NAS SW Scotland Supported Living Housing Support Service

The Stables Administration & Resource Centre
The National Autistic Society
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Unannounced

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Service provided by:
The National Autistic Society

Service provider number:
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About the service

The service, which is also known as Catrine Bank, is located on the outskirts of Catrine in East Ayrshire. NAS South West Scotland Supported Living 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 communal rooms, such as a sensory room and an arts and crafts room.

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

About the inspection

This was an unannounced inspection which took place from 3 to 11 March 2025. 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 eight of their family and representatives
• received 11 completed questionnaires
• spoke with 16 staff and management
• observed practice and daily life
• reviewed documents
• spoke with visiting professionals

Key messages

- Staff were kind and caring and good at developing meaningful relationships with people.
- Leaders were knowledgeable about aspects of the service which required improvement, but needed to improve processes for quality assurance and service development planning.
- Staff recruitment and retention was an ongoing problem and processes for assessing, planning and evaluating staffing resources needed improvement.
- Care planning processes lacked a focus on people's personal outcomes and regular evaluation.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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, where strengths only just outweighed weaknesses.

Staff demonstrated kindness and compassion, genuinely aiming to build positive relationships with the people they supported. Families particularly appreciated the permanent staff and noted the positive impact they had on their loved ones' wellbeing.

It was encouraging to see that some relatives whose loved one had poor experiences in the recent past commented positively on the efforts of staff and the new manager. They found that care and support had significantly improved since the new manager was in place. This demonstrated the service's current capacity and motivation for improving people's outcomes and experiences. However, although most relatives commented positively on basic care and support, they also consistently highlighted weaknesses in several key areas, which had a negative effect on people's outcomes.

There was evidence of including supported people and families in decision-making about lifestyle and activities through regular six-monthly reviews. However, feedback from families and representatives regarding their involvement in care and decision-making was variable. It indicated that communication and follow-up on agreed actions needed improvement. One relative stated, "I ask for a weekly phone call for an update of how he is doing. Very often this does not happen." Another relative told us, "I have a very good relationship with support staff and team leaders. They call me regularly with any instances of injury or problems or send me messages about outings etc, including pictures. I can discuss any issues I have with them, and they always try to get them resolved quickly." Other relatives felt they needed to frequently check up on agreed actions or ask for information. Similar feedback was received from some social workers.

We discussed people's anonymous feedback about their meaningful involvement with the managers and asked them to include appropriate actions in their service development plan.
People's sense of wellbeing and their ability to get the most out of life were affected by ongoing problems with staff recruitment and retention. The recent staffing situation, combined with a lack of effective care planning and outcome-focused working, made it more likely that certain activities could not happen as planned. Other planned activities lacked variety, flexibility, and a clear purpose **(see area for improvement 1)**.

We found that the management of people's medication was overall safe and robust. However, some documentation for 'as required' medication lacked meaningful detail and showed gaps **(see area for improvement 2)**. There was no structured approach to pain management, including the use of individually appropriate pain assessment tools. Many people being supported by the service may have limited or atypical ways of expressing discomfort, which could make it challenging for staff and healthcare professionals to detect and address their pain effectively. Validated tools, tailored to their specific needs, can help bridge this communication gap, reducing the risk of undiagnosed or poorly managed pain **(see area for improvement 3)**.

We saw various good examples of facilitating effective support from external health professionals. This included the management of injuries, epilepsy management, and dental care. This showed that staff understood their role in supporting people's access to appropriate and equitable healthcare.

People's wellbeing should benefit from an approach that promotes a healthy attitude to food and drink.

Meals prepared as part of the service should reflect dietary needs and preferences. We found that some areas of nutritional support could be improved. Although staff monitored people's weight fairly regularly, this was not linked to a validated risk assessment tool. The use of a nutritional risk assessment tool would improve evidence-based practice and help to ensure the right support. A structured tool ensures consistent monitoring, enabling tailored interventions to support people's health and wellbeing while reducing the likelihood of related complications, such as obesity or unplanned weight loss **(see area for improvement 4)**.

Feedback from families regarding support with diet and weight management was not positive. People felt that the service should improve on promoting healthier food choices. One relative expressed frustration, saying "I feel I am not listened to." Others made similar comments. This meant that the service needed to review how they could collaborate more effectively with the people they support and their representatives on promoting healthy choices, whilst respecting people's rights and preferences.

Individual overview sheets for restrictive practice were in place, which is good practice. This meant that managers had an overview of any restrictions placed upon a person, the reasons for it and how the restriction could be minimised. The manager had plans in place to ensure that any restrictive practice will be regularly reviewed and included into the 6-monthly reviews. A previous area for improvement aimed at minimising restrictions in people's living spaces has been repeated **(see area for improvement 5)**.

