

# Autism Initiatives UK Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 May 2024

**Service provided by:**  
Autism Initiatives (UK)

**Service provider number:**  
SP2004006462

**Service no:**  
CS2009233458

## About the service

Autism Initiatives UK provides a combined housing support and care at home service for adults living in their own homes. The service is provided by two staff teams covering Perthshire.

28 people were using the service when we carried out the inspection. 10 of the service users live in supported tenancies known as the Earn Service in Bridge of Earn. 18 people living across Perthshire were receiving an outreach service.

The service is provided for Autistic adults with or without a Learning Disability

The aim of the service is to create unique services for people to enable them to have ownership of their own lives and future.

The provider's vision states "Our expectation is that autistic people can learn and develop and we support this process every single day".

## About the inspection

This was an unannounced inspection which took place between 14 and 16 May 2024. 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 two people using the service, three members of staff and two members of the management team. We sat in on a staff meeting and also, unobtrusively, observed practice and daily life. We contacted three visiting professionals but did not receive a reply.

We also reviewed many documents including, but not limited to:

- 4 Care plans each containing a Main File, a Working File, a Health and Wellbeing File, and a Reporting and Recording File;
- 'All About Me and My Support';
- Risk Assessments;
- Legal Authorisation e.g. Guardianship;
- Financial Records;
- Communication/Consultation Records;
- Incident/Accident Records;
- Medication Records;
- Training Records;
- Supervision Records;
- Review Spreadsheet;
- Staffing and Recruitment Records.

## Key messages

- Staff were committed and loyal to the service and those they supported.
- Staff knew the people they supported very well and this was acknowledged by relatives.
- There had been natural changes, within the staff team, of internal promotion over a few months.
- The service was adjusting to this change in team dynamic.
- Some staff felt there should be more staff.
- The service was committed to promoting Positive Behaviour Support (PBS).
- Documents relating to supported people were difficult to navigate and storage was cumbersome.
- Some new 'safe staffing' legislation hadn't yet been embedded into practice.
- The staff were mutually supportive and the quality of care and support had not been adversely affected by points above.
- Management had re-introduced supportive processes, e.g. supervisions and team meetings.
- Staff appraisals were due to be re-introduced.
- There was a wide and comprehensive training provision.

## 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?	3 - Adequate
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?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff we spoke to understood their role in supporting people's access to healthcare and addressing health inequalities. Staff recognised changing moods and behaviours and shared this information quickly with the right people.

Even when people lacked capacity, after consultation with the legal representative, they were supported to be as fully involved in making decisions about their physical and emotional wellbeing. This was generally done through their personal plans, but also through regular key worker meetings when staff reflected upon best practice.

We saw within the health and wellbeing folder that individual consideration was given to people's circumstances or diagnosis. The format was good and content comprehensive covering both physical and mental health. Sections included such things as 'Connections', Aspirations, Learning New Skills, Being Active, Eating well, Lifestyle Choices, and End of Life.

Staff training also had a focus on both mental and physical health. This included, for example, Mental Health and Autism, Autism and Suicide, Sexuality and Autism, Support Plan Goals, Sensory differences and Autism with no Learning disability.

However, this service promotes a Positive Behaviour Support (PBS) approach which provides the right support for the person, and their family, to help them lead a meaningful life and learn new skills without unnecessary restrictions. This support can also assist in providing a methodical approach to working with behaviour that challenges. This practice is the foundations of Autism Initiatives and staff employ creative approaches to promoting and supporting people's choices.

This was illustrated, for example, by people within this service having as much control as possible over their medication and we heard how they had been working specifically to enable people to self-administer. To extend this even further, they were now considering the barriers to people re-stocking their own supplies and what would need to be overcome to enable it.

Staff and the management team were very clear that they were not healthcare specialists and knew when referring to such professionals was essential. Due to this, people had benefitted from the support of community healthcare practitioners such as dietetics and psychology.

However, this key question is around how people's wellbeing was supported and we found that this support was compromised by the unwieldy and cumbersome files that were in place for each person. We found there were errors and gaps in information, there were historic documents and many were not signed or dated. Staff also expressed their frustration in relation to accessible documentation and information and the tools for recording.

We were told that there was an organisational standard for files and the service was in the process of aligning their folders to meet this. The file audit will be the next stage in this process. This issue had been high-lighted as an area for improvement from the inspection of October 2022 which, due to unrelated

circumstances, was not resolved. We have made this a requirement so that we can be assured that this matter is addressed. **(See requirement 1).**

## Requirements

1. By 30 August 2024, the service must review its recording and record-keeping processes to ensure that records are accessible and consistent. This will also ensure that documents available to staff, those supported by the service or their legal representative, are accurate and up to date. This exercise should be done in consultation with staff to ensure records (and their storage) are fit for purpose.

