

# Care service inspection report

Full inspection

## Rowan Alba Ltd - Thorntree Street Housing Support Service

19 Thorntree Street  
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Rowan Alba Ltd

Service provider number: SP2007009376

Care service number: CS2007163585

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

The service offers a range of support to people with complex needs and alcohol dependency issues.

There is a well trained and dedicated staff team, with strong management and leadership within the service.

Service users are consulted about the design of their care and service delivery strategies. They are provided with opportunities to participate in service evaluation and development.

There is very good partnership working with community and health based services and agencies.

The environment from which support is provided offers a secure home setting for the people who use Rowan Alba services. Service delivery plays a key part in supporting people to maintain their tenancies.

### **What the service could do better**

The service user files should be audited and ensure that older and out of date information is removed or archived.

Notifications of accidents and incidents must be submitted to the Care Inspectorate as per regulatory guidance.

Some risk assessments required more emphasis on how the service was addressing significant issues identified elsewhere in the care planning documentation.

### **What the service has done since the last inspection**

At the time of the previous inspection the service had recently introduced a new care planning tool, using the "Outcomes Star" system. This tool is now fully integrated into care planning processes.

Staff have been supported to maintain and develop their skills through access to appropriate learning and training. This has helped ensure that they have the knowledge required to deliver a very good standard of care to the people they work for.

The emphasis on partnership working, with service users and with external services and agencies, remains an essential aspect of the support provided. In this respect the service has maintained the very good practice evidenced at our previous inspection.

### **Conclusion**

Rowan Alba offer wide ranging support to people who present with complex needs and sometimes challenging behaviours and issues.

There is a strong emphasis on service user safety and security. This is a crucial factor in maintaining health and reducing potential harm for people who live with alcohol addiction and a range of associated issues.

The people who used the service were difficult to engage with, due to their levels of alcohol intoxication. However, we saw and heard that they valued staff input and that positive support relationships played a very significant part in helping to maintain them in their own tenancies .

# 1 About the service we inspected

Thorntree Street provides secure tenancies to older people (50+) who have had a history of rough sleeping, living in insecure accommodation or homeless hostels and a long-term history of problematic alcohol use.

Opened in 2004, in partnership with Bield Housing Association, Rowan Alba provide on-site housing support and care at home services centred around individual needs, choices and preferences.

There are eight 'bed sit' type flats and four one bedroom flats - all with lift access. The ground floor of the building consists of office accommodation, a large catering kitchen and a spacious lounge with dining area, where service users can meet for shared meals and to socialise.

The individual flats are situated on the upper floors and can be accessed by a lift or stairs. There is a small garden to the rear of the property.

Bield Housing Association owns the property and leases it to Rowan Alba Ltd. The two parties meet on a regular basis. Tenants have the opportunity to discuss their housing needs with their landlord.

The tenants have a Scottish Secure Tenancy which means they have a tenancy for life. Newer tenants have short-term agreements while their housing needs are assessed.

The service has a statement of aims and objectives including:

- "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.
- Rowan Alba's work is built on the fundamental principle of the right of the individual to make choices about their lives in terms of health, relationships and lifestyle. Tenants are also encouraged to recognise and address the responsibilities that come with these.

- Rowan Alba support isn't about forcing tenants into services they aren't ready to use as a condition of stay or having to address dependency issues through therapy. The time may come when one of our tenants is ready and motivated to explore change - or it may not."

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

### Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

### Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We visited Rowan Alba between 9:15am-5:15pm, on 22 December and between 9am-5pm on 23 December.

We spoke with the registered manager, the deputy manager and the office administrator during our inspection.

We considered the providers policies/procedures and a range of other material, sampling from the following:

- Adult protection policy
- Whistleblowing policy
- Participation policy
- Medication administration policy
- Medication administration records
- Finance procedure
- Complaints procedure
- Public and employee insurance certification
- The providers certificate of registration with the Care Inspectorate
- Accident and incident reports
- Complaints records.

We also considered the minutes from staff team meetings, information from the service user handbook, minutes from the meetings of the service user focus group, service user questionnaires, staff survey questionnaires, information from the serviced user comments box and information from a service user focused "talking wall".

In addition, we looked at information giving material located on the walls of the communal lounge area and the reception hall. This included signposting resources which focused on local services and other community and health based resources.

We were shown finance administration and finance audit systems and took an overview of the records associated with a number of service users.

We interviewed three service users and four members of staff (two support workers and two tenancy support workers).

We also looked at the training records for six members of staff.

Information obtained from six completed staff questionnaires and six completed service user questionnaires were also taken into account. The Care Inspectorate issue these questionnaires as part of our pre-inspection information gathering.