Areas for improvement

1. To support people with getting the most out of life, the provider should ensure that people have sufficient support to participate in outcome focussed activities that are meaningful to them and enhance their wellbeing and life skills.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6)
and
'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'
(HSCS 1.25).

2. To support people's health and wellbeing and the effectiveness of any treatment they receive, the provider should improve the documentation of 'as required' medication.

This should include, but is not limited to, ensuring that the reason for the administration administration of the medication and the effectiveness of the medication medication are documented in sufficient detail.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. To support people's health and wellbeing and the effectiveness of any treatment they receive, the provider should improve the use of validated pain assessment tools.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

4. To support people's health and wellbeing the provider should use a nutritional risk assessment tool, which ensures consistent monitoring, and supports tailored interventions to reduce the likelihood of nutrition related related risks and complications.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

5. 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).

How good is our leadership?   3 – Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

A strength of the service was the open and co-operative attitude of the manager and senior staff. This showed a genuine care for the quality of the service, the people it supported and the staff working at the service. Although we found weaknesses in the service's current processes for self-evaluation, managers and staff were realistic and had a good awareness of the current strengths and weaknesses of the service.

The manager's openness to new ideas and positive changes to practice, combined with a genuine interest to listen to people and their concerns showed good leadership and increased the service's potential to make the necessary improvements. Families and staff we spoke to found that the manager had already made a positive difference since being in post and appreciated his hard work and efforts to improve the service.

Where things went wrong, the service disclosed this openly and informed the relevant stakeholders. This helped to keep people safe and to build their confidence in the service.

We found that the service had quality assurance processes and a basic service development plan. This meant that the basic elements for a regular self-evaluation of the service were in place. This was supported by external staff and processes who provided support and oversight. However, our assessment of some of the key processes, such as care planning and staffing showed that the current quality assurance and service

development processes lacked impact and effectiveness **(see requirement 1)**.

Although it was positive to see that the service had a development plan, the planned actions included in it did not fully match the service's weaknesses and priorities for improvement. Furthermore, the service had no up to date statement of its aims and objectives. This meant that self-evaluation and service development processes had no clear direction and basis for measuring performance and quality. This was also felt by some of the staff and families we spoke to. One relative described the service as "aimless" and worried about the effect this has on people's outcomes, such as gaining life skills and being meaningfully occupied **(see area for improvement 1)**.

We saw some good, individual, examples of gathering and effectively working with data over time, for example for incidents and accidents. However, to strengthen evidence-based practice and effective self-evaluation, the service should expand this practice to include other meaningful areas, such as activities, psychoactive medication, and restrictive practice.

Requirements

1. By 29 September 2025, to ensure that peoples care, and support needs are met, the provider must ensure that the service's quality assurance processes and self-evaluation are effective. To do this, the provider must, at a minimum:

a) Demonstrate that current quality assurance processes are reviewed and developed to ensure that they find existing weaknesses and drive ongoing improvement.
b) Demonstrate that the service development plan includes specific, measurable, achievable, relevant and time-bound actions that demonstrate effective self-evaluation and accurately reflect the improvement priorities of the service.

This is to comply with Regulation 3 and 15 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:

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

Areas for improvement

1. To support the effective self-evaluation and development of the service in order to achieve good outcomes for people, the provider should develop an up-to-date and comprehensive statement of the services aims and objectives.

This should include a plan for the regular review of these aims and objectives.

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)

Inspection report

How good is our staff team?   3 – Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff we spoke to were very motivated and demonstrated compassion and care for the people they supported. Permanent staff members knew the people they supported well and enjoyed forming positive relationships with them. Families praised the core group of staff who they knew well and appreciated their kindness and hard work under challenging circumstances.

However, we found that staffing was connected to several weaknesses of the service. Staff and families we spoke to pointed to high staff turnover as an ongoing concern, and every person we spoke to thought that the recent staffing situation had negative impacts on the quality of people's outcomes. A relative told us: "I would prefer a core team to support my son. His preference to staff is apparent, changing staff creates confusion and thus creates behaviour that has been recognised this year."

We appreciated some exacerbating factors to the recruitment and retention situation, such as the rural locality of the service and general recruitment challenges in the care sector. However, we also found that the service's processes for the ongoing assessment, planning and evaluation of staffing were not in line with current good practice. Managers did not take a sufficient variety of meaningful measurements into account when they assessed and evaluated the quality of staffing in the service. As a result, we could not see enough evidence that important factors, such as the quality of people's outcomes, feedback from people and staff, or quality assurance data, were used by managers to inform decisions about staffing **(see requirement 1).**

Most staff found managers approachable and felt supported by them. Staff were aware of the provider's offer of a free helpline when they needed support or speak to somebody. All staff we spoke to felt confident about speaking up when they thought something was not right or if they felt that a person was at risk. This helped to keep people safe.

