

Rosepark Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
16 March 2026

Service provided by:
Renaissance Care (No 8) Limited

Service provider number:
SP2007009451

Service no:
CS2007166021

About the service

Rosepark Care Home provides care to older people and is situated within a residential area of Uddingston. It is close to local transport links, shops and community services. There were 57 people living at the service at the time of this inspection.

Accommodation consists of two separate buildings, Rosepark and Rosehill. All bedrooms within the service contain ensuite facilities. Each of the buildings has communal lounges and dining rooms. The service has an accessible garden and patio to provide outdoor space and gardening areas for people.

About the inspection

This was an unannounced inspection which took place between 9 and 12 March 2026 from 09:30 to 17:30. The inspection was carried out by three 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 six people using the service
- spoke with four relatives who were visiting and considered two email responses
- spoke with 17 staff members and management
- we considered 22 returned surveys from staff, and 16 from relatives
- observed practice and daily life
- reviewed documents
- considered the views of three external health professionals.

Key messages

There are positive relationships formed with external health professionals who support the home and the residents.

People have good opportunities for social interaction both in the home and the community.

Meal times in the dining areas were unrushed and a positive experience for people.

Staffing levels and deployment need to be revisited to ensure people get the right care at the right time.

The home is clean and fresh with a variety of areas for residents to relax.

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 staff team?	3 - Adequate
How good is our setting?	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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The daily flash meeting provided a good overview of people's health and wellbeing needs. Clinical oversight was good and the service worked well with external professionals to ensure people were receiving the right support for them. However, to ensure that advice and guidance is followed through from external professionals, there needs to be a consistent approach with monitoring people's health and wellbeing. We have discussed this further under 'How good is our staff team?'

From our sample of care plans we looked at, we identified inconsistencies in recording practices, for example nutritional intake. (See area for improvement 1). Staff recognised multiple health concerns, and short-term care plans had been implemented in response. Physical and mental health charts were recorded well, and diabetic care was clearly documented, with staff following guidance for blood sugar monitoring.

We observed that dignity and respect had been compromised for residents in their rooms in Rosepark on day one of our inspection. We raised these concerns with the manager at the time. We did not see staff available to assist. These issues are further considered under 'How good is our staff team?'

People benefitted from a range of social activities delivered in group sessions, as well as a one on one basis. External outings using the minibus took place every week. The service maintained positive links with local schools. Musical therapy and entertainment sessions were well received and had a positive impact. Movement and chair based exercises were actively encouraged. Staff demonstrated a clear understanding of each person's preferred activities and level of engagement, contributing to their confidence that no one was socially isolated.

Meal times in both dining rooms were an unrushed, positive experience for people. Staff supported people when this was needed, and plated options, menus, and alternatives to the planned menu were offered to support choice.

A resident told us that they sometimes experienced delays as the equipment they needed had to be moved between floors. This feedback had already been shared with the manager, who confirmed that the service would explore this further.

Medication management followed good practice guidance. However, we identified areas requiring attention, including the need for current "as required" medication protocols. Although new protocols were due to be introduced, existing protocols still required review within appropriate timescales. Some attention to detail was also needed in relation to topical creams, which could have been supported through resident of the day checks to ensure residents' body charts were current.

Three external professionals provided feedback, all of whom reported no concerns and spoke positively about working with the service.

Areas for improvement

1. To ensure people's care needs are met consistently and at the right time, care records should clearly evidence the care that has been delivered. This should include detailed recording of nutritional support and the responses to people's physical and mental wellbeing.

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We opened this key question for evaluation during the inspection because we had identified concerns about staffing levels. We also took account of feedback from staff and relatives, as well as the returned surveys, which highlighted staff availability as a recurring theme.

Staff were not deployed effectively or efficiently on day one of our inspection, and this impacted on people's rights and outcomes. Several staff told us that mornings and tea-time continued to be difficult to manage due to many residents requiring the same level of support at the same time. Some staff told us that leaders spent a considerable amount of time in the office and were not always available to support them on the floor. Many residents required two staff members to assist them. One relative also commented that they had observed people waiting to be supported to the bathroom.

Some of the themes identified in staff deployment observations were not followed through. For example, concerns relating to leadership, staff disharmony, and staffing levels were identified but not clearly progressed. We did not see evidence of resident feedback being collected or acted upon in a "you said, we did" format.

We spoke with a high number of staff during our inspection. Staff told us that they felt well supported by the manager and was described as approachable and accessible. Most of the staff told us they received regular supervision.

The management team have responded to some of our feedback. Some steps have been taken by the management team to ensure that leaders have protected time to complete other duties and these hours will be covered by care staff during some of the peak times. While the service used the Dependence Assessment Tool and held regular safe staffing discussions, deployment requires to be revisited to ensure people's health and wellbeing will not be compromised. (See area for improvement 1).

Areas for improvement

1. To ensure people receive the right care at the time it is needed, the service should revisit their dependencies and staff deployment within the home.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My needs are met by the right number of people' (HSCS 3.15).

Consideration should also be given to Health and Care (Staffing) (Scotland) Act 2019, that came into force 1 April, 2024.

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.

There were clear and planned arrangements for the regular monitoring and maintenance of the premises and equipment, which supported people's safety. Staff received training and competency assessments to ensure they could use and maintain equipment safely. Moving and handling training was up to date, and appropriate equipment was available within each unit. However, several people one of the units told us they would have benefited from an additional Sera Steady.

People's rooms were personalised and furnished to their tastes. People could choose where to spend their time. The only area not being utilised was the garden, which did not appear ready for use.

We suggested the introduction of 'rummage boxes' in one unit, as many people walked with purpose. One lady was observed wiping a window with her hand, and the door acted as a trigger for several people. Providing distraction items within the foyer area may have supported meaningful engagement.

The home was clean and tidy. However, on day one we found the sluice doors in one of the units open; staff needed to remain mindful that these doors must be kept locked to maintain safety.

Protective Personal Equipment (PPE) stations were available throughout the home, although there was a lack of medium sized gloves in one unit. In addition, one of the communal bathrooms was cluttered with toiletries, equipment and slings, which required attention to maintain safe and dignified use of the space.

A refurbishment plan was in place, and the service was progressing through the decoration schedule. Five residents were involved in choosing décor, which supported a sense of ownership and personal connection to the environment.

All statutory checks were in place and within required timeframes, including fire safety equipment, mobility equipment servicing, and electrical, water, and gas safety checks. These processes contributed to maintaining a safe environment.

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 provide high quality care, the service should, in consultation with relevant staff, consider and regularly review staffing levels across all units day and night to ensure people's needs can be met.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that: '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 22 December 2023.

Action taken since then

Safer staffing meetings were taking place regularly and discussions regarding the staffing levels were taking place. There was evidence that relevant staff were being involved in these discussions. Staffing levels were being informed by the dependency tool the service were using.

This area for improvement has been met, however we have made a new area for improvement regarding staff deployment under the heading 'How good is our staffing?'

Previous area for improvement 2

To support people's health and wellbeing, the provider needs to ensure that all 'as required' documentation is completed to ensure that the medication administered has had the desired effect.

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).

This area for improvement was made on 20 December 2024.

Action taken since then

Any 'as required' medications administered were being monitored and there were records which showed that these had the desired effects.

This area for improvement has been 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 staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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