The information provided by service user questionnaires correlated to the feedback we received from our conversations with them during inspection. People were very satisfied with the standard of their support.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an

inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document.

In respect of the identification of evidence for strengths, the service clearly identified what they thought they did well and areas for development.

## Taking the views of people using the care service into account

"I'm happy with my accommodation and staff are brilliant."

"They (staff) can't do more for me."

"The people here are very good people and I wouldn't change a thing."

"Staff take me to appointments, the doctors and the dentist, they are always respectful in the way they speak to me."

"I would like more 1:1 time with staff, with more time for chat. I feel lonely."

"I would like more organised outings, more social time."

"I feel safe living here, it's very important to me."

"It can take a long time to get things done."

"The food is good and the lounge is comfortable. I like the telly and the pool table."

### **Taking carers' views into account**

None of the people using the service have active carer involvement.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

#### Service Strengths

We considered information from service user files. We saw that service users participated in regular reviews which focused on their care and support. These reviews were an integral aspect of the care planning and service evaluation strategy at Rowan Alba, based on the "Outcomes Star". An outcome focused care planning tool.

The Outcomes Star plans were all updated on a regular basis and in principle they are produced through partnership working between staff and the people they work for. Service users identify their care goals and aspirations as a routine part of the care planning process

The format allows for a visual comparison in respect of the attainment or maintenance of key identified outcomes. This potentially supported discussion of the quality of support and service improvement during service reviews.

There are a range of other ways service users can participate in assessing and improving the quality of the care and support provided by the service.

We saw that there was a suggestion box located in the communal lounge area of the premises. The suggestions box gave service users the opportunity to raise any point or issue they might have and bring it to the attention of the management team.

There was a "talking wall" notice board area in the hall of the premises and this highlighted a range of service user comments and requests, including the service response. The wall also included photographs which illustrated how people had participated in activities they had requested. This included depictions of a range of positive social and recreational outcomes for people using the service.

The display described above created discussion points with some service users we met and we recognised that people showed some sense of empowerment from using it to pass on their comments and see the way the provider had responded to suggestions made.

The service user handbook contained information on how to raise a complaint, either to the management team, the provider or to the Care Inspectorate. The questionnaires issued by the Care Inspectorate confirmed that respondents all knew how to make a complaint.

We looked at the complaints policy and procedure and saw that it was fit for purpose, detailing who would investigate a complaint and the timescales for responses. We recognised that the complaints process offered a further opportunity for people using the service to share their views on the quality of support and address any concerns they had about the quality of care provided.

When we discussed service appraisal with people who use Rowan Alba support, we heard that people felt empowered to be able to offer their views verbally. It was evident from our observations of staff-service user interactions, that people were routinely asked for their views and that they were quite forthright in offering them.

We recognised that regular verbal feedback was an integral aspect of obtaining people's views and that it was part of the everyday support relationship between staff and service users. This type of dialogue helped people share their views on a continuing basis and promoted good outcomes for service users.

The service used a range of other strategies in which to engage the people they work for in appraising and improving the quality of their support. These are discussed elsewhere in this report, in quality theme 3, statement 1.

### Areas for improvement

There were areas for development in respect of the review of the Outcomes Star and broadening the focus of service user engagement in appraising and assessing the quality of service.

The care files we looked at needed to place a greater focus on obtaining service user opinions on the appraisal of their care. Whilst the Outcomes Star numerical system demonstrated the progress people made in attaining their care goals and support outcomes, there was no clear documentation around their views over how support was helping them achieve their care aspirations.

We felt that it was important that the service added a narrative strand to the care appraisal process and that this offered service users the opportunity to comment on all aspects around the quality of their support. We highlighted this view to the registered manager, referring to care files we looked at and outlined that adding a review discussion minute would also allow staff to clearly indicate and evaluate what support they provided, as well as enabling service users to offer their views on specific aspects of care delivery, eg: quality of staffing or the support time allowance. We have made a recommendation on this.

In some of the care files we looked at we noted that the documentation was not signed by service users. The front page of the Outcomes Star care planning tool states that the paperwork is completed through partnership working between service user and staff. In order to demonstrate participation and support service user "ownership" and agreement with the contents of their care plan, we suggest that the service routinely seeks to obtain the signatures of the people they work for.

This observation also applies to "keyworker" meetings which take place between service users and their named member of staff. We saw some examples of keyworker meetings where service users had participated, but had not signed the narrative that the meeting generated. We also noted some examples where there was no signature from the participating staff member.

