Roselea House
Care Home Service

175 Stenhouse Street
Cowdenbeath
KY4 9DX

Telephone: 01383 514 744

Type of inspection:
Unannounced

Completed on:
22 January 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000026

About the service

Roselea House is registered to provide nursing care to 20 older people with dementia. The care service is based in a modern, purpose-built, single-storey building, which is owned by the Holmes Group. The service provides accommodation in 20 single ensuite rooms, along with a pleasant lounge and separate dining area. A well kept garden area is located to the rear of the property. The home is situated within the town of Cowdenbeath and has easy access to local amenities. There were 18 people living in Roselea House at the time of our inspection.

About the inspection

This was an unannounced inspection which took place over 21 and 22 January 2025. The inspection was conducted 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 7 people using the service and 6 of their family members
- spoke with 5 members of staff and management
- gained the views of 3 visiting professionals, 7 staff, 6 relatives and 3 service users via the Care Inspectorate's questionnaires.
- observed practice and daily life
- reviewed documents.

Key messages

- People received kind, caring and compassionate support from staff who knew them well.
- The staff team demonstrated a culture of continuous improvement to maximise people's outcomes and experience.
- People living in the home and their representatives were involved in improving their service.
- People living in the home benefitted from being supported to maintain links with the local community.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Our observations concluded that people were supported and cared for in a very kind and compassionate way. It was clear there were well-established relationships between staff and the people they supported. This was reflected in the comments we received from people receiving the service and their relatives/ friends, for example "The staff are angels; we are so well looked after here; we're very lucky. They're very kind and can't do enough for us. I don't know where we would be without them", "I love my room; it's nice and big and I have all my own stuff in it. I can come and go as I please. I've just been down the town with my friend", "She has been here for two years; it's a great place. She was in hospital last week, but I know she is safer here. The staff are excellent; it's a smaller place. The manager and staff are very approachable; I have no issues with their care or personalities. If the slightest thing happens, my phone goes. I'm kept informed about her medication, what she's eaten, not eaten. I'm here every day; her care plan has been discussed with me. The meals are very good, she is on a special diet; and it's presented nicely, and she gets a variety. She even gets her variation of a cream tea. They do spend good amounts of time when assisting; she is always well-kept as is the home. I love the 'anytime visiting'. They totally look after her health. Struggle to think of anything to improve". and "Brought mum here 3 years ago and the first impression was wonderful; not had one concern in the 3 years. Everyone has an amazing manner. They have a score of 8.7 on their door; we don't know what you have to do to get a 10".

People benefited from very efficient health care assessments which were led by registered nurses and knowledgeable, competent support staff. People had access to a variety of medical and social care professionals to offer a comprehensive approach to their health and wellbeing. Risks to people such as falls and choking were assessed, and mitigated and reviewed on a regular basis to meet people's changing needs.

Personal plans were person-centred, reflecting people's needs, wishes and choices which promoted holistic care and support for people. Plans provided the detailed information and guidance staff required to deliver safe, consistent and effective care and support. Personal plans were reviewed regularly with the person and their family, so we were assured that people's current needs continued to be assessed and met.

Medication records showed that administration was very well managed which supported people's health. Internal medication audits confirmed this, with any errors being identified and addressed quickly. 'As required' medication was monitored, with the effects recorded to enable thorough evaluation. There appeared to be no overuse of these. Regular medication reviews were carried out and we were confident people were getting the right medication at the right time.

People were supported to spend their time in ways that were meaningful and purposeful for them. Staff recognised that supporting social engagement and interaction was integral to people maintaining their physical, emotional and psychological health and wellbeing. People were supported to be out and about in their local communities. People we spoke to told us how much they enjoyed going shopping, attending groups in the local community centre, and the weekly bus trips. These things promote people's sense of independence and wellbeing.

We observed people's mealtime experiences and found them to be very relaxed and unhurried. People were supported to make their own choices, and those requiring alternative diets received them in a very discreet way. People were very complimentary about the meals and snacks and told us "Tea was lovely, it always is. We always get to choose what we want. If we don't fancy it, the chef makes us something else. I can have my meal in my room if I want; sometimes I do", and "He has put on a lot of weight since he came in; it's the chef and all the cream cakes he makes. I had my Christmas dinner here; it was beautiful, and the meals always look lovely". People's nutritional health status was monitored and assessed regularly, with input sought from the dietician when needed.

