

Fife Housing Support Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
22 August 2025

Service provided by:
Scottish Autism

Service provider number:
SP2003000275

Service no:
CS2004073353

About the service

The service provides housing support and care at home services for adults with autism living in their own homes in Fife. People may be living on their own, at home with their families or share their homes with other people using the service.

People receive support for up to 24 hours per day. Each individual service is designed to be flexible with a personalised support plan which promotes choice and independence.

The service was supporting 16 people at the time of the inspection.

About the inspection

This was a short notice inspection which took place between 12 and 21 August 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 four people using the service and three of their representatives;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People's personal plans had been reviewed and we saw significant improvements. Support was person-centred and person-led.
- Relationships between people using the service and staff were positive, warm and trusting.
- Staff supported people with compassion, kindness, respect and dignity.
- Work was ongoing to reduce any restraints and restrictive practices people were subject to.
- Learning and development opportunities available for staff ensured they were able to meet the whole range of people's needs.
- Staff recruitment had improved. This led to better outcomes for people and staff.

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

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's health and wellbeing, therefore we evaluated this key question as very good.

We spent time with people using the service during the inspection. This enabled us to observe interactions between people using the service and staff providing their support. We observed warm and trusting relationships. Staff knew people well and support was provided by small consistent teams of staff. This put people at their ease and facilitated feelings of safety and security. Staff demonstrated very good values and supported people with kindness, compassion, dignity and respect. We saw an example of a person contributing to the handover between staff at the change of shifts and staff's discreet support to preserve people's privacy and dignity when they were out.

Staff supported people to maintain important relationships. This included visiting relatives in other parts of the country. People using the service told us they felt well cared for. Where people could not tell us themselves, this was backed up by their representatives. Our observations assured us of this. Representatives told us communication with staff was very good. They were kept up to date with any concerns or changes as well as how their relative was spending their time. This was reassuring and provided peace of mind.

People's homes reflected their personalities and interests. People said staff respected their homes, possessions and privacy and they felt "in charge" in their own homes. Staff ensured people were fully involved in making choices and decisions about their care and support. This included working alongside people to maintain their homes, doing their shopping and cooking. This maintained and improved people's independence, self-esteem and sense of identity.

People spent their time in ways that were meaningful and purposeful for them. People lived their lives at their own pace and enjoyed spending time at home as well as attending various clubs, pastimes and activities such as discos, gaming events and swimming. Staff supported people to enjoy holidays. One person we met was going away the next day. They had chosen the member of staff they wanted to go with and this further enhanced their anticipation of the trip. This improved people's outcomes and experiences.

Financial support was safe and robust with daily checks by frontline staff. This included records of all financial transaction with associated receipts. People's representatives had access to documentation at any time and could retain records if they wished. Regular financial support audits were carried out by senior practitioners on a regular basis. This provided an additional layer of safety and security. Staff had access to some people's PIN numbers. This was in place to ensure people had access to cash if anxiety or distress meant they were unable to use automatic teller machines themselves. This was often requested by people's representatives. This could put people using the service and staff at risk. Therefore, we asked the provider to ensure appropriate risk assessments were in place and regularly reviewed.

People had access to all relevant health professionals. Staff knew people very well and this meant any changes in people's needs and presentation was picked up quickly. Referrals to health professionals were both proactive and reactive to ensure the health, safety and wellbeing of people using the service. Record keeping regarding health appointments provided the information needed to provide people with safe and consistent care and support. Where people had been assessed as being unable to consent to medical treatment, copies of relevant Adults with Incapacity documentation was available to inform staff's practice including welfare guardianship orders and Section 47 certificates. Detailed, person-centred hospital passports were developed to provide guidance for hospital staff in the event of hospital admissions and appointments. These provided information about people's care, support and communication needs.

People received safe and robust support with their medication. People were supported to manage their own medication where this was appropriate. Daily medication checks were carried out to ensure medication was administered as prescribed. Where medication was prescribed on an "as required" basis, protocols were in place to inform the safe and consistent administration of medication. Senior practitioners carried out regular medication audits which included monitoring records and record keeping. Areas for improvement were identified in audits. However, it was not evident that action was taken to address the issues. The provider should ensure areas for improvement are actioned appropriately and closed.

We were confident that any adult protection concerns were reported to all appropriate people and agencies. Service related concerns were investigated and addressed. However, we asked the provider to clarify their policy and practice regarding unexplained bruising when the source of the bruising is unclear or has not been witnessed. We suggested the provider should discuss this issue with people's representatives and social work. This is to ensure the safety of people using the service, staff and the provider (see area for improvement 1).

We noted significant improvements in personal planning. We noted people's personal plans were both person-centred and person-led where possible. Information was suitably detailed to enable people to receive safe and consistent support from unfamiliar staff. This included guidance regarding communicating with people using the service and supporting people experiencing stress and distress. Support was strengths based. This meant people were supported to do what they could for themselves with staff providing the support required. This maintained and increased people's independence. "About my support" meetings provided regular opportunities for people to discuss their service and how this could be improved. This put people at the heart of their service. If people cannot advocate for themselves, representatives should be offered the opportunity to participate on their behalf. Reviews of people's care and support took place on a regular basis in line with legislation and the Health and Social Care Standards. This ensured people's support continued to meet their current needs and wishes.