There were gaps in the frequency of keyworker meetings in some files. When we spoke with staff about keyworker meetings we heard that the variable presentation of service users was a factor in this and that gaps might reflect periods when the supported person was unable to engage in meaningful discussion, due to the frequency of their alcohol intake.

Whilst we recognise that the levels and frequency of alcohol intoxication is a considerable challenge to engaging service users in dialogue and discussion, we felt that the service should seek to maintain the keyworker meeting schedule and present more information in the care files when this was unable to take place.

Some of the paperwork we saw in care files was out of date and as such no longer relevant. We felt the files would benefit from archiving superseded care documentation and correspondence making them more streamlined and accessible.

### Grade

5 - Very Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. The service should carry out reviews of care and support provided which fully evidence service user participation in discussion of all aspects of care delivery, capturing and presenting their views on quality of the care provided.

National Care Standards-Housing Support, Standard 4 and Standard 8.

### Statement 3

“We ensure that service users' health and wellbeing needs are met.”

#### Service Strengths

The service operated with strength in this quality statement, offering very good performance across wide ranging aspects relating to service user health and well-being needs.

One key area for support focused on maintaining people's tenancies. Staff helped service users complete relevant paperwork associated with claiming requisite benefits and paying standard charges associated with council tax and rent. These inputs helped people achieve the fundamental well-being outcomes which are essential to achieving good health. Many of the people using the service had experienced homelessness and having a stable residence was a crucial factor in keeping them safe and well.

People were supported to engage with health and community based agencies and services that play a key part in maintaining good health outcomes. We saw evidence to demonstrate that the service helped people access general practitioner supports, dentists, opticians, psychiatric practitioners, including community mental health nurses. Staff prompted people or supported them to make/attend appointments. There was also support to link with services that might help people using Rowan Alba to reduce their intake of alcohol. Information referring to these agencies was clearly signposted in communal areas of the premises.

Staff also provided support which assisted people to obtain essential medication and to safely adhere to prescribed medication schedules. We looked at the system used to record medication administration and saw that it was appropriate and generally worked effectively. This helped the supported person to maintain fundamental health outcomes.

When we spoke with service users it was clear from their responses that they valued the support provided. People highlighted the security and safety associated with having their own tenancies, acknowledging how crucial this was to maintaining positive health and well-being outcomes. They also appreciated access to regular meals and good quality food. One person told us that having access to food helped sustain them, adding that they wouldn't eat adequately without this availability.

We saw that the service had acted upon a recommendation from our previous inspection which asked that they seek to engage the people they work for in menu planning and we noted that they had actioned this appropriately, offering meetings with a menu planning focus which invited service users to participate.

The service have a emphasis on service user safety and they carry out regular checks with residents, seeking to verify that they are well. There is 24 hour staffing on site, which means people have access to support at all times. The individual flats are all fitted with pull cord devices which allow service users to alert and obtain a response should they fall in their property.

People were assisted to maximise their incomes through benefits and pensions. The service helped people access their finances, where their poor mobility precluded self-travel to the post office/bank. The service also held cash on behalf of the people they work for and helped develop individual budgeting plans which helped ensure that individuals paid for their utilities and had adequate funds to finance their recreational activities.

### **Areas for improvement**

When we considered risk assessments for the people whose files we looked at, we saw that the information presented did not always reflect the complexity of the persons support needs.

There were some risk assessments which did not fully detail or reflect some significant information noted elsewhere in the care documentation. In some examples these issues related to matters which could potentially have had significant implications for maintaining essential health or responding to crisis

situations. We have made a requirement on this, seeking to ensure that risk assessments fully detail all significant areas for concern.

Risk assessments contained staff notes to say that they had been updated and that there were no changes. We were unsure as to how risk had been considered in the update and felt that the author could expand upon this, offering more information about how they had appraised the risk factors in question.

In some risk assessments we were unclear as to who had signed the document. We saw that a signature appeared to be that of the member of staff who had written the document and that they were signing this by proxy. Where this is the case the document should clearly record that the service user is unable to sign.

We saw that all the service user files contained personal emergency evacuation plans (PEEP's). Whilst the information contained within the PEEP was detailed and gave clear guidance as to any issues or challenges associated with an emergency evacuation of the premises, we saw that there were gaps in updated evaluations.

In one PEEP it said that the document should be reviewed on 22 April 2015. However, this had not been completed at the time of inspection. Another PEEP had not been updated since November 2014, albeit that the document stated it should be reviewed at six monthly intervals. We highlighted this to the service manager at the time of inspection.

PEEP's should be updated in accordance with the time frames stated on the documentation in order to ensure that they are current and fully relevant to the people they relate to.