We had no concerns about the infection prevention and control (IPC) practices in the home. It was clean and clutter free throughout. We saw staff wearing protective clothing and handwashing when appropriate. People we spoke with told us the home is always spotless and smells fresh, including people's bedrooms and ensuite toilets. We received feedback from Fife NHS IPC team which included the following comment "The manager and staff at Roselea engage well with the IPC team, they are proactive in facilitating all IPC advice in a person centred and safe way to meet the needs of the individual".

How good is our staff team? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This included ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected. We were informed the provider is developing a staff wellbeing forum, with one staff member from each care home to act as spokesperson/advocate for others. This should provide staff throughout the organisation with a good level of inclusion and support. Staff did have access to an external counselling service.

People receiving the service and the relatives we spoke with provided very positive feedback about the management and staff team, who they found to be approachable and supportive. Comments included "The staff are excellent; there's not one that I don't like, and they all look after me.", "There is always someone available when you want them; I recognise all the staff. They look after his health and see to his meds. They get the doctor if need be. They always phone if anything changes. I don't come to any relative's meetings; nobody wants them. They keep us informed every time we are in, and we get a newsletter e-mailed to us every month. I come to the six-month care plan reviews. I can't think of anything to improve", and "The staff are lovely; they can't do enough for you. You just have to ask, and you get".

We were confident robust recruitment procedures were in place; this promoted maximum safety for people using the service. New staff benefitted from a comprehensive induction and regular reviews were carried out during their initial employment period. This ensured they were being supported to develop the necessary skills, knowledge and abilities to meet people's needs and help them achieve positive outcomes. Staff were assessed as competent by their line manager/supervisor before being confirmed into post.

Staff confirmed they had access to a range of training online. The manager had a very good overview of staff training and ensured it was kept up to date. On the day of the inspection the organisation's mandatory training had been completed by 98.8% of staff. Staff also received additional training around specific needs of the people they supported, for example Parkinson's Disease and Diabetes training. This helped them deliver a high quality of support to people. Staff's ability to transfer learning into practice was assessed by practice observations. This gave the manager an opportunity to ensure people's needs were being met and identify areas for improvement relating to staff's skills, knowledge and abilities.

Staff turnover was very low in the care home. Staff we spoke with told us they were happy in their roles and felt valued and supported. They were confident that any issues or concerns they raised would be addressed. Staff retention rates had a positive impact on people's outcomes and experiences as it provided consistency of care and support. Staff had access to regular supervision with their line manager, and team meetings. They recognised these opportunities as a safe space to ask questions, seek guidance and address any practice issues or learning. Additional wellbeing resources, for instance external counselling and support services, were also provided for staff.

Staff were supported to undertake Scottish Vocational Qualifications at the level appropriate to their role. Completion of these qualifications were required to enable staff to continue to be registered with the Scottish Social Services Council (SSSC). Systems were in place to track staff's registration with the SSSC and nurses' registration with the Nursing and Midwifery Council (NMC). This ensured the fitness of staff to provide care and support for people.

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 support people's needs and wishes being met, the provider should ensure that people can use the garden whilst being safe, in a way that promotes independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.17) and 'If I live in a care home, I can use the private garden' (HSCS 5.23).

This area for improvement was made on 20 September 2023.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because there is an attractive, enclosed garden but access to it was dependent on the availability of staff due to it being unsafe in some areas.

During this inspection we saw the patio area outside had been re-surfaced with tarmac to give an even surface. A garden gate was being installed to separate this area from the downward path into the large, grassed garden (more able/escorted people could still access this). Some sensory items had been added to the tarmacked area last year with more planned for this year. Seating areas and raised flower boxes had also been added. We concluded that a good compromise of people's safety, whilst promoting independence depending on their ability, had been achieved.

This area for improvement was met.

Previous area for improvement 2

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people and their representatives' views, suggestions and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 20 September 2023.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because although a service improvement plan was in place, there was little evidence of people's views being sought to drive improvement.

During this inspection we saw questionnaires had been sent out with the only suggestion being to make the garden safer (as identified previously by the Care Inspectorate) which had been resolved.

We saw evidence of six-monthly care plan reviews taking place and relatives verified they attend, and the reviews are inclusive.

A suggestion box had been put in the foyer, but no suggestions had been received. Everyone spoken with during the inspection said any suggestions/concerns are addressed immediately). They said they appreciate the manager/person in charge's open-door policy, and they are always kept up to date with any changes in their loved one's health and wellbeing, and service delivery.

Relatives spoken with said they had been consulted about re-starting the relatives' meeting, but they declined as they are kept up to date during visits and via the monthly newsletters.

Suggestions and action taken had been added to the service improvement plan. The manager said this will be ongoing to evidence, monitor and track service improvement.

This area for improvement was 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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