

Rowanlea Services Housing Support Service

Linn Moor Campus
Peterculter
AB14 0PJ

Telephone: 01224 732 246

Type of inspection:
Unannounced

Completed on:
3 February 2025

Service provided by:
Aberdeen Association of Social
Service, a company limited by
guarantee, trading as VSA

Service provider number:
SP2003000011

Service no:
CS2014329990

About the service

Rowanlea is a care at home and housing support service, providing care and support to people in their own homes. The service provides care and support to adults and young people with complex needs and Autism.

The service comprises of two shared houses. The service is located in Peterculter and is surrounded by open grounds and pathways.

At the time of the inspection, the service provided care to five people.

About the inspection

This was an unannounced inspection which took place on 28 and 31 January 2025. The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with three people using the service and four of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- reviewed results from four returned surveys, sent by us prior to inspection.

Key messages

- People were treated with kindness and dignity.
- People were supported to maintain good general health and to access health services when needed.
- Improvement was required to ensure staff knew when to give people 'as required' medication.
- Improvement was required to ensure that people benefitted from safe finance recordings and care plans.
- Staffing numbers were sufficient to meet people's needs.
- Staff were passionate and knew people well.
- Improvement was required to ensure staff had sufficient support.
- Improvement was required to ensure relief staff were trained and competent.

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?	4 - 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?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People were treated with kindness and dignity. Staff communicated with people in ways that they understood. Some people relied on alternative forms of communication such as, pictorial prompts. Staff used these tools consistently, resulting in people feeling relaxed in their daily routine.

People were supported to make healthy food choices. Menus were varied and people could eat their food where they felt most comfortable. People could access snacks and where additional support was needed with portion control, staff followed a clear care plan detailing what snacks the person liked and when they liked to eat them. People were supported to maintain a healthy lifestyle.

People regularly accessed health services such as, the GP, nurse and optician. When people's health needs changed, staff made appropriate referrals to ensure they could get the treatment they needed. For example, when one person experienced dental pain, staff supported them to access dental treatment quickly. One family told us how the service had supported their loved one to improve their access to health care, "They used to be really anxious and going to appointments was a struggle, but now they manage and the staff keep them really calm". People were supported to maintain good general health.

People had complex needs and were supported with stress and distress. The service had a culture of, "proactive" support, meaning they focussed on preventing stress and distress wherever possible. Detailed care plans allowed staff to identify early signs of distress and gave staff clear steps to follow to support people to reduce their anxiety. Some people required physical interventions to keep them safe when in crisis. All occurrences of stress and distress that required these interventions were investigated to ensure the person was safe and the intervention was appropriate. People could be assured that the staff had the tools required to support them well when they became anxious.

Restrictive practices were recorded in people's care plans and risk assessments. Care plans for most of these were detailed and clearly explained when this should be used. Some restrictions, such as controlling access to food, had not been considered in the care plan. We have advised the service to review the use of all forms of restrictive practice, to ensure this is risk assessed and agreed with welfare guardians. This should ensure that no unnecessary restrictions are placed on people's lives. We will review this at future inspections.

Regular medication was managed well in the service. Medication was stored well and people received the correct medication at the correct time. Medication errors were investigated and appropriate actions taken, to ensure people's wellbeing. 'As required' medications did not have accompanying care plans. This could result in the medication not being given when needed. The service should ensure that all 'as required' medications have clear care plans. **(See Area for improvement 1)**

Staff did not always follow the correct procedure for counting people's cash balances. One person's care plan did not have a clear risk assessment in place to support safe financial support. This could result in people being put at unnecessary risk, in relation to their personal finances. The provider responded promptly to this during inspection and has given assurances that finance management will be reviewed. This should result in people experiencing safer finance support. **(See Area for improvement 2)**

People were supported to maintain their homes and we saw that these were clean and tidy. The service was responsive to issues in people's homes and raised concerns to the provider, who is also the landlord. Areas of disrepair, such as bathrooms, had been raised. However, this had not been actioned by the provider at the time of inspection. We were given assurances that this will be resolved imminently and have agreed to review this at future inspections.

