

Scottish Autism Perth Housing Support & Outreach Service

Housing Support Service

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Type of inspection:
Unannounced

Completed on:
6 June 2025

Service provided by:
Scottish Autism

Service provider number:
SP2003000275

Service no:
CS2017357047

About the service

Scottish Autism Perth Housing Support & Outreach Service provides support to adults with autism and associated health conditions both in their own homes and in the local community. Care and support ranges from people who have support 24-hours per day, seven days per week to others who have support for a few hours per week.

The registered office for the service is in North Lindsay Street, Dundee.

About the inspection

This was an unannounced inspection which took place on 28 and 29 June 2025. 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 one person using the service and three of their family and representatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from professionals.

Key messages

- Staff had developed very good relationships with supported people.
- The service was very good at engaging and collaborating with people's families and representatives.
- Some improvement is needed to allow guardians access to personal plans that are managed and stored electronically.
- Staff worked closely with external health professionals.

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?	5 - Very Good
How well is our care and support planned?	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 evaluated this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people's health and wellbeing. There were very few areas for improvement. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

Staff knew people very well. They were able to quickly identify changes in people's presentation that might indicate when a person was uncomfortable, in pain, or experiencing a decline in their physical or mental health. There were clear procedures for the actions that staff needed to take, including communicating information to others. This was especially important where people were unable to tell staff they felt unwell. As a result, staff were able to seek appropriate support timeously.

When we spoke with people's families and representatives, they told us that they had been very much involved throughout their loved one's care journey. They told us that the service was very good at keeping in contact and that they had engaged and collaborated with them in discussions about the management of health and wellbeing needs. As a result, people's personal plans contained reliable and detailed information that ensured that they would receive care that was designed for them as individuals.

People were supported to make informed choices and were empowered to be as independent as they could be. Where people lacked capacity for decision making, staff sought and took into account the views of the formal representatives.

The provider had developed good relationships with external health providers, such as GPs and specialist learning disability teams. Staff took on board advice and applied guidance when requested to do so. This contributed positively to people's overall wellbeing. One professional told us that the service was "proactive in seeking support when needed and have worked hard to develop staff teams who are able to work with complex individuals in a person-centred approach".

Staff were trained to apply a "low arousal" approach to manage stress and distress. This approach meant that crisis situations were reduced or avoided, leading to a reduction in incidents in the service and an increase in positive outcomes for supported people.

People were being supported to live as active a life as possible. Staff knew people's likes and dislikes and tried to arrange activities that had a positive impact on health and that individuals would enjoy.

People were supported to eat and drink well. Staff were vigilant and adhered to guidance about special diets and where people may have been identified at being of risk of choking. While people were encouraged to eat a range of foods, staff were respectful of people's personal preferences and where people experienced certain food avoidance.

There were systems and processes to track people's health information where this had been identified as a need. For example, seizure activity, weight, bowel management, fluids, and continence care. This meant that information would be easily analysed for decisions around managing healthcare better for the individual. The provider was very responsive to the changing needs of the individual, acting quickly to alter routines to ensure that needs would continue to be met.

During the inspection we found that medication management for two people was not in line with best practice guidance. The provider took immediate action to rectify the situation and we were satisfied that the actions taken were person-led, to the benefit of the individuals and met with best practice guidance.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. The service demonstrated major strengths in ensuring that staffing arrangements were right and that staff worked well together. There were very few areas for improvement. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

Staffing arrangements and deployment were guided by people's assessment of need and information from support plans. This meant that people's preferred routines and activities could continue to be supported.

Holidays and planned absences were covered within teams, wherever possible, so that people would continue to be supported by people they knew and that knew them and their routines well. Staff were very flexible in changing their own routines to cover shifts that may have become vacant due to short notice absence. This ensured minimal disruption for people experiencing care.

People benefitted from a warm atmosphere because there were good working relationships and effective communication between staff. Staff were invested in providing opportunities for improving outcomes for people.

Overall, staff provided very positive feedback. They told us of good relationships within teams and a supportive management culture. Some staff felt isolated and thought that wider team meetings with greater engagement would be of benefit and two staff we spoke with had not received regular professional one-to-one supervision. We spoke with the provider regarding this during the inspection and arrangements were made at that time to ensure staff received supervision in line with the requirements of their professional registration.

People and their representatives had been involved in meaningful ways in the recruitment of new staff and the provider tried to match staff to people. This meant that people could develop good relationships and be supported by staff who had the right skills to meet their needs.

Staff were very good at completing core training and the provider made specialist training available where supported people had a specific condition or need, for example diabetes. We spoke with the provider about the need to source specific training for staff supporting a person with visual impairment. The provider realised the importance of this and would endeavour to find suitable training.

When we spoke with families they told us of very good practice from staff in supporting their loved one during a period of transition between services. They told us that the process had gone better than they could have hoped for and that the growth in confidence in their loved one was unimaginable.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. The service demonstrated major strengths in ensuring assessment and personal planning reflected people's outcomes and wishes. There were very few areas for improvement. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

People's families and their representatives reported high levels of engagement in the development and review of personal plans. They felt their views and wishes for their loved ones were listened to, respected, and acted upon. This led to people experiencing care that was right for them.

Where people lacked capacity around decision making, plans detailed information about legal frameworks that were in place to support them.

People's personal plans should always be available to them. The provider operated an electronic care management system where people's personal plans were stored and managed. While people could request paper copies or emailed copies of plans and information, they did not have a link to view live care plans. Having access to electronic personal plans would provide families with live data and reduce the burden on staff to duplicate some information (see area for improvement 1).

Some people's plans were more detailed than others. The level of detail was consistent with the level of service and the complexity of needs of individuals. Plans contained lots of person-centred information, providing very good detail on the way in which people preferred to receive their support and how staff should engage with them to minimise stress and distress reactions.

We carried out a home visit and observed staff in their interactions with a person experiencing care. We saw that staff practiced in a way that adhered to the guidance set out in people's plans.

Staff were good at recording information in a strength-based way, highlighting people's abilities and promoting independence. The provider acted quickly to promote independence in medication management and recorded carefully how people should be supported to increase their skills. Risk assessment and management plans were written in a way that did not restrict but enhanced people's life experiences.

Areas for improvement

1. To promote inclusion and responsive care and support, the provider should ensure that people and their representatives are supported to access electronic systems used to manage personal plans.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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 promote the leadership team's oversight of the service, the provider should ensure that quality assurance processes are used consistently and shared to identify and drive service improvements.

This should include, but is not limited to, the use of audit processes for care plans and medications.

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).

This area for improvement was made on 19 December 2023.

Action taken since then

The provider had extensive systems and processes in place to monitor and review provision across the functions of the service. The processes had failed to identify some issues around best practice for the management of medication and also in relation to the frequency of supervision for some staff. The issues were of low risk to people experiencing care and the provider took immediate action to rectify the situations. We were satisfied with the actions taken.

This area for improvement has been met.

Previous area for improvement 2

To support positive outcomes for people, the provider should ensure staff are recruited safely in line with best practice guidance.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 19 December 2023.

Action taken since then

Robust systems and processes were in place to ensure that staff were recruited in line with 'Safer Recruitment' guidance.

This area for improvement has been 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?	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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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