

# Scottish Autism Tayside Housing Support & Outreach Service Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 December 2024

**Service provided by:**  
Scottish Autism

**Service provider number:**  
SP2003000275

**Service no:**  
CS2017353473

## About the service

Scottish Autism believes in the power of relationships to change and enhance the lives of the people they support. The service aims to enable autistic people to lead happy, healthy and fulfilling lives.

Scottish Autism's Tayside Housing Support and Care at Home combined service supports up to nine adults with autism. It is located across Dundee and each person is supported within their own tenancy. There is a 'staff flat' within one of the premises to enable staff to be on-site and have office space for record keeping and professional meetings.

## About the inspection

This was a full inspection which took place on 10 December 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 three people using the service and two of their family
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Staff were respectful and treated people with compassion, dignity and respect.
- Established staff knew the people they supported very well and were able to anticipate and adapt their practice to meet people's support requirements.
- The service supported people to participate in activities and pursuits that interested them. On occasions some opportunities were limited by staff availability.
- Relatives and professionals from other services told us that staff and management were good at communicating with them.
- All of the staff we spoke to told us that their seniors and the manager were supportive, and knowledgeable and staff felt that they were part of a mutually supportive team.
- Staff attended a wide range of relevant training, which they told us increased their knowledge and improved the support they provided to people.
- People's support plans reflected their preferences and desired outcomes and were evaluated and reviewed on a regular basis.
- Supported people and their representatives were encouraged to be involved in support planning and to attend review meetings.
- The service's policies and procedures were well written, easy to follow and robust.
- Staff supervision should be more structured and be provided regularly.

## 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 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?

5 - Very Good

We evaluated how well the service supported the wellbeing of people experiencing support and overall concluded that the performance of the service in this area was very good. We identified that there were very few areas for improvement and those that did exist had a minimal adverse impact on people's experiences and outcomes.

Support was provided to people on a one-to-one or two to one basis to reflect each person's support requirements at any given time. In general staff worked with a small number of people. Support was delivered by autism practitioners who reported to their team's senior, who in turn reported to the service's registered manager.

We saw that staff demonstrated warm and compassionate interactions with the people they supported. People's relatives were positive about the service, the staff and the leadership of the service. We saw that as a general rule a small cohort of staff supported each person. We heard from staff and relatives that this was important because most supported people were uncomfortable or stressed by changes to their routines. We saw that the consistency of this way of providing support to people, was a major strength of the service.

People received practical support within their homes but the service also supported people to access the community. Staff understood the health benefits for people engaging in meaningful activities. Staff told us that for most of the time they had enough time to support people well. On occasions staffing levels meant that, whilst the service could not always provide full support hours, all planned activities and community access were supported by the wider staffing complement.

The staff we spoke to were enthusiastic in their commitment to supporting people with autism. Other professionals told us that staff demonstrated person centred values. We heard that the service was proactive and provided support to people who sometimes present with challenging behaviours.

We heard from relatives that communication, from staff and the management was very good. They were given an overview of people's day and any concerns of a health and well being nature were always reported swiftly.

Assessment and support planning should reflect people's needs and wishes. We saw that personal support plans were based on an initial assessment of individual's needs, strengths and focussed on people's desired outcomes. Support plans were evaluated and reviewed, to reflect each person's changing needs to ensure support maximised people's quality of life in accordance with their wishes and stated outcomes. Support plans were arranged logically and contained relevant information about people's health conditions, as well as their support preferences. Risk assessment and management plans provided staff with clear guidance on how to support each person. We saw some variation in the quality of information in support plans and some sections were repetitive. The service was reviewing support plans and intended to address these points.

We looked at a sample of the service's medication administration practice and records. All of the staff who supported people with their medication had been trained to do so. Medication records were audited by seniors regularly. The service's policy and procedures were clear and well written. We were confident that people were supported with their medication safely.

We looked at policies and procedures as these underpin good practice. These were well written, easy to follow and reflected the service's values. There was an adult protection policy and procedure that evidenced how people are kept safe. We heard from social workers that the service refers any adult protection concerns, swiftly and appropriately to the social work service. There were clear policies and procedures for emergencies and health and safety. There were quality assurance processes around accident and incidents and evidence of learning from these. A record of all accidents and incidents occurring in the service was maintained and, where required, notified to the Care Inspectorate in line with established guidance.

People benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The manager had clear oversight of the service and used quality assurance and audit tools, to monitor its ongoing performance. There was an up-to-date and effective service improvement plan in place, which incorporated the views of supported people and their relatives where this was possible.

### How good is our staff team?

4 - Good

We evaluated how good the service's staffing was and overall, we concluded that the performance of the service in this area was good. We identified that there were important strengths and taken together these strengths clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

The service's recruitment of staff was in accordance with safe recruitment guidance. We established that the service had historically been short staffed. The manager and the staff we spoke to told us that there had been a steady improvement in staff numbers over the last year. Staff said that they were often very busy but they never felt overwhelmed, which indicates that staffing levels are now healthier than they were.

People should be able to have confidence in the staff who support them because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Staff told us that they attended a wide range of training courses, which were relevant, improved their knowledge and helped them to support people more effectively. For example; staff were knowledgeable about adult protection, they knew what to do if they had concerns and to whom they should report concerns. New staff received an induction programme, which involved essential training and familiarisation with the organisation, its values and what it aims to achieve through its support. Staff supporting people with their medication had all undertaken training and shadowed colleagues. Only when they had demonstrated their competence to seniors were they permitted to support people with their medication unsupervised. We found there were consistently high completion rates for staff training and training records were well organised, which allowed managers to accurately monitor performance.

Staff also told us that they were part of a mutually supportive team. They said that they were well led and had confidence in their seniors and the manager, who were approachable and had an open door policy. Staff reported a good system of on call seniors and managers, which meant that they could get advice and support, whenever they needed it. We concluded that this was a major strength of the service and important to the wellbeing of staff.

We heard from staff that they were encouraged to reflect on their practice, however when we looked at a sample of staff records there was limited evidence of this. We also found that the quality of written supervision records varied. We concluded that more structure and consistency was required regarding staff supervision. We are making this an area for improvement (**see area for improvement 1**).

## Areas for improvement

1. To promote a culture of continuous improvement the provider should ensure that all staff receive regular, structured supervision, which is appropriate to their role.

This is to ensure that care and support is consistent with 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 'I use a service which is well led and well managed' (HSCS 4.23).

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
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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