The provider's commitment to reducing restraints and restrictive practices people were subject to was notable. We met people who experienced improved outcomes as a result of the reduction of restrictions. The provider will continue to develop their systems and tools which should include improving staff's awareness and ability to recognise incidences of restraint or restrictions. This is to ensure people's human rights are upheld. We were aware that staff learning and development was ongoing with support from the provider's practice and development team. In order to maximise the benefits for people using the service, the provider should continue to develop a positive and life-enhancing risk taking culture. Whilst improvements were noted, increased awareness, understanding and practice will further facilitate the reduction of restrictions. Where restrictions are currently in place, the provider should ensure reviews are regular, effective and facilitate reductions in restrictions. We were confident that improvements to people's outcomes will continue.

Staff carried out regular health and safety checks in people's homes. This included water temperatures, weekly checks on people's cars and personal emergency evacuation plans. Infection prevention and control audits were also carried out. These practices contributed to protecting people's health, safety and wellbeing.

We spoke with people using the service, their representatives and professional partners. We received very positive feedback about people's care and support. This was mirrored in the responses to Care Inspectorate questionnaires which were distributed prior to the inspection.

We were assured that people's health and wellbeing benefited from their care and support. This was a very positive inspection and we look forward to evaluating further developments at the next inspection.

Areas for improvement

1. The provider should ensure their systems and processes protect people's health, safety and wellbeing. In particular, the provider's unexplained bruising guidance should reflect adult protection legislation and local authority adult protection policies. The provider should develop supporting positive risk taking plans and care plans detailing people's individual skills, abilities and needs. This is to ensure people continue to enjoy a lifestyle of their choosing.

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

'I am protected from harm, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

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.

We evaluated the provider's implementation of the Health and Care (Staffing) (Scotland) Act 2019. The legislation was enacted on 1 April 2024 and provides a legal basis for appropriate staffing to enable safe and high-quality care and support.

The provider developed a safe staffing statement that provided the rationale for staffing decisions. The guidance reflected good practice and demonstrated an awareness and understanding of the legislation and how this should be put into practice.

Staff wellbeing was very important to the provider. Staff felt valued and appreciated. This was demonstrated by the provider's flexibility and support for staff both professionally and personally. Staff told us senior autism practitioners were "always available" and people using the service told us they visited their homes very regularly. This enabled staff learning and support. Microsoft Teams channels were set up separately for each service. These channels could only be accessed by staff supporting the individuals in each service. This ensured information was only available to appropriate members of staff and safeguarded people's privacy and confidentiality. External support is available from employee assistance and counselling services. Staff's voices were heard through an employee forum and information was provided by a staff magazine. Staff told us Scottish Autism was a good employer and that is why they have stayed for so long.

The manager told us staff recruitment had improved after a difficult period. This has been the experience across the social care sector in Scotland. Currently, the service had minimal vacancies. This was very positive news and will improve outcomes and experiences for people using the service, their representatives and staff.

People using the service could be involved in staff recruitment in ways that were right for them. People could participate in interviewing prospective staff. Other people preferred to be involved in developing a profile of the qualities they needed staff to have. This approach increased the likelihood of positive relationships being developed between people using the service and staff and promote consistency and continuity.

Staff told us team working in their services was supportive and effective with team members working together to ensure people got the most out of life. Whilst staff could be very different, they were all committed to maximising people's outcomes and quality of life.

Staff now had access to regular one-to-one support and development meetings. This was another advantage of improved staff recruitment. Staff told us they had open and honest conversations with their line managers about their learning and development. Staff said there was a clear career pathway in the organisation with opportunities available if this was what they wanted. Senior practitioners had started recording the informal supervision they provided for staff which could be extensive. This provided a clearer and more accurate record of the support staff needed and wanted.

Staff told us team meetings took place on a regular basis. Meetings usually took place over Microsoft Teams. This enabled as many staff as possible to be involved. Meeting minutes were available for staff who could not attend. This ensured they were kept up to date with changes and developments. Staff enjoyed meeting with their peers and saw these as opportunities for learning. Staff felt listened to. Their ideas were taken on board and put into practice as appropriate. This increased staff's motivation and commitment.

Staff had access to a wide range of learning and development opportunities consisting of mandatory and person-focused resources. Staff could also access resources based on their areas of interest. Staff we spoke with were excited to have commenced on Scottish Vocational Qualifications. This was required to enable staff to be fully registered with the Scottish Social Services Council. We were assured that managers had appropriate oversight of staff's training completion. This included refresher training and reduced risks to people's health, safety and wellbeing.

A robust induction programme was developed to support new staff gain the knowledge, skills and relationships to provide safe, consistent and effective care and support for people.

A training needs analysis was carried out on a regular basis. This was necessary to ensure staff could meet the full range of people's needs, particularly when people's needs changed or to meet the needs of people newly using the service. This ensured people's health, safety and wellbeing. A dynamic learning and development plan was in place. Staff could not identify any gaps in their learning and were confident that additional support would be provided where necessary. Learning had taken place online during the Covid-19 pandemic. However, face-to-face learning was increasing. This provided opportunities for peer discussion and enhanced staff understanding and ability to transfer their learning into practice. Currently, the provider's practice and development team were supporting staff's understanding and awareness to reduce any restraints and restrictive practices people were subject to. This improved people's outcomes, self-esteem, sense of identity and upheld their human rights.

The provider continued to develop systems and tools to evaluate staff's understanding and ability to put their learning into practice in person-centred ways. We look forward to evaluating future developments at the next inspection.

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

In order to ensure people can exercise their human rights and increase their skills, abilities and independence, the provider should develop and implement a positive risk-taking approach. This is to ensure people do not experience restraint or restrictive practice unless this complies with relevant legislation.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

This area for improvement was made on 25 July 2023.

Action taken since then

Systems, processes and cultures were being developed and we were satisfied that improvements had been made that increased people's quality of life. We were confident that the provider would continue to make improvements. Please see the "How well do we support people's wellbeing" section of this report for further information.

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

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