

Upper Springland Rosiebank Tummel Care Home Service

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Telephone: 01738 632 995

Type of inspection:
Unannounced

Completed on:
16 November 2023

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Service no:
CS2018365981

About the service

Upper Springland Rosiebank Tummel provides a care home service for adults with a physical and/or a learning disability. The service provided 10 longer-stay places and two respite places at the time of inspection. It is part of a larger campus which provides residential, short break and day opportunities for adults with physical and learning disabilities. On-site resources such as a gym and rebound (trampoline) therapy are accessible for people who use the Rosiebank Tummel service.

The service stated that: "Our expert staff team works with you to create a tailor-made care plan, which not only provides you with the best support but also helps us to get to know you, your goals, and what you want from the future. Our plans make sure everyone can live as independently as they want to".

About the inspection

This was an unannounced inspection which took place on 15 and 16 November 2023, between the hours of 09:00 and 16:30 hours each day. 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 five people using the service.
- Telephoned four family members/representatives of people using the service.
- Spoke with six staff and management.
- Observed practice and daily life.
- Reviewed care plans and management/audit documents.

People told us that they valued the service and were routinely involved with planning and reviewing care. The manager and staff members were approachable and knew people's care needs.

Key messages

- Staff members' approach to care and support was very good.
- Families and carers said they were well involved with planning and reviewing care.
- Care plans clearly identified people's needs, wishes and preferences.
- There was clear communication of prevention and management of people's stress and distress reactions. Staff dealt effectively with these reactions because they knew people well.
- Where people needed health support this was referred promptly and communicated to families and carers.
- The premises were clean, with appropriate arrangements in place for infection prevention and control.
- Some areas of the built environment were tired and dated in design. This had some impact on people's ability to enjoy the setting that they lived in. Nevertheless, there was evidence of ongoing renovation in bedroom and bathroom areas, and decoration of public areas.
- Expected improvements to the building need to be assessed within the context that the service will be moving to new premises in a few years time. However, in the meantime, people will continue to live in the existing setting. We were pleased that this was openly acknowledged and that the need for ongoing maintenance and improvement was noted in the service's strategic plan.
- Staff worked well as a team and knew people's needs. Many people received one-to-one support from staff.
- We heard about recruitment difficulties; however, the service was actively recruiting staff and used agency staff to cover shortages.
- The manager was aware of the importance of quality assurance and effective leadership. They were supported by team leaders, who provided additional oversight of day-to-day care and management tasks.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership? | 5 - Very Good |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 3 - Adequate |
| How well is our care and support planned? | 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.

Staff members' approach to care and support was very good. They knew people well as individuals, showed compassion, and treated them with dignity and respect. Staff enjoyed working in the service and were motivated towards improving the quality of people's daily lives.

There were several new members of staff who were still learning their roles and getting to know people's needs. They were well supported by experienced staff and gradually embedding into the care team.

Families and carers said they were well involved with planning and reviewing care. They told us that people's needs were being met and care was of a high standard.

People were provided with individualised care and support. Individual and group activities were an integral part of daily life. There were clear activities programmes, which accounted for personal interests and aspirations. Regular outings and attendance at off-site events were arranged for people.

Staff communicated well with people and knew them as individuals. They took time with people to support them with activities and when providing personal care and support. This helped ensure that people's daily lives were meaningful and met their needs and expectations. A variety of communication methods were used to help ensure that people's views and preferences were obtained - these included Makaton and talking mats; a specialised tablet computer was also being trialled with one person to help better meet their specific communication needs.

The service actively sought to celebrate success for individual and group achievements. Steps could be taken to display this more clearly within the service setting; although, personal achievements were evident within people's ongoing reviews of care and support.

Staff received training in adult support and protection and knew how to recognise and report concerns related to people's health and welfare.

Where people needed health support this was referred promptly and communicated to families and carers. People's health and wellbeing needs were clearly identified in assessments, care plans and reviews of care. The input of health professionals, such as GPs, dentists, dietitians, district nurses, and wheelchair specialists were seen in care plans. People were also supported to attend health screening appointments.

Medication and enteral feeding needs were catered for, with appropriate training and assessment provided for staff before undertaking such tasks. Enteral feeds are used where people are unable to consume food orally. This helped ensure safe practice was maintained.

There was clear communication of prevention and management of people's stress and distress reactions. Staff dealt effectively with these reactions because they knew people well. This meant that people experienced less distress in their daily lives and could enjoy more activities and relaxation. We were impressed by one case, where the use of medication to manage a person's distress reactions had been reduced, due to the introduction of more personal interventions.

How good is our leadership?**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.

Staff routinely evaluated people's care and support needs. They accounted for people's preferences when delivering care and making improvements to the service. Comprehensive quality assurance and governance systems were in place, which covered a wide range of care-related activities, maintenance requirements, and management processes.