This is to comply with Regulations 4(1)(a) and 4(2) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also 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); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17)

## How good is our staff team?

### 4 - Good

We made an evaluation of good for this key question, 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.

There have been circumstances, out with management control, which have affected the staff team. Both parts of the registered service have been impacted by changes within the management team and the domino effect of internal success of promoted posts. This not only impacts on the shared responsibilities between manager, team leaders and senior support staff, but also the support and management of the staff members. All levels of the team have been adversely affected.

The strength of the operational staff team lay in their ability to persevere and ensure that the quality of service delivery did not noticeably suffer. The staff continually told us that they were a mutually supportive, well-formed team who understood that those they supported 'came first'. However, without exception staff told us that they were happy that a manager was now appointed and looked forward to a settled team structure.

We saw that staffing arrangements were flexible and the level of support required dictated the staffing resources that were deployed. Equally, staff told us that they were conscious of individual preferences which they tried to accommodate. Ultimately, this put the supported person in control of their own support and staff promoted this person-centred approach. This was more important for some people, who perhaps experienced stress/distress, and required a higher ratio of support. Balancing the support demands with several vacancies within the team was not without its challenges, and we heard that recruitment was difficult. We were told that efforts were being made to recruit staff but these were not always successful. The impact of this was, proportionately, affecting the Outreach provision greater than the Housing Support

Service. Priority should continue to be given to restoring the full complement of staff.

We found that some formal supportive processes, such as staff appraisals, had slipped during the months when there were disruptions to the management structure. This was, at such times, unavoidable. As processes are re-introduced it is perhaps a good opportunity to re-establish the links between supervision and appraisal, leading to professional development and identifying skills gaps.

The service ensured that staff had the skills and knowledge to undertake the supporting role. Initially this was ensured through core training as part of an induction and probationary period. Skills were also enhanced through a comprehensive training programme. A large proportion of these are done through e-learning but staff, on the whole, were quite happy with this approach. There were several training sessions around autism but this was backed up with more specific subjects. Topics covered included health and safety (including first aid), specific diagnosis (e.g. epilepsy), safeguarding, medication and legal aspects of care (e.g. Duty of Candour).

We sat in on a staff meeting for one area of the provision and could see that there was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. A general rule to avoid discussing specific supported people was difficult to maintain but this showed the commitment of staff to provide the best possible care. Management ensured that time was put aside for comment, contribution and the sharing of ideas and tasks.

We spoke to staff about the recently introduced Health and Social Care (Staffing)(Scotland) Act but they were not aware of this legislation or what it meant for them and those they support. Any legislation that impacts on outcomes for people, staff wellbeing and allocation, and stakeholder consultation should be embraced and implemented. Although we are only making this an area for improvement on this occasion, we strongly suggest that the service familiarises itself with this key legislation and puts it into effect. **(See area for improvement 1).**

We would hope that this would include a fully consultative, service specific, self-evaluation and subsequent, localised, service improvement plan.

## Areas for improvement

1.  
To support good outcomes for people, and to support staff wellbeing, the service should, familiarise themselves with, and implement, the recently enacted Health and Care (Staffing)(Scotland) Act 2019.

This should ensure that, in this services, there are the right people, in the right place, with the right skills, at the right time, working to ensure people experience the best health and care outcomes.

The service was sign-posted to Care Inspectorate resource materials on The Hub.

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

' I am in the right place to experience the care and support I need and want'.

(HSCS 1.20); and

'My needs are met by the right number of people. (HSCS 3.15)

## 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

The service should review its recording and record-keeping processes to ensure that records are accessible and consistent. This will also ensure that documents available to staff, those supported by the service or their legal representative, are accurate and up to date. This exercise should be done in consultation with staff to ensure records (and their storage) are fit for purpose.

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

"I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2.17)

**This area for improvement was made on 9 September 2022.**

#### Action taken since then

We found that records and record-keeping processes had not been improved since our previous inspection. This was due to many factors and influences out with the service's control. Several staff told us that the files, relating to those they supported, needed to be reviewed in relation to being accurate, accessible and fit for purpose.

We are making this a requirement so that we can re-visit and be assured that this area has been addressed.

#### Previous area for improvement 2

The service provider should ensure staff receive a regular performance appraisal to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support.

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

"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)

Also, the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise.' (2.2)

**This area for improvement was made on 9 September 2022.**

#### Action taken since then

This service, like many others, had found it difficult to recruit and therefore often ran without the expected number of staff. Although this didn't adversely affect the delivery of support, some administrative processes, such as staff appraisals, became less of a priority. The management team is now more stable

and although this area for improvement is not entirely met, we feel that the service is now in a better position to meet it.

## 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).



## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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