When we considered the services records of accidents and incidents we saw that there were a significant number of incidents which required notification to the Care Inspectorate, but had gone unreported. Some of these incidents required intervention from police/medical services. We highlighted them to the registered manager and referred to regulatory guidance which requires the service to inform the Care Inspectorate of these episodes.

## Grade

5 - Very Good

## Requirements

### Number of requirements - 1

1. The provider must ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner which documents how needs are met. In order to do this the you must:

- Demonstrate that written information about risk relating to residents is accurate and up-to-date.
- Ensure that risk assessment documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- Ensure that Personal Emergency Evacuation Plans are reviewed and updated at regular intervals.
- Demonstrate that management are involved in the monitoring and the audit of risk assessment records.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users. And regulation 5(1) - requirement for personal plans. And regulation 15(b)(i) requirement about training.

Timescale for improvement: To be completed within eight weeks of receipt of this report.

### Number of recommendations - 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

Service users had the opportunity to assess and comment on the quality of staffing in the service via a number of systems.

The service conducts an annual service user survey which includes the opportunity to comment on the staffing at Rowan Alba. The format of the questionnaire supported service user participation outcomes, using plain english and some pictorial content.

When we looked at the most recent survey material we noted that the feedback on the quality of staffing was very good. This reflected the information collected in the questionnaires the Care Inspectorate issued to service users before we began our inspection.

Service users all knew the identity of the management and when we asked them, they said they would feel confident to approach them if they felt they wished to raise any issue about the quality of staffing. We saw that the registered manager was approachable and that service users were able to engage with her when she was on the premises. We also heard that the manager is available for consultation with service users via an open door "surgery". We recognised that these factors helped promote good outcomes for feeding back and improving the quality of staffing in the service.

The service has sought to promote service user engagement in a focus group. We heard that it had proven difficult to persuade people who live at Thorntree Street to attend, although we noted that the group had convened on three occasions since the time of the last inspection.

The principle of facilitating resident involvement in a service user forum is supported by the providers own participation strategy. Whilst the meetings of the forum have tended to focus on social aspects of support and premises issues, the people who use Rowan Alba manage the agenda and are free to focus on any aspect of service improvement/development, including quality of staffing.

We heard that service users had been involved in recent recruitment of new staff. There had been a good level of engagement in a "meet and greet" event and service users had been asked to discuss staff qualities and offer questions for use at interviews. This was an area for development from the last inspection.

### **Areas for improvement**

The service has identified that it would like to progress aspects of service user involvement in staff recruitment processes by offering access to training with a focus on recruitment to those who were keen to remain involved. This is an area for continuing development and it is hoped that this will progress during the course of the coming inspection year.

We looked at the personnel records for a number of staff, including some who have been recruited within the previous 18 months. We felt that the staff induction and appraisal processes would benefit from trying to routinely integrate feed back from service users into relevant supervision/appraisal procedures. This observation would apply to staff induction, where feed back from service users should play some role in determining the skills of a new recruit and their abilities to deliver effective care.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

#### Service Strengths

We observed staff-service user interaction on an informal basis throughout our inspection. At all times staff spoke appropriately with people, demonstrating respect and using language that supported positive support and communication outcomes for the people they worked for.

It was clear from our interviews with four support staff that the workforce was motivated and committed to their jobs. People said that they enjoyed good peer support and that there was a well developed sense of team working amongst the staff at Rowan Alba.

The service users we spoke with confirmed information derived from Care Inspectorate questionnaires and from the providers own quality assurance based survey, telling us that staff were a considerable asset to the service. In one case the person we spoke with said that they didn't always get on well with their keyworker. However, this didn't prevent them from recognising that the staff team were doing a very good job.

When we looked at the training records for six members of staff, we saw that all concerned had completed relevant Scottish Vocational Qualification awards (SVQ). The SVQ is a benchmark qualification for people working in the care sector and has a focus on the National Care Standards and best practice.

The provider's training schedule had a focus on areas that were relevant to the needs of the client group supported by the service. This included inputs around first aid, food hygiene, adult support and protection, Outcomes Star care planning, boundaries and challenging behaviour.

Staff told us that they were able to access other training as required and we noted that the training records demonstrated this, with people undergoing training in areas such as: mental health, health and safety, infection control and legal highs.

We considered the staff records around supervision and appraisal. Supervision took place at regular intervals and all of the people whose files we looked at had participated in an annual appraisal of their work.

The supervision sessions allowed staff to talk reflectively about their practice and helped identify training needs and other professional development opportunities. These systems helped the service maintain and develop the skills of its staff team, enabling positive support outcomes for people using Rowan Alba.

