

Scottish Autism - West of Scotland Outreach Housing Support Service

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Type of inspection: Announced (short notice)
Inspection completed on: 13 September 2017

Service provided by:
Scottish Autism

Service provider number:
SP2003000275

Care service number:
CS2004058171

About the service

Scottish Autism - West of Scotland Outreach is registered with the Care Inspectorate to provide housing support and care at home to adults and children who have autism. The provider is Scottish Autism.

The service has been operating since 2004 and registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

The service operates from an office base in Bridgeton, Glasgow and is provided by autism practitioners and support workers. A senior autism practitioner is the registered manager who has day-to-day management responsibility for the service.

At the time of this inspection the service was being provided to 13 people living across seven local authority areas: Glasgow City, East Renfrewshire, West Dunbartonshire, Argyll and Bute, South Lanarkshire, Renfrewshire and East Dunbartonshire.

Support to people could range from three to 40 hours a week with a purely social focus and/or people may be supported in their homes to live independently.

The following is an extract from the aims of the service: "we support individuals to make their own choices and carry out their goals and aspirations enabling them to take their place in the community".

(The provider was in contact with the Care Inspectorate to discuss having a separate care at home service for children, which would include the children currently supported by Scottish Autism - West of Scotland Outreach).

What people told us

As part of our visits we offered to meet with service users or speak to people by telephone, however this was not suitable for people. Whilst we fully acknowledge that meeting or talking to new people may be difficult for some service users, we raised how contact with service users could be improved for the next inspection.

We received feedback about the service via four completed questionnaires and spoke to four carers during our visits. Specific comment was made by a couple of carers and this was shared with the manager to explore further. Overall, feedback was positive and showed that people were generally happy with the quality of the service. Comments included:

"Service has good people, concerned with my son's welfare...have review meetings and talk about how support is going and I contact the manager any time I need to".

"There's been an improvement in my son's functioning since Scottish Autism has been involved and a positive difference in outcomes for him. They have also supported him at the last-minute when we needed it".

"Without the service I don't know what I would do, before they were supporting my son he wasn't doing anything and now he has a good life so I can have my time now".

"My daughter has settled into her new flat, the process was a learning curve for the service...happy with her team and management responses at the moment".

Self assessment

Although the service was not required to submit a self-assessment for the inspection, we discussed the merits on continuing to work on gathering evidence to support and explain grades and continuous improvement. This was acknowledged as helpful advice.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

What the service does well

The service worked hard to provide person centred and flexible support to people. Many service users were not able to represent themselves due to the effects of their autism. Carers were actively involved in support decisions on behalf of their family member, and told us that the service was generally very good at listening to their views and wishes.

Carers described the "trusting and caring" relationships that people had with staff members, and the very positive difference that the support had made to people's quality of life. A number of people had been supported by the service for several years which demonstrated long-standing satisfaction. Feedback from other people reflected very good levels of satisfaction as well. Examples of positive outcomes included a person who was attending college due to an improvement in his mental health and another person was able to have more social contacts because of more settled behaviours. Carers continued to make comment on the difference to their lives as well, because of the service.

We saw good accident and incident reports with detailed follow-up. Behaviour support plans were generally well written, although some information was not where you expected to find it. It was agreed to audit personal plans in line with our findings and to check that information about medication support provided to people was made clearer.

The arrangements for informing people in advance of staff who would be visiting them was discussed, and it was agreed to review this with each person.

In line with our recommendation, improvement work had taken place on the induction of new staff to ensure that they received key training prior to supporting people. Staff described peer support as being very positive and management to be approachable. We found staff and the manager to have sound values; with the focus of their work very much on trying to make that sure service users had the best support possible.

What the service could do better

Staff who were able to drive continued to be highlighted as a gap by some carers. The management team advised us that this particular skill was part of recruitment when it was appropriate, however to date suitable applicants who could drive had been limited.

At the start of our visit the management team made us aware of, that staff recruitment was a priority area. Staff and some carers highlighted the impact of staff turnaround on some support teams, although this was not across all teams. We also found that shortages in staffing was affecting the frequency of team meetings and formal supervision. The registered manager was trying to do her best, however was spending more time providing direct support because of staffing shortfalls. This meant that she was not able to have the focus needed on service development and staff performance processes. (See Recommendation 1).

Whilst efforts had been made to source addictions training as we had suggested at our last visit, this had been slow and was yet to take place. We also noticed that mental health training was needed and that the current level of autism training could be enhanced to reflect the specialist nature of the service. (See Recommendation 2).

It was disappointing to find that the service development plan had not been used as an active tool as part of continuous improvement and quality monitoring. This was raised as an area for improvement at the last inspection. (See Recommendation 3).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The provider needs to put in a place a plan of action that will allow the registered manager to have the necessary time to support a focus on service development and staff performance processes.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements.

National Care Standards Care at Home, Standard 4: Management and Staffing Arrangements

2. Analysis of staff education and training should be reviewed so that there is a more pro-active approach to addressing gaps and areas that could be enhanced, for example: mental health and enhanced autism. Action taken should be more aligned to service user needs along with feedback from staff and carers.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements.

National Care Standards Care at Home, Standard 4: Management and Staffing Arrangements

3. The service development plan should become an active tool as part of continuous improvement and quality monitoring. The content of the service development should be shared and reviewed with staff, service users and carers.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements.

National Care Standards Care at Home, Standard 4: Management and Staffing Arrangements

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
28 Nov 2016	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
7 Dec 2015	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
17 Sep 2014	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
6 Sep 2013	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
27 Dec 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
9 Nov 2011	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
2 Jun 2010	Announced	Care and support 5 - Very good

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed Not assessed 5 - Very good
13 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
19 May 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 3 - Adequate

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