Managers had an overview of planned and completed training and staff supervision. However, due to the strained staffing situation the focus for training was on a few priority subjects, rather than on systematically supporting the development of a skilled workforce. A previous AFI for training, supervision & a training analysis was not met and will be restated **(see area for improvement 1).**

Requirements

1. By 29 September 2025, to ensure that peoples care, and support needs are met, the provider must ensure staffing arrangements are safe and effective.

To do this, the provider must, at a minimum:

a) regularly assess and review peoples care and support needs and regularly evaluate people's personal outcomes.
b) demonstrate how the regular evaluation of people's outcomes and the regular assessments of their needs are used to inform staffing arrangements, including the service's skills mix and professional resources.
c) demonstrate that other important factors, such as people's views, the environment, accidents, incidents and staff vacancies and turnover are part of the regular assessment and evaluation of staffing.
d) demonstrate that quality assurance systems effectively support the regular, evidence-based assessment and evaluation of staffing arrangements.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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

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

Areas for improvement

1. 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 well is our care and support planned?   3 – Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from dynamic, innovative, and aspirational personal planning that consistently informs all aspects of the support they experience. There should be strong involvement of people and their representatives, and all that should be supported by strong leadership and quality assurance.

Personal outcomes describe what a person wants to achieve and the difference this would make to their life and wellbeing. Realistic personal outcomes give meaningful direction to care plans for daily support and activities. Regular evaluations of the care plans are important for measuring progress, acknowledge achievements and initiate timely changes, where necessary. We saw that people's care plans included a lot of detail that demonstrated a very good knowledge about the person. However, the care plans were not regularly evaluated and did not include well formulated and personal outcomes.

Staff had formulated a set of aims, called 'focussed outcomes,' for each person. However, these were not visible enough to staff and they did not support or direct daily practice. Therefore, these focussed outcomes had little or no impact on people's everyday life. They also lacked regular evaluation and connection to the

person's care plans **(see area for improvement 1).**

6-monthly reviews of people's care and support with families and social workers were well prepared and documented. However, they lacked outcome focus and the follow-up of agreed actions was not well documented. Documenting follow-up actions agreed upon at a six-monthly care review ensures accountability, continuity, and transparency. It helps track progress, supports better decision-making and fosters trust between staff, the people they support and their families or representatives **(see area for improvement 2).**

Requirements

1. By 29 September 2025, to ensure that peoples care, and support needs are met the provider must ensure that people's care and support plans contain and supporting documentation are complete, up to date and regularly evaluated.

To do this, the provider must, at a minimum:

a) ensure regular, accurate and evaluative reviews of every care plan
b) ensure that people's care and support plans are focussed on clearly formulated personal outcomes which have been established in cooperation with people and their representatives.
c) develop and implement effective quality assurance processes to support the implementation and regular evaluation of points a and b of this requirement.

This is to comply with Regulation 5(1) and (2) 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 care and support meets my needs and is right for me.' (HSCS 1.19).

Areas for improvement

1. To effectively support people to achieve their personal outcomes, the provider should develop processes and practices that enable all staff to work on these outcomes with the people they support, in a planned and focussed way.

This should include effective and meaningful daily note keeping that can contribute to the regular evaluation of people's personal outcomes.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To improve the effectiveness of care reviews and increase accountability, continuity, and transparency, the provider should improve how the follow-up of agreed actions is documented.

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).

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 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).

This area for improvement was made on 12 October 2023.

Action taken since then
The provider had re-assessed people's living environment. Medication was stored in an appropriate and safe space. More time was needed for the provider to ensure that individual assessments for restrictive practice were regularly reviewed and updated.

This area for improvement has been repeated under key question 'How well do we support people's wellbeing?' to address any outstanding issues.

This area for improvement was not met.

Previous area for improvement 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).

This area for improvement was made on 12 October 2023.

Action taken since then
We found that significant improvements to people's care and support plans were needed and replaced this area for improvement with a requirement **(see requirement 1, section 'How well is our care and support planned?').**

This area for improvement was not met.

Previous area for improvement 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).

This area for improvement was made on 12 October 2023.

Action taken since then
The provider had complete and up-to-date records of completed training. However, training was focussed on a few key areas of practice. More time was needed to carry out a full training needs analysis for the service.

This area for improvement has been repeated under key question 'How good is our staff team?' to address any outstanding issues.

This area for improvement was not met.

Previous area for improvement 4

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)

This area for improvement was made on 12 October 2023.

Action taken since then
We found that significant improvements to the service's quality assurance and development planning processes were needed and replaced this area for improvement with a requirement **(see requirement 1, section 'How good is our leadership?').**

This area for improvement was not 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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