cleaned to a high standard. There were a number of areas people, and their relatives could use, with some rooms ensuring a community feel where friendships could be maintained, such as the bakery and tearoom.

The home was clean throughout with no obtrusive noise nor smells. All areas were cleaned to a high standard to protect people from infection despite shortages of staff within domestic and housekeeping services. Equipment was clean and regularly serviced with staff trained and confident in using equipment ensuring safe and dignified support for people.

There were several areas to ensure people could experience privacy with their visitors and family members, this included where families could share meals with their loved ones. We asked the provider to ensure that

wayfinding signage was clear and deployed to assist people navigating around all the areas within the home. The management team were addressing this during the inspection.

People can expect their home to be secure and safe. The home had all relevant safety certificates in place with planned arrangements for monitoring and maintenance meaning people could be assured it was safe. All areas were well maintained including the mature gardens that people could freely access to enjoy and maintain their independence.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People can expect their care plans to set out how their outcomes will be met and include their wishes and choices. Care plans we sampled contained a good amount of detail and nice person-centred information. Relatives told us they had been involved in sharing information with staff about their loved one which helped keep them involved. Risk assessments were in place where needed. Plans were updated regularly including where there were changes with people. Supporting legal documentation was in place however audits should have picked up inconsistencies in a few of the plans we sampled and we discussed this with the leadership team.

We appreciate that the plans are a work in progress, with some care plans detailing clear and up to date information on peoples support requirements and how they like this to be provided. There were a number of care plans sampled where the information was not always clear and difficult to find nor reflective of a person's current situation. These inconsistencies could lead to risk for example where people's mobility or nutritional needs were unclear.

Whilst most staff knew people well there were new members of staff onboarding and would need access to updated and current, clear information to guide them to meet people's needs and outcomes. See area for improvement 1.

Reviews were carried out in line with legislation. Notes of review meetings were not always detailed giving a clear understanding of the discussion and were not always then used to update peoples care plans to ensure staff were providing current care. This may have been newer or less familiar staff completing the reviews. The leadership team had plans to address this.

Areas for improvement

1.
To ensure that people receive the right support at the right time, the provider should ensure;
 - a) all care plans are clear with up to date, accurate information
 - b) care plans should be person centred, guiding staff on how to meet current people's care and support needs
 - c) any changes should be clearly documented and communicated to staff during shift changeover
 - d) regular reviews should be carried out with outcomes reflected within the care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

By 30 March 2025, the provider must ensure that people are kept safe by having clear oversight and implementation of fire safety arrangements in the service. These must meet the requirements of the Practical Fire Safety Guidance For Existing Care Homes (Scottish Government, 2022).

To do this, the provider must, at a minimum:

- a) produce an action plan to address the risks identified in the Fire Service inspection report
- b) review the Fire Safety Risk assessment in line with organisational policy
- c) ensure all daily, weekly and monthly fire safety checks are carried out
- d) ensure evacuation procedures are clear, up-to-date and take account of risks in the environment and staffing levels throughout the day and night
- e) ensure all staff are given information, instruction and training on the actions to be taken in the event of a fire.

This is to comply with Regulation 10(1) and 10(2)(b) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My environment is secure and safe" (HSCS 5.19).

This requirement was made on 21 January 2025.

Action taken on previous requirement

An action plan was presented to clearly address the risks identified in the Fire and Rescue Scotland report. There was a fire action plan in place which had been reviewed and updated. We sampled documents and all weekly and monthly fire checks had been completed including fire alarm tests. Evacuation procedures were clear and all staff including day and night shift have the opportunity to be part of fire evacuation drills. Fire drill attendance records were kept. We noted that staff are inducted by the maintenance manager into fire exits and demonstrations and instructions given about the fire panel. Staff we spoke to were confident they knew what to do. We could see a lot of work had been completed around this.

Met - outwith 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

To ensure that people have responsive and effective support, the provider should ensure information about people's changing needs and daily support is clearly documented and communicated to staff. This includes essential information that is shared at shift changeover times.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS 4.14)" and "My care and support is consistent and stable because people work together well (HSCS 3.19)".

This area for improvement was made on 21 January 2025.

Action taken since then

There was a structured handover sheet. The care planning system alert also highlights where actions have not been taken as expected, though there were some issues with this system. We noted in senior carer and nurse meeting minutes that essential information was being picked up on and that it was shared with staff. We asked a number of staff about details pertaining to people and they confidently shared the information. However, some information in care plans was not updated nor current or difficult to find. This meant that people's changing needs were not always recorded or shared.

This area for improvement is not met.

Previous area for improvement 2

To ensure that people are kept safe and protected, the provider should make sure that the appropriate level of supervision and support is available to people at mealtimes. Support should be available from staff who have knowledge of people's needs, associated risks, and who have the skills and training to provide their assessed support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (HSCS 1.34).

This area for improvement was made on 21 January 2025.

Action taken since then

We observed mealtimes and spoke with people and catering staff. The formal dining area is not fully staffed by care staff though we did see an allocated care staff member to support people. Catering staff and volunteers supported people.

There was clear dietary information available for people who have allergies or modified diets and care staff remained on the care floor to support people who were more dependent. Catering staff knew people well and were regularly updated with any changes, we checked this with a number of staff who worked in the dining area who also had good knowledge.

Staff had completed training around supporting people with their dietary needs, with their choices and preferences promoted. Where we thought there may be risks in using volunteers who may not know people's needs, we were assured by talking to catering staff and observations that volunteers were guided by catering staff and mainly supported mealtimes with people who were more independent.

The management team are looking at deployment of staff throughout the home, and it would be good to consider that this approach meets everyone's needs and remains safe.

This area for improvement has been met.

Previous area for improvement 3

To ensure that people have positive experiences and outcomes, the provider should ensure complaints are being handled, recorded and resolved in a transparent and professional manner, in line with company policy. This is to ensure that when people have a concern or complaint about the service, they can be assured this will be dealt with in a fair and consistent manner.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21) 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 21 January 2025.

Action taken since then

We could see there was an organisational complaint policy being used and sampled a couple of recorded complaints including those made during reviews. We noted appropriate management and actions taken and apologies given where necessitated. People we spoke with and their relatives told us they felt comfortable to complain to the leadership team.

This area for improvement is met.

Previous area for improvement 4

To ensure that people using the service are protected as far as possible from potential harm, the provider should ensure all staff undertake Adult Support and Protection training (ASP) relevant to their job roles and responsibilities. Training provided should be in accordance with the Adult Support and Protection Scotland (Act) 2007.

This is to ensure that the quality of staff 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 their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 21 January 2025.

Action taken since then

All staff have been trained in Adult Protection in accordance with Scottish Legislation 'Adult Support and Protection (Scotland) Act 2007. There had been training face to face, delivered by the Health and Social Care Partnership and on other training platforms. Staff we spoke with were knowledgeable about adult protection and about raising concerns, we noted appropriate actions around one live Adult Protection case. The manager is involved with the local and Greater Glasgow and Clyde governance group about adult protection.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing 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 arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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