

# Enable Scotland (Leading the Way) - Rosehill Place

## Care Home Service

56 Rosehill Place  
Livingston  
EH54 7DW

Telephone: 01506 418 193

**Type of inspection:**  
Unannounced

**Completed on:**  
19 January 2026

**Service provided by:**  
Enable Scotland (Leading the Way)

**Service provider number:**  
SP2003002584

**Service no:**  
CS2003011013

## About the service

Rosehill Place is a care home which is registered to provide care and support to four adults who have learning disability. Care and support is available 24 hours per day and is provided by Enable Scotland (Leading the Way). The property is located in a residential area of Livingston, comprising of a lounge, dining room, kitchen, one bathroom, one shower room, five bedrooms and utility room. The accommodation is on one level and is accessible for people who use wheelchairs. It has its own enclosed garden and parking.

## About the inspection

This was an announced inspection which took place on 13 January 2026 between the hours of 09:30 and 19:00. 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.

In making our evaluations of the service we:

- Spoke with three people using the service and two of their family members
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents

## Key messages

- People were supported by a consistent staff team who knew their needs well.
- Staff interactions with people were kind and respectful.
- The environment was pleasant and promotes people's independence.
- Improvements were needed in some aspects of care planning.
- Quality Assurance processes needed to be improved.

## 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?	3 - Adequate
How good is our setting?	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?

4 - Good

We evaluated this key question as good as we identified strengths which clearly outweighed the need for improvement

People living in the service appeared happy, settled and well cared for. They were observed to be clean and well-presented. The atmosphere throughout the service was calm and welcoming and people clearly viewed the service as their home, this contributed positively to their emotional wellbeing.

Staff interacted with people with kindness and respect. They demonstrated good knowledge of individuals routines and preferences which supported positive relationships and consistent care.

We observed a mealtime during the inspection. The food looked and smelled appealing, and people told us they enjoyed their meal. People who required assistance received support from staff. This was delivered sensitively and at an appropriate pace, maintaining the person's dignity. The dining environment was pleasant and unrushed.

People received care which contributed to positive health outcomes. Personal plans included details of the health professionals involved in people's care, including GPs, District Nurses and Speech and Language Therapists. Records showed there was regular and appropriate contact with these professionals. People's health was monitored effectively and staff recognised signs of deterioration. Where there was concerns these were escalated promptly to healthcare professionals when needed.

Relatives expressed confidence that their family members received the healthcare they required. One relative spoke very positively about the care provided to their family member, during the later stages of life. Ensuring that the care that was in keeping with their needs and wishes.

Medicines were well managed. Records were completed consistently and regular checks of medication were undertaken, this reduced the risk of errors and supported safe outcomes.

People were supported to participate in meaningful activities, both within the home and in the community. This included attendance at day centres, social outings, pamper evenings and preferred television programmes. These activities supported people's emotional wellbeing, social inclusion, and enjoyment of daily life.

People had support plans in place that provided an overview of their needs and the support required. Relatives confirmed they were consulted and involved in shaping care, and felt communication with the service was good. However, the quality of care plans was variable. While some included information about people's interests and preferences, others lacked sufficient detail. Plans could be improved by including more information on family background and preferences. Some plans and risk assessments had not been reviewed at six monthly intervals to ensure the care provided is responsive to people's changing needs.

**How good is our leadership?****3 - Adequate**

We evaluated this key question as adequate, as we identified some strengths but these just outweighed weaknesses.

The service had experienced changes to its management structure in the past 12 months. The instability in leadership had impacted on quality assurance and oversight.

A Quality Assurance Action plan was developed in September 2025 and an evaluation of Core Assurances was undertaken in May 2025. However, it was not clear how these were used to inform service improvement.

Records provided by the organisation confirmed that staff had completed the required training and were appropriately registered with the Scottish Social Services Council (SSSC).

Accidents and incidents were recorded appropriately, and documentation showed that actions were taken in response to adverse events. This demonstrated some understanding of the importance of responding to immediate risks.

We saw evidence that appropriate health and safety measures were met, including fire, gas and electrical systems. However up to date information was not readily available in the service at the time of the inspection.

There was little evidence of a systematic quality assurance framework. Limited information was available to demonstrate that key areas of service delivery were regularly reviewed, evaluated, and improved. In particular, there was a lack of evidence of routine: reviews of personal plans and their quality, monitoring of care plan reviews, environmental checks, staff supervision or the collection and analysis of feedback from people using the service and their families. Without these systems, the service was unable to evidence how it assured itself that care was safe, effective, and person centred, or how it identified areas that required improvement.

## Requirements

1. By 31 March 2026 the provider must provide the Care Inspectorate with details of the quality assurance processes that have been put in place to ensure there is consistent oversight of the quality, safety, and effectiveness of care. This is necessary to identify risks promptly, monitor performance, and drive continuous improvement.

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

A structured programme of quality audits is established and maintained, covering key areas of service delivery including:

- Personal plans and reviews
- Medication management
- Risk assessments and restrictive practices
- Staff supervision, training, and competency
- Incidents, accidents, and safeguarding concerns
- The care environment and infection prevention and control

Quality assurance activity is undertaken at appropriate and defined intervals, with clear records demonstrating:

- What has been reviewed
- The findings of audits
- Actions required to address deficiencies
- Timescales for completion
- Accountability for follow up and review
- Learning from audits, incidents, complaints, and feedback from people using the service, relatives, and staff is:
- Analysed systematically
- Shared with staff
- Used to inform service improvements

This is 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 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 processes.' (HSCS 4.19).

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate, as we identified some strengths but these just outweighed weaknesses.

The building was accessible and suitable for the needs of the people who lived there. There was barrier free access throughout the home, promoting independence and ensuring people could move safely between areas. Bedrooms and bathrooms were equipped with overhead tracking systems to support people who required the use of a hoist.

The home was clean and homely. Communal areas, including the lounge and dining room, were comfortable, well furnished and welcoming, supporting positive social interaction. People had access to a well maintained garden, which provided opportunities for outdoor activity and relaxation.

Bedrooms were personalised, with décor, furnishings, and personal belongings reflecting individual preferences and tastes. This supported people's sense of identity, comfort, and emotional wellbeing.

While the overall condition of the premises was satisfactory, some maintenance issues were identified. These included; areas of paint and plasterwork requiring repair, significant rusting on a radiator cover in one bathroom. Although these issues did not present an immediate risk, they detracted from the quality of the environment and should have been identified and addressed through routine maintenance arrangements. In addition, the routine maintenance of the tracking system was overdue, however, evidence has been provided to demonstrate this issue has been addressed.

There was no formal system for recording and tracking maintenance issues. Repairs were sometimes noted in the communication book, and on occasion it was recorded that issues had been resolved. However, this approach did not provide clear oversight of outstanding issues, timescales for completion or whether repairs had been completed promptly. This reduced assurance that environmental risks were consistently identified and managed.

Staff had completed infection prevention and control (IPC) training and demonstrated awareness of measures required to reduce the risk of infection. A plentiful supply of personal protective equipment (PPE) was available.

A cleaning schedule was in place; however, there were some gaps in recording. While there was no evidence that cleaning had not been completed, incomplete records reduced assurance that IPC procedures were consistently monitored and reviewed. There were also some omissions in the recording of fridge and freezer temperatures

People benefited from living in an environment that was comfortable, personalised, and generally safe. However, weaknesses in quality assurance processes undermined confidence that the physical environment was being consistently monitored and managed to the required standard. See requirement under Key Question 2.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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