### Areas for improvement

Although staff had engaged in a range of training which we could see was directly relevant to the needs of the people they support, we noted that only one of six staff training records we looked at demonstrated their participation in training around alcohol-alcohol misuse.

We also considered the training records in respect of administration of medication. The administration of medication is an important aspect of care delivery and ensuring positive health and well-being outcomes for people who use the service. Although the majority of staff had taken part in medication administration training, we saw records for members of staff where this was not recorded as having taken place.

In order to ensure that all staff have the skills and knowledge required to provide effective support we have made a recommendation that the above deficits are addressed and that appropriate training is evidenced or assimilated into the training schedule, with all staff participating.

The service should consider carrying out an audit of training records. This would help them ensure that all staff have undertaken courses in key areas relating to their work.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. The provider should ensure that all staff have participated in key training which is relevant to the work undertaken with service users.

National Care Standards-Housing Support, Standard 3

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

### Service Strengths

We have previously described the mechanisms used for service users to evaluate the quality of management and leadership within the service. These include:

- Access to the management team on an informal basis, facilitated via the "open door" policy.
- The annual service user survey, which supports comment on management within the service.
- The service user forum meetings.
- The providers complaints procedures.

Areas of good practice identified in quality theme 1, statement 1 also apply here.

### Areas for improvement

To continue with current very good practice.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

### Service Strengths

Staff have regular opportunities to assess and make suggestions around service development and improvement. We heard that the regular team meetings are a useful mechanism for discussion amongst the staff team. There is an open agenda and the meetings are routinely chaired by main grade members of the team. One member of staff we spoke with said that this helped encourage people to offer their views on what the service was doing well, promoted staff "ownership" of their workplace and encouraged discussion around service development.

Staff also told us that they were able to present service user comments to the meeting and would routinely offer return feed back to the people concerned. This had led to changes to event planning and social activities.

The regular supervision sessions also enabled staff to express their views on service provision and highlight approaches and interventions that might lead to improved support outcomes for the people they work for.

It was evident from our discussions with staff that supervision and team meetings were used effectively and that they helped promote leadership within the team. We heard about changes to medication administration practice, staffing rotas and shift patterns, documentation and recording, as well as consultation with service users about menu planning and social activities.

This emphasis on involving staff and promoting values of leadership also extended to the facilitation of peer supervision for some of the staff team and staff involvement in Rowan Alba's "serious risk assessment" document.

There were a range of quality assurance audits taking place within the service. The service produce a quarterly "ECCO" report for the service commissioner, City of Edinburgh Council. This has a focus on support outcomes for people using Rowan Alba. The compilation of the ECCO report involved main grade staff, as well as management and we recognised that this fitted in well with the services wider strategy to promote leadership throughout the staff team.

The service has also completed a range of internal quality audits since the time of the last inspection. We saw documentation which evidenced this in respect of health and safety checks, as well as file audits and checks on staff supervision audit.

### Areas for improvement

The service should seek to evidence greater capture of external stakeholder views on the quality of the support provided. This would complement the other service quality evaluation processes we have described elsewhere in this report.

This might be achieved through the use of questionnaires issued for completion by professionals from agencies and services with whom Rowan Alba regularly work in partnership with. Questionnaires or a quality assurance based "survey monkey" might be embedded on the service provider's website. This may assist with increased capture of stakeholder views on assessing the quality of the service.

It would be useful if the service were to request that the commissioning body provides more detailed written feed back on the "Ecco" reports. Although there were some observations on achieving their target outcomes in the commissioners section of the 'Ecco' report, we felt it would be useful for quality audit purposes to have more detailed evaluation

Quality audits of care files should clearly identify who is responsible for changes/actions required and a timeframe for actioning any improvement identified. They should also identify any areas for improvement in respect of the care planning and evaluation documentation. We noted some process

issues (detailed in quality theme 1, statement 1) that should have been addressed through quality audit.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

1. Lunchtime menus should be reviewed in consultation with service users to ensure that they are both nutritious and appetising and offer variety.

National Care Standards . Care at home. Standard 6 Eating well.

This recommendation was made on 24 February 2015

Service users are consulted about menu choices and have the opportunity to meet and participate in menu planning.

Information about the scheduling of meetings and outcomes arising from them are placed on the notice boards

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
24 Feb 2015	Unannounced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
21 Jan 2014	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
13 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
14 Dec 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
18 Nov 2009	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good

		Management and Leadership	Not Assessed
9 Jul 2008	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

## To find out more

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੈਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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