

NAS SW Scotland Supported Living Housing Support Service

The Stables Administration & Resource Centre
The National Autistic Society
Sorn Road, Catrine
Mauchline
KA5 6NA

Telephone: 01290 553 420

Type of inspection:
Unannounced

Completed on:
12 October 2023

Service provided by:
The National Autistic Society

Service provider number:
SP2004006215

Service no:
CS2006134931

About the service

The service, which is also known as Catrine Bank, is located on the outskirts of Catrine in East Ayrshire. The provider is The National Autistic Society (NAS). NAS South West Scotland is registered to provide a housing support and care at home service for up to 29 people, aged 16 years and over, who have an autistic spectrum disorder.

At the time of the inspection the service was supporting 20 people, living in a combination of self contained or shared living accommodation.

Catrine Bank is set in extensive, well maintained grounds and has ample space for walking and a variety of outdoor activities. There is also access to a sensory room, arts and craft and the space was being enjoyed by people supported on a regular basis and had been used for a variety of events.

The registered manager was supported by three service managers, team leaders, senior support workers and support staff. The service also has access to the organisation's multi-disciplinary team which includes speech and language and positive behaviour support specialists.

About the inspection

This was a full inspection which took place on 4, 6, 10, 11 November 2023. The inspection was carried out by two inspectors 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 three of their relatives
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- had contact with professionals linked to the service

Key messages

- The service had a culture of person-centred care, with staff demonstrating their knowledge of people and their support requirements.
- Staff support people with a range of activities, which is continuing to improve and be embedded in day to day life.
- A range of training opportunities were available for staff, it is important to ensure the knowledge gained is improving practice.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.
- Quality assurance systems were making progress in identifying areas for ongoing development and improving practice.
- The organisation has worked at improving recruitment across the service.

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 leadership?	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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced respectful, attentive and compassionate support, which demonstrated how well staff knew people and their preference of how support should be provided. We saw warm and genuine relationships between people supported and staff. During our observations we saw people have fun and use a range of communication tools, this enabled people to build and maintain meaningful relationships with those around them. A relative shared "They know x really well and how to handle him, it is a great service. We have total confidence in them".

People should be supported to get the most of life, because staff have an enabling attitude and believe in their potential. There were some good examples of people being supported to maintain and develop their skills, which promoted people's independence. However it is important that there is a consistent approach to recognition of strengths and working on developing these, even when the service is short of staff (see area for improvement 1).

We saw guardianship orders in place to keep people safe. Whilst it is recognised that for some people there needs to be restrictions within the home environment, this should be explored to ensure these are as minimal as possible and reviewed regularly. The service has a restrictive practice log and restrictive practice plan for each person supported, which were really comprehensive and detailed. It is important where restriction or restraints are implemented there is appropriate authority for this to be utilised (see area for improvement 1).

We heard of innovative and person centred ways of supporting people with communication and positive behaviour support that demonstrated clear knowledge of people. This was having a positive impact on people developing coping skills and strategies.

The service had been focusing on increasing meaningful activity opportunities to promote wellbeing and support good mental health for people. Over the past few months a wide range of activities had been planned and organised both within the service and in the local community. The service has encouraged families to access mobility cars for people. This was having a positive impact, as there was much more flexibility around when people could go out about and access community resources. A relative told us "We are jealous of the amount of activities x is involved in, they are busy all the time!"

Extensive outside space is available, with a variety of activities which some people made good use of, regardless of the weather. An occupational activity role has been created for a person supported, it would be good to see this explored further, with additional roles created, where possible.

Meaningful contact and support to maintain relationships is important for people and their families. We heard of staff working hard to maintain contacts between people and their loved ones, and observed this being detailed in personal plan information.

People's healthcare needs were managed by support staff and specialist support team. Staff accessed a range of health care professionals for advice and support when needed to manage individuals' healthcare needs. External professionals informed us that the service were generally responsive to their advice and guidance, which had a positive impact on people's health needs.

Currently the service is working on updating personal plans, including the views of those who know people well. We saw that personal plans were of variable standard, some detailing very clear information in relation to how support should be provided and outcomes to be achieved. It is important that all personal plans are outcome focused with clear specific guidance on how support should be provided. This is particularly relevant when this is in relation to behaviours that challenge or supporting people when distressed (see area for improvement 2). A relative told us "We are able to have input to the support plan, we are really happy with how support is planned and provided".

Systems are in place for the management of medication. As required protocols were in place for medicine for "behaviours that challenge", these should be developed for all as required medication. We were assured that people's healthcare needs were being supported by the safe and effective management of their medication.

We observed a variety of practices in place to store people's food, some of which weren't safe, including frozen food being stored in bags with no dates. It is important that staff understand their responsibility in relation to food safety and that this is covered in mandatory training.

