

# Rowan Alba Ltd - Thorntree Street

**Service name**

Rowan Alba Ltd - Thorntree Street

**Service address**

19 Thorntree Street  
Edinburgh  
EH6 8PU

**Type of care service**

Housing Support Service

**Provider name**

Rowan Alba Ltd

**Service number**

CS2007163585

**Date Inspection Completed**

09/07/2008

**Type of inspection**

Announced

**Period since last inspection**

11 Months

**Care Commission Office**

South East Region  
Stuart House  
Eskmills  
Musselburgh  
East Lothian  
EH21 7PB  
0845 6008335

## Introduction

The Thorntree Street Project is one of a number of projects operating nationally, which are managed by Rowan Alba Ltd., a voluntary organisation with charitable status, which provides housing support and care at home services for a variety of service user groups.

Thorntree Street provides housing support and care at home to 12 service users in their own flats adjoining the project. There is one dedicated staff team, who provide the support to enable service users to maintain individual tenancies.

Bield Housing Association owns the property, leasing it to Rowan Alba Ltd, who provide the care and support for the individual service users. The ground floor of the building consists of office accommodation, a large catering kitchen and spacious lounge with dining area, where service users can meet for shared meals and socialisation. The upper floors, where individuals have their single person flats can be accessed by lift or stairs. There is a small garden to the rear of the property.

The aim of the service is to :

"Deliver a service which fully honours service users' rights as defined in the National Care Standards: Dignity, Privacy, Choice, Safety, Realising Potential and Equality and Diversity."

There were no vacancies at the time of the Inspection.

The service was first registered with the Care Commission in September 2004 in respect of Rowan Alba Association. The organisation subsequently became a limited company, and was registered in respect of Rowan Alba Ltd in 5 May 2007. The service was last Inspected by the Care Commission in July 2007.

Based on the findings of this inspection the service has been awarded the following grades: [delete/amend as appropriate]

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Not Applicable

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

The report was written following an announced inspection of the service, which took place over two days on Tuesday and Wednesday 8 and 9 July 2008 between the hours of 10.00. to 15.00.

## **Before the Inspection**

### **The Annual Return**

The service submitted a completed Annual Return as requested by the Care Commission.

Annual Returns (ARs) are used to ensure that the Care Commission has up to date accurate information about care services. The information provided will also be used in the Regulation Support Assessment (RSA) process to determine how services will be inspected.

An AR must be submitted every year by all registered services. Care services are obliged by law to provide us with the information we have requested in the AR (The Regulation of Care Act (Scotland) 2001, Section 25(1)).

### **The Self-Assessment Form**

The service submitted a self assessment form as requested by the Care Commission. This contained information on areas in which the Manager thought that the service did well and identified developments which the Manager thought would improve the service. It also contained information on how service users were able to participate in service delivery.

### **Views of service users**

Twelve service user questionnaires were issued and ten were returned. The service users were advised of the Care Commission visit and four met and talked with the Officer.

### **Regulation Support Assessment**

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

## **During the inspection process**

The inspection was carried out by Frances Bridges Locum Care Commission Officer.

### **Staff at inspection**

The Care Commission Officer met and spoke with the Manager of the service and three members of staff who were on duty during the visit.

### **Evidence**

During the inspection evidence was gathered from a number of sources including:

a review of a range of policies, procedures, records and other documentation - including the following:

supporting evidence from the up to date self assessment:-

- samples of service users' personal plans
- information about the service (Handbook, Leaflets)
- aims and objectives for the service
- minutes of staff and service users' meetings
- staff training records
- Complaints policy, procedure and records
- Service User Participation Strategy
- quality assurance tool (ECCO)
- accident and incident records
- Protection of Vulnerable Adults policy
- sample of staff supervision records
- newsletters and quarterly magazine
- Certificate of Registration
- Certificate of Insurance

The above information was taken into account during the inspection process.

### **Inspection Focus Areas and links to Quality Themes and Statements for 2008/09**

The Officer took into account the Inspection Focus Areas and associated Quality Themes to be used in inspecting each type of care service in 2008/09.

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

### **Fire Safety Issues**

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of

fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Action taken on requirements in last Inspection Report**

There was one Requirement as a result of the last Inspection, which related to the recruitment procedure. This had been implemented.

### **Comment on Self-Assessment**

The Manager had completed and submitted the self assessment documentation prior to the inspection. This was completed to a satisfactory standard, giving relevant information for each of the Quality Themes and Statements. The service identified areas of strength and areas for further development with appropriate timescales for completion.

### **Views of Service Users**

Responses from the ten questionnaires returned indicated that eight service users were very satisfied or satisfied with the service received. One service user was dissatisfied, stating that there were times when the service was understaffed and one was dissatisfied with the food, stating that a cook should be employed.

Four service users were spoken with and comments made are as follows:

"I get on all right with the staff, they are helpful and support you when you need it. The accommodation is comfortable and the food not bad."

"I am happy to be here; it is well run and staff are helpful and friendly."

"This has been a godsend; I'm pleased to be here. Rowan Alba has given me good support and the staff are good. I like the company."

