Rosepark Care Home
Care Home Service

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Uddingston
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Type of inspection:
Unannounced

Completed on:
3 November 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 51 people living at the service at the time of this inspection.

The accommodation is arranged across two separate buildings, Rosepark and Rosehill. All bedrooms have en-suite facilities, and each building contains communal lounge and dining areas to support social interaction and daily living. The service also benefits from accessible outdoor spaces, including gardens and patio areas, offering opportunities for relaxation, meaningful activity, and gardening.

About the inspection

This was an unannounced inspection which took place from 2 November to 3 November 2026 between 07:30 and 19:00. Two inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 16 people using the service
- spoke with five relatives
- spoke with 24 staff
- spoke with one visiting professional
- reviewed feedback from 24 pre-inspection questionnaires from people experiencing care, family members and staff
- observed practice and daily life
- reviewed documents.

Key messages

- There were positive relationships with external health professionals, supporting effective outcomes for residents.
- People were happy with the care and support they or their loved ones received.
- Staff were kind caring and compassionate.
- People were supported to achieve good outcomes that were meaningful to them.
- Management must ensure that all staff adhere to agreed guidance, policies, and expected standards of care.

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

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.

The service encouraged a positive culture of warmth, respect, and commitment to delivering care. People were treated with dignity, compassion, and kindness. Observations showed staff using their knowledge and skills effectively to provide person-centred support in a caring and considerate manner. Throughout the inspection, staff interacted with people consistently in a respectful and courteous way, demonstrating understanding of individual needs and preferences.

People enjoyed their meals in a relaxed and unhurried atmosphere. Mealtimes were organised over two sittings, enabling a calm dining experience. People spoke positively about the food and the range of meal choices available and shared that alternative options could be provided if they preferred something different. Tables were set, and menus were readily available. Staff provided support where required, and a good range of drinks and snacks was available throughout the day. Hydration was actively promoted, and people who required support with eating and drinking received timely and appropriate assistance. Staff demonstrated a good understanding of textured, modified, and fortified diets, ensuring meals were provided safely and in line with individual needs. This positive approach supported good nutrition and hydration, contributing to people's health, wellbeing, and overall quality of life.

The management of medication, wounds, and falls was effective, with appropriate input from relevant health professionals such as the care home liaison nurse, and GP. Staff handovers were detailed and informative, demonstrating that staff knew people well.

Personal plans sampled were person-centred, detailed, and provided clear guidance to support staff in meeting individual needs while promoting safety and wellbeing. Relevant risk assessments were in place where required and contained sufficient information to guide safe practice. Sampled plans were current, up to date and demonstrated a person-centred approach to assessing outcomes and progress.

Reviews were detailed and demonstrated meaningful involvement of families and, where appropriate, the individual. Reviews remained outcome focused, reflecting people's wishes, wellbeing, safety, independence, and personal goals. The service planned to encourage families, where appropriate, to access digital personal plans to support greater involvement and help them remain informed about their loved one's care and support.

Meaningful engagement opportunities were observed throughout the inspection, with positive feedback received regarding the range and quality of activities available. A varied programme of group and individual activities had been developed, reflecting people's interests, preferences, and abilities. Examples included cake baking and reminiscence trips within the local community. Activities were well evidenced through care records and communication with families, supporting connection and involvement in residents' lives. While there was a clear commitment to supporting residents, observations indicated that dedicated wellbeing time was not always protected due to requests to assist with care tasks. Protecting this time would help ensure residents continue to benefit from meaningful engagement and wellbeing support.

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.

There was significant evidence that effective governance and quality assurance systems were in place and actively used to monitor safety, quality, and outcomes. A range of oversight mechanisms, including daily management briefings, clinical risk meetings, safer staffing reviews, nutritional monitoring, audits, and quality of life observations, provided management with good oversight of residents experiencing increased needs. Clinical risk meetings demonstrated ongoing review of changing needs, with actions identified and followed up. Audit activity, staff feedback, and lessons learned processes were used to drive improvement across areas such as nutrition, staffing, wellbeing, and clinical care. Leadership and governance arrangements were making a positive difference to people's experiences and outcomes. While staff were positive about ongoing improvement activity, some commented that they would value additional time for changes to become embedded before further initiatives were introduced.

Observations of staff practice were being completed by team leaders and management across a range of areas, including moving and handling, mealtimes, and stress and distress support. These observations identified good practice while also highlighting any areas for development, supporting ongoing staff learning and quality improvement.