The manager was aware of the importance of quality assurance and effective leadership. They were supported by team leaders, who provided additional oversight of day-to-day care and management tasks. Team leaders were involved in supervising staff through formal supervision sessions and ongoing support. There had been some gaps in supervision due to work pressures; however, we were satisfied that future supervision sessions had been planned effectively. Robust implementation of staff supervision and quality assurance measures is important in ensuring that high standards of care practice are maintained with positive outcomes for people.

Feedback was encouraged from anyone involved with the service. Comments received were very positive. Any concerns raised had been dealt with effectively and steps taken to improve standards related to these.

A comprehensive improvement plan was in place, which reflected the past, present, and future. We were impressed by the PowerPoint format of the plan, which allowed for photographs and video demonstration of work undertaken and planned. The service intends to move to new, purpose-built, premises in a few years time; however, it was recognised that short-to-medium term improvements would need to be maintained, especially around the ageing environment. This was accounted for in the improvement plan.

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.

Staff worked well as a team and knew people's needs. Many people received one-to-one support from staff. This meant that people were well cared for and helped provide a positive atmosphere in the service.

We heard about recruitment difficulties; however, the service was actively recruiting staff and used agency staff to cover shortages. We recognised current national challenges with recruitment and retention of staff. Where possible, the same agency staff were used so that care was provided by staff that people knew well.

There were several new members of staff who were still learning their roles and getting to know people's needs. They were well supported by experienced staff and gradually embedding into the care team.

Staff received online and face-to-face training. Staff described training as very good and appreciated face-to-face training from health professionals on matters related to people's health and wellbeing needs. Staff promoted to more senior posts were provided with a robust induction package to help with transition to their new role. Staff practice was also observed by senior staff after training sessions to ensure that learning had been properly applied to people's care.

Regular staff support and supervision was provided through the manager and team leaders. However, it had proved difficult to ensure that supervision timescales were always met. Steps were being taken to improve the situation through more robust planning and monitoring of staff supervision processes. Ongoing staff training and support is important in ensuring that people continue to receive a high standard of care.

How good is our setting?

3 - Adequate

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

Some areas of the built environment were tired and dated in design. This had some impact on people's ability to enjoy the setting that they lived in. Nevertheless, there was evidence of ongoing renovation in bedroom and bathroom areas, and decoration of public areas. Some windows in public areas were in a poor condition. These were planned for replacement in the weeks following inspection.

Expected improvements to the building need to be assessed within the context that the service will be moving to new premises in a few years' time. However, in the meantime, people will continue to live in the existing setting. We were pleased that this was openly acknowledged and that the need for ongoing maintenance and improvement was noted in the service's strategic plan.

The premises were clean, with appropriate arrangements in place for infection prevention and control. Public areas and bedrooms had sufficient space for people to move around. There was evidence of people being given choice regarding decoration and furnishing of rooms. This helped provide a more personal setting, especially in bedroom areas.

People could attend onsite social and recreational activities. The "rebound" trampoline facility was well used. The service also reached out to local and more distant communities, with evidence of frequent outings and attendance at events in the Perth area, and across Scotland. At the time of the inspection, people went on a day trip to Stirling. We also heard about other activities, such as attendance at concerts, a racetrack experience, and adapted beach buggies. People clearly enjoyed these activities.

How well is our care and support planned?

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.

Care plans clearly identified people's needs, wishes and preferences. They provided very good detail about the person, and how to approach their care and support needs.

Feedback was built into care planning and reviews of care and support needs. People's views were expressed clearly in such documentation - all views seen were full of praise and appreciation of the service provided.

People and their families/carers were fully involved and acknowledged as experts in their own care and support needs. Families/carers appreciated regular updates on people's care and what activities they had been involved in. We heard that the Covid-19 pandemic had interrupted some care reviews, but these were becoming more routine now.

The service was working on achieving more aspirational outcomes for people around the activities they take part in. Evidence of this was already available through the reintroduction of holiday trips, and visits to the zoo and the pantomime. Further development of activities would take place through individual care reviews and group discussions.

We heard about good transitional support being provided to people and their families/carers following referral to the service; even where people lived in more remote areas. These included visits to assess people and the use of online video meetings. This helped people get to know staff and feel more comfortable that they had made the right choice about using the service.

Legal frameworks were in place to support people who had limited capacity to make informed decisions about their finances and welfare. This helped ensure that people's rights were protected and that their lifestyle choices were respected.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.2 People get the most out of life | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |
| How good is our leadership? | 5 - Very Good |
| 2.2 Quality assurance and improvement is led well | 5 - Very 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? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |
| How well is our care and support planned? | 5 - Very Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 5 - Very Good |

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