

Scottish Autism - South West Scotland Services Housing Support Service

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Type of inspection:
Unannounced

Completed on:
26 September 2024

Service provided by:
Scottish Autism

Service provider number:
SP2003000275

Service no:
CS2004058239

About the service

Scottish Autism - South West Scotland Services is a combined care at home and housing support service which is provided to adults with autism living in their own homes. The provider is Scottish Autism.

The service's office is based in Lanark, South Lanarkshire. At the time of the inspection, support was being provided to 27 people living in the Lanark, Biggar, and Carluke areas of South Lanarkshire.

The service provides flexible packages of care and support to meet people's needs in leading full and enriched lives and be valuable members of their community.

The range of services includes personal care and support, medication support, and support with domestic tasks. People are also supported to access community transport, services, and events as well as attending places of employment.

The registered manager coordinates the overall running of the service. Senior autism practitioners locally help manage staff teams who provide direct support to people.

About the inspection

This was an unannounced inspection which took place on 23, 24, and 25 September 2024 between 10:00 and 15:00 hours. Feedback was provided on 26 September 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 and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with three people using the service
- spoke with staff and management
- received 63 completed questionnaires (all types)
- visited people in their homes and observed practice
- reviewed documents.

Key messages

- People experienced very good outcomes and staff supported people with genuine warmth and concern.
- Staff liaised with external professionals to make sure safe and effective care and advice was sought to support people's health needs.
- The service was in the process of reviewing and making improvements to personal plans.
- At this inspection we made one area for improvement relating to the outcome of administering 'as required' medications.
- As part of this inspection, we assessed the service's self evaluation of key areas. We found that the service had an effective and well completed self evaluation that was reflective of our findings.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

Staff appeared knowledgeable about the support and health needs of the people they supported. We visited people in their own homes and observed people as happy and relaxed in the presence of their staff. People we spoke with told us that they were happy with the staff that supported them.

People should be protected from harm and expect any health and wellbeing concerns to be responded to. People benefitted from responsive care, support, and treatment where there were changes to their health and needs. Staff monitored people's health to help identify and action any concerns (e.g. weight changes or bowel patterns).

Staff could describe the actions they would take if someone became unwell or when their health had deteriorated. We saw examples where information about people's changing health needs had been shared with the right people to help prevent further deterioration. People were also supported to attend health appointments and routine health screenings to help maintain their health. One supported person we spoke with discussed how their support had helped improve their quality of life. There was mixed feedback from the seven relative surveys returned to the Care Inspectorate. However, they were, overall, positive about the care and support provided.

Support provided to people followed what was outlined in within their personal plans. A risk rating system was in place to assess risks related to people and prioritise these.

Medication administration records (MARs) showed that medication prescribed for people had been given as it was intended. This meant residents benefitted from receiving their prescribed medication as it was intended to help maintain or improve their health. Some people received medications that were administered only at times when it was required to address their health needs (PRNs).

While records reflected the reason(s) why PRN medications were administered, they did not reflect the outcomes of doing so. This meant that there was a lack of evidence about whether PRN medications were working effectively (see area for improvement 1).

Where there had been accidents or incidents, actions had been taken to help prevent reoccurrences, where required. Health checks were completed after accidents to make sure there were no further medical assistance required. We suggested the service make instructions for monitoring anyone who had a head injury clearer.

People should be able to make choices about their own life, healthcare, and support. We found the service listened to what supported people and their families told them. This had led to people making choices on their care and support. Weekly meetings helped people to plan activities and tasks of their choice.

The quality of life for some people had significantly improved due to the support provided by the service. Some people were supported to be involved in the local community through work placements and community projects. This had helped people to have a sense of purpose and belonging. Other people were

supported to participate in their interests and hobbies within the local community. This had helped support people's happiness and wellbeing and promote feelings of inclusion.

People were encouraged to develop and maintain skills in independent living, both within their own homes and in the local community. This helped people gain feelings of empowerment and increase their self esteem and confidence.