### **Views of Carers**

No carers were available to express their views and none of the questionnaires returned contained views of carers or family.

## **Quality Assessment Framework Themes and Statements**

### **Theme - Quality of Care and Support**

#### **Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 1.1**      **We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

#### **Strengths:**

The service had a participation strategy, which stated "It is Rowan Alba's aim to enable and encourage full service user participation in the management of Rowan Alba and the delivery of services."

A range of methods were used to ascertain service users' views. These included care planning and reviews, monthly Tenants' Meetings, annual quality survey in conjunction with Bield Housing Association, notice boards in the communal area, a robust complaints procedure, tenant participation in menu planning and tenant feedback for ECCO data purposes.

Service users participated in identifying their personal care needs and agreeing how these will be met. Regular meetings between service users and their key worker ensured that care plans could be adjusted as needs changed. Sampled care plans confirmed that service users' opinions and suggestions were followed through.

Monthly tenants' meetings provided a forum for service users to discuss any issues arising, though not all service users chose to attend. Minutes were taken, so that service users choosing not to attend were kept informed about the discussion which had taken place. Tenants were advised by letter of the issues to be raised at the tenants' meeting to ensure that they were kept informed and could participate if they wished. Minutes were sampled and there was clear evidence that issues raised were followed up. This was confirmed by staff spoken with and by the service users.

A steering group was in place, comprising representatives from Social Work Department, City of Edinburgh Housing Officer Access Point, Supporting People, Bield Housing Association and Rowan Alba. The Manager participated and brought service users opinions to the group.

Overall the systems in place to ascertain service users' views and to involve them in service development were very good.

**Areas for Improvement:**

The Manager had identified the need for staff training in Motivational Interviewing techniques to assist staff in enabling service users to express their views.

Additional training, expanding on training in Alcohol Related Brain Damage and Dementia, was to be undertaken by the Manager.

The service hoped to promote a better understanding of the role of Bield Housing Association as provider of service users' accommodation. Work on this had been started by introducing representation from Bield at tenants' meetings, establishing a notice board specifically for housing issues and carrying out a review of the tenants' handbook.

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

## **Theme - Quality of Care and Support**

**Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 1.2      We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential**

### **Strengths:**

Evidence seen in care plans, reviews and through discussion indicated that service users were central to the decision making process, making choices in all aspects of the service provision they received. In addition to an assessment of need and corresponding care plan, detailing how support was to be provided, service users had, as much as they were able, been involved in undertaking risk assessments.

Service users were helped in maintaining financial independence through assisted budget management. For those service users who wanted assistance this had involved accompanying service users to the bank, support in collecting pensions or allowances and helping service users to prioritise their spending. Records were sampled and found to be maintained satisfactorily.

Service users made choices about the extent to which they wished to participate in shared activities and use of the communal areas in the service.

Care plans identified whether service users wished to collect their own mail or whether they wanted assistance.

Food provision was being used as a means of stimulating service user interest and participation. The recently established project "Food Around the World" offered service users the opportunity to plan, prepare and sample foods from other cultures. So far it had been received favourably. Minutes from tenants' meetings indicated that issues raised about the quality of breakfasts had been acted upon and improvement noted.

Service users were kept abreast of current information by means of notice boards and letters, which were sent out to reinforce the information process.

Staff support was arranged to accommodate special appointments outwith the project if that was the service user's wish. Service users and staff worked together to plan for times when additional staff cover may be required.

Advocacy services had been used in the past and the Manager stated that staff were aware of how to access advocacy services if the need arose.

There were effective systems in place, such as person centred care planning, ongoing reviews, keyworker meetings, tenants' meetings and quality monitoring to ensure service users received the support to make individual lifestyle choices and to achieve personal goals.

**Areas for Improvement:**

The Manager was working on skills development with staff, to enable them to use information gathering tools more effectively and on providing ongoing feedback.

More work was proposed on individualising risk assessment, specifically in relation to fire safety management and the smoking policy.

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

## **Theme - Quality of Staffing**

**Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 3.1      We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

### **Strengths:**

The "Service User Participation Strategy" stated that "It is Rowan Alba's aim to enable and encourage full service user participation in the management of Rowan Alba and the delivery of services. Rowan Alba believes in service user involvement as a core value underpinning its Mission Statement."

The service had identified realistic Aims and Objectives. This had been undertaken co-operatively with staff and was based on their awareness of service users' needs and aspirations.

Monthly tenants' meetings were used as a platform for service user consultation and an opportunity for service users to air their views.

A recent recruitment drive for a tenancy support worker post had involved one of the service users.

Two staffing reviews had been undertaken by the Manager within the last twelve months. The purpose of these being to look at responsive staff deployment to facilitate more staff time for direct contact with service users. This had been to address changing service user needs.

A tenant survey had been carried out by Bield Housing Association, with the assistance of Rowan Alba staff. This included ascertaining service users' views about the effectiveness of staff. The Manager was working on development of staff skills as a response to the survey.