Personal plan audits had been completed regularly and were being used effectively to identify areas for improvement. Audits highlighted opportunities to enhance person-centred information, update photographs where required, and ensure changes in people's needs, such as mobility aids, were accurately reflected within personal plans. This demonstrated good oversight and helped to ensure records remained current, accurate, and responsive to people's changing needs.

Monthly fire drills had been undertaken, supporting staff preparedness in the event of an emergency. Opportunities for improvement included ensuring drills were completed across a range of shifts to allow participation from both day and night staff, and recording outcomes, learning points, and any actions identified to strengthen oversight and continuous improvement. Management responded promptly to environmental safety matters raised during the inspection, including the purchase of heat-resistant protectors for hair styling equipment, demonstrating a proactive approach to risk management.

The service had undertaken a range of self-evaluation exercises, demonstrating a reflective approach to improvement and identifying practical actions to support ongoing service development. These self-evaluations provided a useful mechanism for evidencing progress, identifying priorities, and would help to inform a meaningful Service improvement plan. Discussions took place regarding the purpose and structure of a Service improvement plan, including the need to identify improvement priorities, allocate responsibility, set timescales, and monitor progress. Streamlining the findings from multiple self-evaluations into a single Service improvement plan would support a more coordinated approach to improvement, strengthen accountability, reduce duplication, and provide a clear overview of priorities and progress. The service responded positively to these discussions and had already begun taking steps to further develop this approach.

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 feedback was positive, with staff reporting that they felt well supported in their roles. One staff member commented, "I love my job here; we all want the best for the residents." Staff spoke positively about the development opportunities and training available to them, which had enhanced their skills and confidence. They also valued the open-door management approach, feeling able to seek guidance, raise concerns, and provide feedback. Feedback consistently reflected a supportive and responsive workplace culture.

Staff recruitment processes were robust and aligned with safer recruitment practices. A review of the most recent recruitment and induction records demonstrated a structured induction programme, supported by planned supervision and ongoing support to promote staff development and competence in their role.

Staffing arrangements were reviewed through rota sampling, dependency assessments, and staffing meetings. While staff highlighted increasing resident complexity and dependency, evidence gathered during the inspection demonstrated that staffing levels remained sufficient to meet people's needs. Mealtime arrangements had been adapted effectively to provide additional support, with positive feedback received from staff and residents.

Staff attended daily handover meetings at the start of each shift to share information, plan care, and identify any support or actions required for individuals. This promoted effective communication, a consistent approach to care, and positive outcomes for residents. Allocation sheets were used to assign key responsibilities to staff; however, it was evident that these were not always being followed consistently, resulting in variation in practice.

While management guidance and expectations had been communicated to staff, discussions evidenced that a small number of staff were not consistently following agreed instructions. This had the potential to impact the consistency and quality of care provided. The service should ensure that all staff understand and adhere to management direction, professional responsibilities, and organisational policies. This would support compliance with the Scottish Social Services Council (SSSC) Codes of Practice and the Health and Social Care Standards, particularly the expectation that workers are accountable for the quality of their work, uphold professional standards, and follow employer policies and procedures. Management acknowledged these findings and recognised that improvement action was required (see area for improvement 1).

The service promoted staff wellbeing through an open-door culture, with drop-in sessions hosted by HR and external senior managers providing opportunities for staff to build relationships, share feedback, and seek support. Staff also had access to an Employee assistance programme. Staff appreciation initiatives were well received and contributed to positive morale, engagement, and supportive working relationships, demonstrating a responsive approach to staff support and wellbeing.

Areas for improvement

1. The provider should implement measures to ensure all staff adhere to management direction and agreed working practices, with compliance monitored through supervision and staff observation of practice and any non-compliance addressed appropriately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

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 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)

This area for improvement was made on 16 March 2026.

Action taken since then
Care plans were regularly updated to reflect the care that had been delivered. This included detailed recordings of nutritional support and responses to peoples physical and mental wellbeing. Through inspection observations we could see the promotion of food and fluids, any concerns discussed at clinical risk meetings and appropriate healthcare professional involvement if required.

This area for improvement has been met.

Previous area for improvement 2

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.

This area for improvement was made on 16 March 2026.

Action taken since then
Staffing was informed by a dependency tool that was regularly reviewed through weekly checks and clinical risk meetings, ensuring changes in residents' needs were reflected promptly.

The tool considered factors such as stress and distress, behavioural support, and clinical risks, with live updates made when needs changed. Management demonstrated a proactive approach by adapting staff deployment and increasing staffing above assessed levels to support activities and meet demand. While mealtime arrangements were still embedding into practice, observations showed positive progress.

Staffing decisions were also communicated at safer staffing meeting with seniors and team leaders which is then communicated at team meetings.

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.scot.

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

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