Areas for improvement

1. To ensure that people's health benefits from their care and support the provider should ensure people receive 'as required' medication at the correct time. To do this the provider should, at a minimum, ensure that all people have 'as required' medication care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To ensure that people are not at risk of harm the provider should ensure that people's finances are managed safely. This should include but is not limited to, ensuring that staff are aware of their responsibilities for finance checks and that care plans clearly identify and mitigate any risks in relation to finance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our staff team?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff knew people well and were clearly passionate about their roles. A supervisor was allocated to each of the properties and were seen directing support staff. Supervisors played an active role in ensuring that people experienced quality care and support.

Staff were aware of the services minimum staffing contingency plan and were confident that this could be met. People benefitted from one-to-one staffing at all times, meaning they had an allocated staff member to support them with their needs. People could access additional staff, when needed, to go to places they liked. Records indicated that people regularly went on outings, attended health appointments, social events and shopping. This meant people had sufficient staffing to meet their current needs.

The service regularly assessed people's needs to ensure appropriate staffing levels. Recently, one person benefitted from this review, leading to an updated risk assessment that reduced their reliance for two-to-one staffing. This change allowed them to go out more often. People could trust that the service would adapt to their changing needs and provide the right number of staff.

Whilst leaders could evidence that relief and agency staff were not relied on heavily, support staff raised concerns that their usage impacts on people's experiences. One staff member said that staffing decisions, in relation to agency and relief staff only considers, "the numbers of bodies and doesn't consider the skills of those staff". Staff did not have regular supervisions, and did not have opportunities to meet regularly as a team. The provider should ensure that staff have opportunities to feedback on staffing. **(See Area for improvement 1)**

New staff induction procedures were not consistently followed. Induction records varied in quality and weren't always completed. There wasn't a clear process in place to ensure staff were inducted in all area's such as, dispensing medication. While we were assured that leaders did carry out a staff observation, there was no consistent approach designed to ensure all staff experienced that same quality of induction assessment. The provider should ensure that all staff receive a thorough induction. **(See Area for improvement 2)**

Permanent staff were trained to a good standard and received ongoing competency assessments in areas such as, medication, hand hygiene and physical interventions. However, training and competency records demonstrated that relief staff did not benefit from the same level of ongoing training. People should expect to experience care and support from staff who are trained and competent. The provider should ensure that all staff delivering care and support are trained and competent. **(See Area for improvement 2)**

Areas for improvement

1. To ensure that people benefit from safe staffing arrangements, the provider should ensure that staff can contribute to staffing decisions in the service. This should include but is not limited to, ensuring staff have platforms to raise concerns such as, regular staff supervision and team meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

2. To ensure that a consistently skilled and competent staff team supports people, the provider should ensure that all staff complete induction, necessary training and that ongoing competency is assured. This should include relief staff.

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

In order to ensure people are afforded adequate notice when the service could no longer meet their needs, the service should:

- a) ensure notice periods are of a realistic and achievable timeframe
- b) ensure communication with people's representatives are clear in the expectations and mechanisms to transition from the service.

This is in order to comply with: Health and Social Care Standard 4.12: 'I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes'.

This area for improvement was made on 13 October 2021.

Action taken since then

The service had not supported people to transition from the service since this area for improvement had been made, so we could not fully evaluate people's experiences in this area. However, communication between the service and families had improved. Families praised the service for keeping them informed about their loved one's care and support. One family told us, "Their communication has been excellent with us. We feel really supported by the service". People could benefit from positive communication and relationships between the service and their families.

We have advised the service that they should continue to review their procedures for supporting people to move in or move on from the service, to ensure that this supports positive outcomes for people.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure people benefit from different organisations working together, sharing information about them promptly and where appropriate, the service should:

- a) consider consultation with other Healthcare Professionals at an early stage when people's needs change
- b) consider consultation with other Healthcare Professionals when identified strategies are no longer effective in meeting people's needs.

This is in order to comply with: Health and Social Care Standard 4.18: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'.

This area for improvement was made on 13 October 2021.

Action taken since then

People were supported to access regular health care to support general health. Where required, people were supported to access specialist support and benefitted from ongoing reviews with allied professionals such as, Psychology. When people's needs changed or identified strategies no longer met people's needs, the service recognised this. Reviews were arranged to ensure people could benefit from a multi disciplinary approach to their care and support. This should result in people experiencing care and support that meets their current and ongoing needs.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

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۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.