People can expect to have confidence in their staff team, because they are trained, competent and skilled. There was a wide range of training opportunities in place for staff. The uptake of training has increased recently, with a number of staff also booked on key training over the coming months. Managers were receiving training overviews and monthly reports and prompting staff when training was due to be completed or renewed. There was however some gaps in training, which need to continue to be addressed by the service particularly in relation to meeting the service aims and objectives. (see area for improvement 3)

Areas for improvement

1. The provider should ensure the service is exploring opportunities to increase people's independence and maximising control of their living spaces, where this is assessed as being appropriate. Clear records of personalised assessments, with review dates should be kept.

This should include, but not be restricted to, the most appropriate place to store medication and access to rooms and spaces within peoples' living environment.

The provider should ensure that the legal powers in place, are sufficient for any restrictive practices implemented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I am empowered and enabled to be as independent and as in control of my life as I want and can be."(HSCS 2.2)

2. To make sure that people receive care and support that is right for them, the provider should ensure that:-

- a. Each person receiving care has a detailed support 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. They contain accurate and up-to-date individualised risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified.
- d. They are regularly reviewed and updated with involvement from relatives and advocates.
- e. Detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

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)

3. The provider should ensure that staff access training appropriate to their role and specific needs of people supported. The service should ensure that staff are incorporating training into practice to promote the safety and wellbeing of people.

To do this the provider should:-

- a. Conduct a training needs analysis identifying the knowledge and skills desired for each job role.
- b. Ensure staff receive core training, as directed by the needs analysis - including stress/distress, adult support and protection, infection prevention and control practices (including food hygiene and safety) and condition specific training.
- c. Continue to develop monitoring staff competence through training, supervision, and direct observations of staff practice.
- d. 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)

How good is our leadership?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service has a business continuity plan in place covering a wide range of circumstances. It would be good to see a clear flowchart of how to manage a staffing crisis or infection outbreak detailing specific actions to take to ensure consistent approach to this.

A number of service improvement plans had been implemented to identify and take forward improvements across the service. We could see that these were reviewed regularly and signed off when complete. It would be helpful to have specific actions detailed when plans are reviewed or signed off as complete, so the improvement journey is clear and not lost sight of. Going forward it would be good to see how these are rolled out to staff, and their input is used to develop and review improvement plans.

The organisation has developed an audit framework, which clearly details quality assurance activities, who is responsible for what and when. It would be helpful to see how this is rolled out and utilised by senior staff, to detail activities carried out or if not why not.

We observed the variety of audits that were being used across the service to identify areas of good practice as well as for development. Finance audits had clear timescales set for actions to be completed. There was a number of medication audits in place, it would be good for these to be revisited to ensure they were effective. We were not able to see a management overview of the environment and day to day health and safety requirements, including food safety. Plans should be put in place to address this.

A variety of tools have been developed to track a range of key systems in place across the service. This gave the management team clear overview of the quality assurance activities being carried out. To ensure consistency across the service there is few other areas that could be tracked, including observations, dates of audits.

Senior staff team meetings have been happening regularly. This was enabling the sharing of information around staffing allocations, appointments, concerns as well as general discussions around service and organisational improvement and developments.

Supervision was increasing across the service. The senior team have acknowledged that the priority has been creating an expectation of supervision, which will then move onto the quality, which is important to create an environment for reflective practice and meaningful discussion.

The senior team and extended support team attend weekly meetings to discuss incidents from the previous week. This gave the management team clear understanding of incidents and the opportunity to discuss plans to minimise risk.

Observations of practice had been put in place, which were helpful in identifying good practice and potential areas of improvement for staff, but also in relation to the support being provided to people. It is important that any actions identified are followed up and signed off when complete. This should be rolled out consistently across the staff teams.

A tracking system had been developed for staff SSSC registrations. This should be checked regularly to ensure staff were registered on time, on the appropriate registers and no overdue fees. There was several queries with the staff sampled, the service has been asked to carry out a full audit of SSSC registrations.

We were able to see an overview of guardianship orders in place, however there was a number that were out of date, with the service awaiting updated copy. It would be helpful to detail actions taken to ensure the service have access to the most current orders, to ensure the support being provided is legal and within the boundaries of the order.

Areas for improvement

1. To further the improvement journey, the provider should continue to develop and embed their quality assurance system. This should include but not be limited to:-

- a) The registered manager having complete oversight of the service and ongoing key activities including information relating to people supported, audits and SSSC registration.
- b) Quality audits and action plans including environmental, care planning, finances and medication must be completed regularly and ensure they lead to the necessary action to achieve improvements without delay.
- c) Systems for the monitoring of practice such as supervision and appraisal and practice development are implemented in accordance with organisational policies.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

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

Requirements

Requirement 1

By 6 September 2023, the provider must ensure that quality assurance and improvement is well led to ensure people experience consistently good outcomes.

This should include at a minimum:-

- The registered manager has complete oversight of the service and ongoing key activities.

- Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.
- Quality audits and action plans, including care planning and medication, must be accurate, up-to-date and ensure they lead to the necessary action to achieve improvements without delay.
- Service management have a clear overview of staff training including identified gaps.

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 8 March 2023.

Action taken on previous requirement

Trackers have been developed for a number of key quality assurance activities including staff supervision, SSSC registration and people supported reviews. This enabled the management team to access, at a glance what had been done and any gaps to be addressed.

An audit framework has been developed to give clear guidance to senior staff on what should be carried out and when. This detailed the frequency of audits and quality assurance tasks. Action plans were being created from audits completed, which lead to improvements across the service. Some of these tasks were in the infancy of being implemented therefore we were not able to fully see the impact of the improvement actions.

The management team were aware that the consistency of implementing quality assurance processes across the service still required some attention and were managing this.

The management team now have access to an overview of training undertaken by the staff team. This was being used to identify gaps and arrange and deliver bespoke training based on the needs of the staff team.

Whilst this requirement is met, an area for improvement will be created to embed the quality assurance systems to ensure continued improvement and development.

Met - within timescales

Requirement 2

By 6 September 2023, the provider must ensure that staff access training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported.

To do this the provider must, at a minimum:

- Conduct a training needs analysis identifying the knowledge and skills desired for each job role.

- Ensure staff receive mandatory training, as directed by the needs analysis - including stress/distress, adult support and protection, infection prevention and control practices and condition specific training.
- Monitor staff competence and understanding through training, supervision, team meetings and direct observations of staff practice.
- Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) 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 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 requirement was made on 8 March 2023.

Action taken on previous requirement

Managers had access to the overview of training undertaken by staff. This gave clear detail of the gaps in training across the staff team as well as refresher training that was due.

Comprehensive induction training was provided to all new staff prior to beginning their role within the service.

We were able to see from the training overview that there was an increase in uptake of training across a range of core training. The service identified there was a number of gaps in key training and arranged with the organisation to provide additional training sessions in key area such as "Studio 3" - crisis management training. Additional sessions have been scheduled over coming months, and all staff have been scheduled to attend.

Condition specific training has been carried out, where this has been assessed as being required for people supported. There has however not routinely been records kept of attendance at these sessions, therefore we were not able to identify the uptake of compliance with this.

The senior team have created additional opportunities to monitor staff competence. There has been an increase in supervision, team meetings and key team meetings, which has given staff the opportunity to discuss their practice and any areas of developments. Observations of practice has started and proving to be valuable to the management team, to identify developments for support for people supported and staff. It would be helpful for observations to be tracked, to ensure this is consistent across the staff team.

Training analysis for roles has not yet been completed, this has been scheduled to be completed within the coming months.

Whilst the requirement has been met, there is still areas for development within the learning and development across the team and will make an area from improvement in relation to this.

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 make sure that people receive care and support that is right for them, the provider should ensure that:-

- Each person receiving care has a detailed support plan which reflects a person-centred and outcome focused approach.
- They contain accurate and up-to-date information which directs staff on how to meet people's care and support needs.
- They contain accurate and up-to-date risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified.
- They are regularly reviewed and updated with involvement from relatives and advocates.
- Detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

In addition, to keep people safe and promote their health and wellbeing, communication and recording in relation to health and wellbeing needs should be consistent across the service. This should include but not be restricted to clearly defining why monitoring charts are in place and subsequent actions required and ensuring these are being fully completed as directed.

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 8 March 2023.

Action taken since then

The service has been working on updating personal plans across the service. A new format for personal plan folders had been used, making access to information easier and more accessible.

The content of the personal plans was variable, we were able to see some plans with very clearly defined outcomes linked to the support to be provided, giving good guidance and direction on how the support should be provided. Other plans however, were not as outcome focused with descriptions of how support should be provided, particularly if people were upset or demonstrating behaviour that challenge.

Risk assessments were completed for a wide range of areas of people's lives. As some of these are organisational risk assessments, it was not always clear how these linked with the personal plan and support being provided.

Six monthly reviews of support were being carried out, seeking input from loved ones, which gave a good overview of support provided meeting people's needs. It is important that information from reviews are carried forward into care plans and personalised risk assessments.

This area for improvement has not been met and will be carried forward to the next inspection.

Previous area for improvement 2

To improve the consistency of support for people, the provider should explore and clearly define roles and responsibilities for each grade of staff. This should include the functions of the keyworker, senior staff and staff roles.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"My care and support is consistent and stable because people work together well." (3.19).

This area for improvement was made on 8 March 2023.

Action taken since then

The management team have developed updated job descriptions, which include clear details of roles and responsibilities for each role within the staff team. These have been updated and circulated to staff.

It would be helpful now, to see these updated job descriptions utilised in supervision with staff, to ensure all staff are clear about what is expected of them and that this is being implemented on a day to day basis.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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 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۔

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.