Records showed how families were routinely involved in discussions and decision making about their loved one's healthcare. This had led to good relationships and communication between supported people, families, and staff. Development sessions between family members and staff had led to better outcomes for one supported person. This involved reviewing specific parts of the individual's care and support and identifying how this could be improved upon. Development sessions had also been planned with other supported people and their families where it had been assessed as being beneficial to the individual.

Areas for improvement

1. The provider should improve the recording of 'as required' medications to reflect the outcome of giving the medication and if it was effective. This is so that people can be confident that they have benefited from receiving medication in the way that it was prescribed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

The service development plan showed a clear vision for the future of the service and the improvements that were planned. The development plan included the findings from quality assurance systems, feedback, surveys, complaints, and external scrutiny. Actions to address areas for improvement and the progress made in achieving these were also recorded. The development plan identified some issues we identified during the inspection and how they intended to address these. This meant that people could feel confident that they were living in a service that was safe and benefitted from a culture of continuous improvement.

Service audits helped make sure management had an effective oversight of records and events. The audits showed how information was analysed to identify contributing factors, patterns, and actions to help reduce reoccurrences. This could help improve staff practices and outcomes for people.

The service demonstrated that they were responsive to feedback from external bodies. Significant events were reviewed and investigated where things had gone wrong and showed how lessons had been learned.

An Autism Practice Improvement Plan had been developed by the provider. This had identified specific key areas for improvement and development sessions planned to improve practices.

Some issues were identified within the Care Inspectorate surveys about how well staff were supported in their roles. However, the majority of feedback was positive about the management and leadership from surveys returned from staff and relatives.

People should be confident that those providing care and support have the right knowledge and skills. Staff had opportunities to meet management in person to discuss matters and hear about service developments through supervision sessions, forums, and meetings. Staff meetings also provided opportunities to share information with staff to support them in their roles. We suggested the meeting minutes should include matters arising from the previous meeting. This would help demonstrate how actions taken were effective in improving outcomes.

Service policies set out guidelines on a range of topics to demonstrate how the service operated and helped guide staff. These were regularly reviewed to make sure they were kept up-to-date.

Staff practice observations were used to help identify support and training needs for staff and ensure people were kept safe. The service was in the process of improving the structure and recording of these.

Contingency plans set out formal arrangements to address any emergency staffing issues which may arise. This helped provide assurances to people that the service was provided in a planned and safe way, including if there was an emergency or unexpected event.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

People could be confident that they received the right support provided by the right number of staff. Staffing levels and skill mix had been assessed to make sure people received safe and good quality support. Additional staff provided supplementary shifts regularly to help support people's activities.

Personal plans reflected the support required to keep people safe. Staff we spoke with described how they supported people's needs and preferences. Where additional assistance was required, staff described how they could escalate concerns.

Supported people told us that they knew their staff well and were informed if there were any changes made to their regular staff. Some issues were identified within the Care Inspectorate surveys about there being a high turnover of staff in some of the services. However, this had recently improved with staff teams stabilising.

People benefitted from a responsive staff team who sought advice, where required, for people's changing needs. People spoke very highly of the professionalism and competency of the staff.

Not all staff had received mandatory training. However, these gaps were already highlighted within the service development plan. Management had prioritised staff training and improvements had been made with further plans to address gaps. Staff received relevant training to support people living with specific conditions. This helped make sure people were being supported safely by staff with the relevant skills and training.

The service was rolling out a Staff Matching Tool to help support people to choose staff based on their individual preferences and needs. Some supported people had been involved in a service recruitment event and met potential candidates. This helped make sure people were involved in sharing their experiences and in early decision making about the workforce.

New staff were supported to build confidence through shadowing opportunities with more experienced staff. This helped create opportunities for discussions and coaching. It also helped new staff gain a better understanding of their roles and responsibilities. This helped make sure people received safe care through the development of staff skills, competence, and knowledge.

People should be confident that they are supported by a skilled and confident workforce. Junior staff were supported to facilitate their learning and development in their roles by senior staff. A new Senior Development course had been launched to support senior staff in improving their leadership and management skills.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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