

Roselea Court Care Home Care Home Service

Randolph Road
Stirling
FK8 2AP

Telephone: 01786 644000

Type of inspection:
Unannounced

Completed on:
6 January 2026

Service provided by:
Priory CC131 Limited

Service provider number:
SP2023000396

Service no:
CS2025000050

About the service

Roselea Court Care Home is a purpose-built care facility, situated in a quiet cul-de-sac in the town of Stirling. Arranged over two floors, the home offers 52 spacious bedrooms, each with an en-suite wet room, some of which have direct access to the garden.

The home has a wide variety of social areas including a café, cinema room, hair salon, and a bar area, and provides residential, nursing, and short break care services. The service has been registered with the Care Inspectorate since February 2025.

About the inspection

This was an unannounced inspection which took place on 6 January 2026 to follow up on requirements made at an earlier inspection in October 2025. The inspection was carried out by one inspector 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.

Key messages

The service had been working well towards meeting requirements made at the last inspection, while introducing a new electronic support system. This transition to new systems meant that the requirements were not met within the timescales set, and will be extended to allow the service additional time to complete this work.

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

Requirements

Requirement 1

By 21 November 2025, the provider must ensure that people are supported with all aspects of their care. This should include, (but is not limited to) skin integrity and nutrition.

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

- a) staff use assessment and screening tools fully, and as designed, to identify people at risk
- b) where anyone is identified as 'at risk', then appropriate actions are followed, including a full care and support plan and communication to all staff involved in supporting the plan
- c) training is provided to staff to allow them to complete and interpret assessment documentation, and take appropriate and immediate action.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 1.19 'My care and support meets my needs and is right for me.' 3.14 '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.

This requirement was made on 4 November 2025.

Action taken on previous requirement

We reviewed this requirement at our follow up inspection. The service had organised staff training in relation to nutritional screening, and were in the process of developing an electronic system, to better support monitoring and care delivery. We could see improved support plans when people were at risk of malnutrition, but the service needed more time to complete this work. Because the risk to people had reduced, we agreed to extend the timescale for this requirement until 1 March 2026.

Not met

Requirement 2

By 3 January 2026, the provider must ensure that people are safe, and receive care and support that is well-led and managed, and which results in better outcomes for people.

This should be achieved through establishing a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include, but is not limited to, ensuring that:

- a) the systems of quality assurance and audits are consistently and robustly completed
- b) effective action planning takes place within reasonable timescales, which addresses identified areas for improvement
- c) information from quality assurance is communicated to the appropriate people when necessary
- d) there is robust and regular oversight of the service by the organisation, to monitor implementation of the quality assurance system and its effectiveness.

This is 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).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

This requirement was made on 4 November 2025.

Action taken on previous requirement

We reviewed this requirement at our follow up inspection. The service was in the process of developing an electronic system to better support monitoring and care delivery. We could see improved oversight of care and support, but the service needed more time to complete this work. Because the risk to people had reduced, we agreed to extend the timescale for this requirement until 1 March 2026.

Not met

Requirement 3

By 3rd January 2026, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs. This should include, but is not limited to, supporting stress and distress, and restrictive practice.

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

- a) documentation is sufficiently detailed, and reflects the actual care planned or provided, and is updated immediately as needs change
- b) care plans and daily recording are outcome focused, and written in a person-centred manner, taking account of all the needs and wishes of people
- c) care plans are in place which identify how to respond to specific needs, such as stress and/or distress, restrictive practices, and also include good practice guidance, for example, the 'Herbert Protocol'.

Inspection report

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 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).

This requirement was made on 4 November 2025.

Action taken on previous requirement

We reviewed this requirement at our follow up inspection. The service was in the process of developing an electronic system to better support monitoring and care delivery. We could see development in support plans, but as the service were midway in transition, we were unable to assess any improvement. The service needed more time to complete this work, and because the risk to people had reduced, we agreed to extend the timescale for this requirement until 1 March 2026.

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 are able to move around and feel safe and secure in their surroundings, the service should undertake a review of the environment using good practice guidance.

This should include but is not limited to:

- a) easing decision-making and orientation
- b) encouraging independence and social interaction
- c) reducing agitation and distress
- d) promoting easy access to outdoor space, fresh air, and natural light.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.21) .

This area for improvement was made on 4 November 2025.

Action taken since then

We reviewed this at our inspection. The service had undertaken a review of the environment using good practice guidance, and were in the process of planning some changes to better support peoples' outcomes. We will continue to review this area for improvement at our next inspection.

Previous area for improvement 2

The provider should be complying with its statutory duty of candour requirement in adherence to Section 22(1) and (2) of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.

This is in order to comply with:

Health and Social Care Standard 4.4: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 14 July 2025.

Action taken since then

We reviewed this again at our inspection. We could see evidence of communication with families when required, around Duty of Candour that had included a root cause analysis, and a written explanation to families. The service had met this area for improvement.

Previous area for improvement 3

The provider should have a clear protocol in place for staff to follow, to ensure that the correct information is provided to families with regards to the labelling of personal clothing before moving into the service.

This is in order to comply with:

Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 14 July 2025.

Action taken since then

We reviewed this again at our inspection and found that processes were now in place that included guidance about belongings. Since our last inspection, this had been adjusted and embedded into practice, and the service had met this area for improvement.

Complaints

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

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 càinain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلؤں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

ਬਿਨਤੀ '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.