Staff training programmes were linked to practice skills and reflected the diversity of service users' needs. Currently six staff were undertaking SVQ III and one had achieved SVQ III. The Manager had completed the Diploma in Management and was due to complete the SVQ A1 assessor's award and commence SVQ IV.

The service users' responses to the Care Commission questionnaires indicated that eight service users were very satisfied or satisfied that staff had the skills and experience to meet their needs. One questionnaire responded that they did not know and another was dissatisfied.

**Areas for Improvement:**

The Manager had identified a desire to explore options about how service users can become more actively involved in the staff recruitment process.

The Manager was pursuing tenant input into the Steering Group as proposed in the Participation Strategy.

Additional work was to be undertaken on raising staff awareness of Rights Risks and Limits to freedom and Safe to Wander guidance from the Mental Welfare Commission.

Discussion on the Protection of Vulnerable Adults (POVA) documentation was scheduled for staff meeting in July.

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

## **Theme - Quality of Staffing**

**Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 3.2**      **We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.**

### **Strengths:**

There was a robust recruitment procedure in place, which required appropriate references, health statement, enhanced disclosure and equalities monitoring.

Staff undergo an induction programme and a probationary period of six months. Shadowing and shift sharing were used for the first few weeks and a meeting was held to review competence prior to staff undertaking solo shifts. Induction checklists were used.

Supervision was used as a means of monitoring competency and support throughout the induction period.

Staff spoken with confirmed that there was a detailed induction process and that support was given as required both through formal supervision and informally.

The "Adults at Risk Policy" was included in the induction programme, to ensure that staff were aware of issues around adult abuse and would know how to respond if any issues arose.

Training records were sampled. These indicated that, as well as induction staff had been able to access a wide spectrum of training opportunities specific to the service provided.

Regular staff supervision was maintained. Supervision records sampled showed that there was clear process, which reflected prior supervision decisions, monitoring of service user care plans, issues arising, training needs, policies and procedures. Staff confirmed that supervision took place regularly and that training opportunities were good. Staff stated that access to information was good and that supervision and team meetings provided an opportunity to feedback/comment about the service.

All staff were provided with copies of the SSSC Codes of Practice and were aware of the need to register.

### **Areas for Improvement:**

The Manager advised of his intention to revise the current induction programme to better reflect tasks, duties and responsibilities in line with SVQIII standards and competency framework.

The Manager was exploring the development of a mentoring system for new staff and further training for staff to be involved in the mentorship role.

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

## **Theme - Quality of Management and Leadership**

**Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 4.1**      **We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.**

### **Strengths:**

Service users can make their views known through monthly tenants' meetings, the tenants' survey and the "Open Door" management approach.

The Tenant Survey provided an avenue for service users to participate in assessing the quality of management and leadership within the service.

The effective complaints system and responses to the Care Commission questionnaire indicated that service users would have no hesitation about raising complaints or concerns and would be comfortable raising controversial issues with the Manager.

Service Users could contribute articles to the quarterly Rowan Alba magazine to express their views on management and service delivery.

Staff were encouraged to develop leadership and management skills through "shift management" and through opportunities to undertake service development initiatives such as the "Food Around the World" initiative.

The Service User Participation Policy referred to enabling service users to "have full input on management and service working groups" and to "empower service users through representation on the Rowan Alba Management Board."

### **Areas for Improvement:**

The Manager had identified a need to spend more direct time with service users and to ensure that service users were aware of the role of the "shift manager."

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

## **Theme - Quality of Management and Leadership**

**Overall CCO Theme Grading - 5 - Very Good**

**Quality Statement 4.2      We involve our workforce in determining the direction and future objectives of the service.**

### **Strengths:**

Minutes of staff team meetings showed that staff were kept informed about changes within the organisation and the implications these would have for the service. Staff were also encouraged to discuss any suggestions which would benefit the service.

Supervision and annual appraisal was used as means of enabling staff to discuss future objectives for the service and identify their role in the process. Supervision records were examined and bore this out.

A staff survey had recently been carried out across all of Rowan Alba services. The outcomes of this exercise had not yet been disseminated.

A representative from the staff team attended the Staff Consultation Group.

Annual reports were distributed providing staff with information about the current status of the organisation and highlighting future developments. These were discussed at team meetings and feedback passed back to headquarters.

Staff spoken with confirmed that they felt they were able to contribute meaningfully to service development. They also confirmed that staff had been party to the drafting of the service Self Assessment for the Care Commission.

### **Areas for Improvement:**

The Manager expressed the intention to arrange a staff away day or conference to enable staff to look at the ethos of the organisation to promote understanding of the organisation and inform practice.

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

The service was aware of their responsibility with regards to notifications to both the Care Commission and SSSC. None had been required since the last inspection.

## **Requirements**

A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

None identified at this inspection.

## **Recommendations**

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, codes of practice and recognised good practice.

None identified at this inspection.

## **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as Unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

This report was written by

Frances Bridges

Care Commission Officer

Date: 03/09/2008

Further information about the Regulation of Care (Scotland) Act 2001, can be found on the Care Commission web-site, under the section 'The Law'.  
[www.carecommission.com](http://www.carecommission.com)