

# Daldorch House Adult Service Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
21 April 2022

**Service provided by:**  
The National Autistic Society

**Service provider number:**  
SP2004006215

**Service no:**  
CS2020380626

## About the service

Daldorch House Housing Support and Care at Home Service is registered to provide support to a maximum of 15 adults with an autistic spectrum disorder/learning difficulty in their home and in the community.

The provider is the National Autistic Society.

The service, which is located in Catrine in East Ayrshire registered with the Care Inspectorate on 31 January 2021. Up to 12 young adults live in self-contained flats within an enclosed perimeter. In addition, three people share a three-bedded house, Park View, in the nearby village of Mauchline. There were 13 people assessed as having an autistic spectrum disorder living in the service at the time of the inspection with 24 hour staff support.

Many of the young people experience significant communication and language difficulties and all required individualised support to develop their personal and social skills. Formerly school care accommodation, since registering the service has transitioned from a children to an adult service which has involved renovations of accommodation buildings, restructuring of staff and cultural change.

## About the inspection

This was a follow up inspection which took place on 21 April 2022 from 9:30 until 16:45. 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 service management
- reviewed documents

## Key messages

- Staff demonstrated their knowledge of people, within the restructured personal plans which were focused and clear.
- The management team have developed quality assurance processes to support the ongoing improvement of key aspects of the service.
- Staff opportunities for training has been improving, including specific leadership training for senior staff.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 19 April 2022, the provider must improve the quality of recording within personal plans to ensure that people receive the right support at the right time. To do this, the provider must, at a minimum ensure:

- a) each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach
- b) they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c) accurate and up to date risk assessments, which direct staff on current/potential risks and they contain risk management strategies to minimise risks identified
- d) they contain information regarding the actual and/or potential impact of Covid-19 on people's health, wellbeing, and care needs
- e) they are regularly reviewed and updated with involvement from relatives and advocates
- f) detailed six monthly care reviews are undertaken which reflects people's care needs and preferences.

This is to comply with Regulation 5(2)(b) (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

**This requirement was made on 25 January 2022.**

#### Action taken on previous requirement

Exemplar files have been created for a number of people supported, the format of which will be used for all other folders. The files have been restructured providing accessible, clear and relevant information.

The updated plans flow well, with consistent information throughout providing direction on support to be provided. The depth of knowledge that staff have of people supported was evident throughout the support plans. Work is ongoing in relation to the recording of reviewing outcomes in relation to support planning.

Revamped covid support plans detail clear information in relation to how a person would be supported in the event of restrictions or an outbreak of infection.

Reviews have begun to take place and include a report on the progress of the person, views of relevant others and action planning for the next six months. The service have devised a recording system to track and plan upcoming reviews.

Risk assessments were in place for many interventions, giving direction on support to be provided, and strategies to be utilised.

As we were not yet able to observe the updates of support plans or ongoing reviews, we will create an area for improvement around this, so their remains to be a focus on this throughout the year (see area for improvement 3).

## Met - within timescales

### Requirement 2

By 19 April 2022, the provider must ensure that robust and effective quality assurance processes are in place. They must ensure the identification of areas requiring action and the continuous improvement of the service.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

**This requirement was made on 25 January 2022.**

### Action taken on previous requirement

The service has improved the audit process for medication, with regular audits being carried out by Seniors and Service Manager. There has been some developments in relation to environmental audits, for both senior staff and managers – which include observation of IPC/PPE and some staff practice (a template is being devised to enable appropriate recording of this).

Organisational quality assurance reports are completed weekly, by the Service Manager, which links overall quality assurance processes. Further development in relation to evidencing the information and actions required in relation to this report, would be beneficial in supporting ongoing improvement.

As there is still development ongoing in relation to some of the quality assurance systems and evaluation of the processes, to ensure they are effective, we will create an area for improvement. (see area for improvement 4)

## Met - within timescales

## 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 promote the safety and wellbeing of people supported the provider should ensure that staff access training appropriate to their role and apply their training into practice. This should include, but is not limited to:

- a) Staff receive training in Covid-19 and infection prevention and control practice in line with current guidance.
- b) Monitor staff competence through training, supervision, and direct observations of staff practice.
- c) Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

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).

**This area for improvement was made on 25 January 2022.**

#### Action taken since then

There has been some improvement in relation to training across the staff team, particularly as face to face training is resuming. However, more work is required on tracking gaps and ensuring all core training is completed as required, particularly in relation to infection control.

Senior staff within the service have begun undertaking a leadership training programme, over a period of months.

#### Previous area for improvement 2

To promote the safety and wellbeing of people supported the provider should ensure that the number and skill mix of staff are suitable. This should include, but is not limited to:

- a) The level of staffing is adequate to always provide the assessed level of support to people receiving care.
- b) Suitably qualified, skilled and experienced staff are working in the service in such numbers as are always appropriate.
- c) The effectiveness of the management team is rigorously, regularly and systematically evaluated and documented.
- d) Robust and regular oversight of the service by the organisation to monitor implementation of the quality assurance system and its effectiveness.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My needs are met by the right number of people" (HSCS 3.15).

**This area for improvement was made on 25 January 2022.**

## Action taken since then

Service is working on allocating support hours to each house, and the houses then being responsible for allocating the hours to achieve the best outcomes for people supported. This will be a really good development and will hopefully link in nicely to the requirements above as it develops.

## Previous area for improvement 3

To support continuous improvement, the service should continue to develop their quality assurance systems, including:-

- quality of support plan recording
- extending review tracker, to include all information in support plan
- support and supervision overview
- observational templates of practice
- overview and effectiveness of training

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

**This area for improvement was made on 21 April 2022.**

## Action taken since then

The service has began devising and implementing quality assurance systems, which will continue to be developed.

## Previous area for improvement 4

To ensure that people are receiving the right support at the right time, the service should continue to update their processes for recording the review of outcomes detailed within the support plan. The service should also continue with ensuring the support provided is reviewed at least six monthly for all people supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15)

**This area for improvement was made on 21 April 2022.**

## Action taken since then

The service has streamlined their support planning process and will now develop their recording of reviewing outcomes linked to support plans and continue with the review process across the service.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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