

Upper Springland Rosiebank Tummel Care Home Service

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Type of inspection:
Unannounced

Completed on:
4 March 2025

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 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 24 and 25 February 2025, between 0910 and 1715 hours. The inspection was carried out by one inspector from the Care Inspectorate. Another inspector assisted with telephone calls to people's relatives. 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 seven people using the service.
- Spoke with six service user's family members.
- Spoke with five staff and management.
- Received feedback through care standards questionnaires from five people using the service and their relatives.
- Reviewed documents.

Most people identified that they were very happy with the care and support provided, and with the management of the service.

Key messages

- Staff treated people with dignity and respect, and were motivated to make a positive difference to people's lives.
- People's families and representatives told us there was very good communication and that they were involved with planning and reviewing care.
- Many people received regular one-to-one support and there were clear activities programmes that took account of personal interests and aspirations.
- Quality assurance and governance systems were comprehensive.
- The service had been actively recruiting staff since the last inspection and had recently managed to achieve a full complement of staff. Newer members of staff were settling into their roles and getting to know people better.
- Some areas of the building were tired and dated in design. Expected improvements to the building need to be assessed within the context that the service will be moving to new premises.
- The service continued with its plans to move to new, purpose-built, premises. There was no confirmed date for the move at the time of inspection with the project being at the planning approval stage.
- Care plans were bulky but provided comprehensive information about people's care and support needs. Care plans would be moving to a new electronic care planning system ('CAMI') in the weeks following this inspection.
- We heard that the 'CAMI' system had been successfully introduced into other services in the organisation and experienced managers would provide support.

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 leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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 treated people with dignity and respect, and were motivated to make a positive difference to people's lives. They showed compassion and knew people well as individuals. People described established staff as excellent with newer staff seen as still getting to know people better. People accepted that it often takes time for new staff to become familiar with people's individual needs.

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

Different methods of communication were used according to individual needs, including talking mats and Makaton. An iPad had been trialled with one person but proved unsuccessful - the service had adopted a personalised version of picture cards instead. A communications officer was employed to promote effective communication and better engagement with people. This helped ensure that people's views and preferences were accounted for, and that people had a voice.

Many people received regular one-to-one support and there were clear activities programmes that took account of personal interests and aspirations. People told us that they were asked about 'Smart Goals' and things they would want to achieve at reviews. We also saw this in care plans.

Activities were planned in advance, taking into account people's wishes and preferences. Plans were flexible enough to accommodate changing needs and 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 were attending active support training to further enhance their skills in promoting people's independence.

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, dentists, physiotherapists, dietitians, and speech and language therapists was seen in care plans.

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

A health and wellbeing coordinator had recently been employed with additional assistant posts planned. The staff in these posts will aim to further develop healthy living, physical exercise and activities for people, and will support care staff across the Upper Springland site.

There was clear communication re: management of people's stress and distress. Staff dealt effectively with these reactions because they knew people well and sought advice from suitably qualified professionals and people's family/representatives. This meant that people experienced less distress in their daily lives and could enjoy more activities and relaxation.

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 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 regularly evaluated people's care and support needs. They took account of people's wishes and preferences when reviewing care and support arrangements, and when suggesting improvements to the service.

Quality assurance and governance systems were comprehensive and covered key areas related to people's support, management processes, and building and equipment maintenance. The manager was supported by three team leaders in managing the service and carrying out quality assurance work. Team leaders also assisted with staff supervision.

Staff supervision usually happened as planned; however, there were some delays due to individual circumstances and the recruitment of new staff. The latter required diversion of resources towards induction and training new staff. Nevertheless, there was a clear supervision schedule in place for the year ahead, which would help ensure that all staff received supervision as planned.

Clear systems for implementing staff supervision and quality assurance checks is important in ensuring that high standards of care practice are maintained with positive outcomes for people.

People were encouraged to provide feedback about the quality of the service. Most comments were very positive and any concerns were dealt with effectively.

A comprehensive improvement plan was in place and continued to be developed. This reflected past, present and future plans. The use of PowerPoint allowed for the use of photographs and video presentations, which helped bring the plan to life and enabled it to be more easily understood.

The service continued with its plans to move to new, purpose-built, premises. There was no confirmed date for the move at the time of inspection with the project being at the planning approval stage. The service recognised that short and medium term improvements would need to be maintained in the meantime, especially given the age of the buildings. 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.

Managers were supported in employment issues by business support staff. Pre-employment checks were carried out in line with safer recruitment practice. Managers maintained audits around professional body registration and training needs following appointment.

The service had been actively recruiting since the last inspection and had recently managed to achieve a full complement of staff. Newer members of staff were settling into their roles and getting to know people better. They received appropriate induction training and were supported by managers and more experienced staff on a day to day basis.

Staff worked well as a team. Newer staff appreciated support from more experienced staff in developing their skills and knowledge of people's needs, especially around communication methods. People were well supported and there was a caring and relaxed atmosphere in the service.

Staff received online and face-to-face training. Staff viewed the training positively and appreciated face-to-face training on matters related to people's health and wellbeing needs. Staff promoted to more senior posts were provided with an induction package to help with the transition to their new role. Staff practice was also observed by senior staff to ensure that learning was being effectively applied to people's care.

There were regular staff meetings and staff supervision usually happened as planned; however, there were some delays due to individual circumstances and the recruitment of new staff. The latter required diversion of resources towards induction and training for new staff. There was a clear schedule in place for supervision and training for the year ahead, which would help ensure that all staff received supervision and training as planned.

The service was implementing training around the Health and Care (Staffing) (Scotland) Act 2019. It will be important to continue progress with such training so that staff can understand 'safer staffing' and the implications of the Act. The provision of regular staff meetings, supervision and training is important in ensuring that staff are supported and have the necessary knowledge and skills to deliver high quality care.

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.

Some areas of the building were tired and dated in design. This had some impact on people's ability to enjoy the setting that they lived in. Nevertheless, several windows had been replaced since the last inspection and there was evidence of ongoing redecoration and purchase of new furnishings.

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. Senior managers openly acknowledged this and 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 managing infection prevention and control. Public areas and bedrooms had sufficient space for people to move around. There was evidence of people having input to choice of décor and furnishing. This helped provide a more personal setting, especially in bedroom areas.

People could attend onsite social and recreational activities. The "rebound" trampoline and hydrotherapy pool facilities were well used. The service also reached out to local and more distant communities, with evidence of frequent outings and attendance at various events. At the time of the inspection, people went ice skating in Dundee and out for walks or trips to local amenities. 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 were bulky but provided comprehensive information about people's care and support needs. They were very person-centred and clearly identified people's wishes and preferences. There was evidence of people and/or their representatives being involved in planning and reviewing care.

In a few cases, reviews were overdue. However, the manager was aware of this and had plans in place to arrange reviews. Any concerns were mitigated by the fact that the people involved were well known to staff and any changes in needs were identified in daily notes, and in records of communication with key partners.

The manager advised that the number of new staff had impacted on frequency of some reviews. It is expected that the situation will improve as new staff become integrated into the care team and their knowledge and skills develop.

The service was continuing to develop aspirational activities for people; although, in some cases, more regular updates could have been provided where there had been difficulties in arranging activities. The manager stated that improvements would be made in this area.

Care plans would be moving to a new electronic care planning system ('CAMI') in the weeks following this inspection. It was anticipated that a hybrid system of new electronic and existing paper records would operate initially. Training would be provided to all staff using the new system. We heard that the 'CAMI' system had been successfully introduced into other services in the organisation and experienced managers would provide support.

Legal frameworks were in place to support people who did not have 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

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