Upper Springland Rosiebank Tummel
Care Home Service

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Type of inspection:
Unannounced

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9 September 2025

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

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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 long-stay 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, rebound (trampoline) therapy and a hydrotherapy pool 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 3 and 4 September 2025, between the hours of 0915 and 1630 hours. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke with five people using the service.
- Spoke with four family members/representatives of people using the service by telephone.
- Spoke with seven staff and management.
- Received feedback through care standards questionnaires from one staff member.
- Observed care practice and daily life.
- Reviewed documents.

Most people indicated that they were very happy with the care and support provided, and were complimentary about the staff and management of the service.

Key messages

- Staff treated people with dignity and respect. They knew people well and were motivated to improve people's quality of life.
- People's families and representatives told us there was very good communication and that they were involved with planning and reviewing care.
- A variety of communication methods were used to engage with people. This helped ensure that people had a voice and that their views and preferences were recognised.
- The service promoted activities and people's engagement with the community. Regular time out to local and more distant attractions was encouraged, and visitors were welcomed.
- Care plans were comprehensive and tailored to individual needs. The documents would be moving to a new electronic care planning system ('CAMI') in the weeks following this inspection. Training had been provided to all staff using the new system and ongoing support would be made available during the changeover period.
- The service was clean with suitable infection prevention and control measures in place.
- People's rooms were decorated and furnished according to personal need and choice.
- The buildings were showing signs of age and general wear and tear. Their dated design meant that they did not always meet with more modern practice standards. Nevertheless, the buildings were well maintained.
- Expected improvements to the buildings needs to be assessed within the context that the service will be moving to new premises in a few years' time. People told us that they were aware of plans around the move to new premises, with efforts made to involve people and their representatives in making suggestions for the design of the buildings.

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 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? 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 treated people with dignity and respect. They knew people well and were motivated to improve people's quality of life. A more stable team of staff had been established over the past few months. This helped contribute to a relaxed atmosphere in the service and improved staff awareness about people's specific communication needs.

People's families and representatives told us there was very good communication and that they were involved with planning and reviewing care. People felt valued and were recognised as experts in their care and support needs.

A variety of communication methods were used to engage with people, including speech, symbols, picture cards, Makaton, and Talking Mats. Some people used bespoke electronic devices to assist with communication. The service had regular input from a communications officer who worked with people and trained staff to develop the effectiveness of communication and interaction with people. This helped ensure that people had a voice and that their views and preferences were recognised.

Many people had regular one-to-one support and activities programmes accounted for their personal interests and aspirations. People told us that they were asked about 'Smart Goals' and things they wanted to achieve at reviews. This information was present in care plans.

Activities were planned in advance but were flexible enough to adapt to changing circumstances. Regular outings and events were organised on and off the premises, and the service celebrated success for individual and group achievements. These were visible in care plans and on a private social media site. Staff had attended 'active support' training to improve their skills in promoting people's independence.

Services across the Upper Springland site were supported by an enthusiastic health and wellbeing coordinator. They had implemented several initiatives around activities and physical exercise, which helped people keep healthy and active. It was encouraging to see efforts being made to establish a 'Residential Activity Hub', which people could access.

There was a range of imaginative activities, such as musical entertainment (including a 'Makaton choir' and 'Inspiration orchestra'); garden activities; walks in the local area; Bistro evenings with the service's chef; and, outings to other towns and cities, including the Edinburgh Military Tattoo. Large format computer tablets ('Tiny tablets') provided a variety of interactive activities and games for people who were interested in using them. Shopping and visiting friends and relatives were also built into many people's daily routines.

People's health and wellbeing needs were clearly identified in assessments, care plans, and reviews of care needs. The input of health professionals, such as GPs, the community mental health team, dentists, physiotherapists, dietitians, and speech and language therapists was seen in care plans.

Effective processes for managing people's medication were in place, including the administration of 'as required' medicines to treat a range of conditions. The service effectively managed people's stress and distress, often without the need to use medication.

Care plans were comprehensive and tailored to individual needs. They set out people's wishes and preferences, along with their daily routines. The documents were mainly up to date with reviews set out in a planning document. This helped ensure that reviews took place within set timescales.

Care plans would be moving to a new electronic care planning system ('CAMI') in the weeks following this inspection. Training had been provided to all staff using the new system and ongoing support would be made available during the changeover period. We were told that the 'CAMI' system had been successfully introduced into other services in the organisation. When transferring care plans to the CAMI system, the service agreed to consider ways in which future/anticipatory care plans could be more clearly identified within documents and reviews.

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

Appropriate legal measures were in place to cover provision of care and support for people who lacked capacity to make decisions. This helped ensure that people's rights and preferences were respected.

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.

The service was clean with suitable infection prevention and control measures in place.

People's rooms were decorated and furnished according to personal need and choice. Specialist equipment was available to help people to move around and public areas had sufficient space for people to socialise.

The service promoted people's engagement with the community. Regular time out to local and more distant attractions was encouraged, and visitors were welcomed. Regular on-site events and entertainment were organised, which helped make good use of the service's facilities and made people's lives more enjoyable.

The buildings were showing signs of age and general wear and tear. Their dated design meant that they did not always meet with more modern practice standards. Nevertheless, the buildings were well maintained with a clear record of maintenance checks. Repairs were carried out by the service's own facilities staff and external trades professionals. There was evidence of ongoing decoration and refurnishing, which helped personalise and brighten the environment.

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

People told us that they were aware of plans around the move to new premises, with efforts made to involve people and their representatives in making suggestions for the design of the buildings. Such involvement will help ensure that the new premises will be fit for purpose and that personal stress related to the move can be effectively managed.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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