

# The National Autistic Society - Central Scotland Services Housing Support Service

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Type of inspection: Unannounced  
Inspection completed on: 16 April 2018

**Service provided by:**  
The National Autistic Society

**Service provider number:**  
SP2004006215

**Care service number:**  
CS2007162782

## About the service

The National Autistic Society - Central Scotland Services is a combined housing support and care at home service. It comprises supported living and community outreach. The supported living service is located in Springburn where supported people live in a modern tenement block and there are flats for five people. There are currently eight people receiving the outreach service in the community. The service's main office base is located in the centre of Glasgow.

The service aims, "to create a positive caring environment that promotes development, independence and life skills". Supported individuals are "encouraged and supported to develop skills through a range of experiences where emphasis is given to social skills, the development of meaningful recreational and leisure activities, group living and a commitment to ensuring they learn for life".

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

## What people told us

Supported individuals and family carers gave a good impression of the care and support provided. Comments included,

"Helped me to improve my mental strength"

"Staff take the time to phone if X has a problem...he has a new team working around him"

"He is a much calmer and happier person...staff are compassionate"

## Self assessment

The service was not asked to submit a self assessment prior to this inspection.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

Feedback from families and a care manager highlighted many examples of where the service was having a positive impact on people's lives. This included less distressed behaviour, self harm reduction, greater community involvement and increased self confidence. The care manager commented, "the service was good with transitions...he is at the centre of all decision-making".

Managers made every effort to retain a regular team of staff around each person. This is important to ensure appropriate and consistent support. However, at times staff changes meant that unfamiliar agency staff had to be used to cover shifts. When this happened, family carers described the experience as unsettling for their relative as trusting relationships took time to develop. This remains an issue as people need to be cared for by staff who understand their needs and wishes and who can maintain continuity of support (See Recommendation 1).

Many relatives and supported people we spoke with had nothing but praise for the core staff who supported their relative, describing team members as professional, caring and friendly. This testimony reflected our observations of staff who we met during the inspection. We saw several examples of very positive and supportive interactions when staff were supporting people. Routines and procedures promoted physical, social and emotional security, as well as learning and development. This was important as people should feel confident that staff are meeting particular needs and wishes in a person centred way.

We could see that support plans were very person centred and contained a lot of autism specific information. The involvement of speech and language and positive behaviour teams was evident, helping to develop clear plans in these areas. However, support plans were not always successful in capturing and evaluating the progress towards meeting planned outcomes. Maintaining up to date paperwork was another area for improvement. We have highlighted these issues because support plans need to give a clear picture of the person's assessed needs and preferences and give clear direction about how support should be provided. This is important to ensure people receive the right support and care at the right time (See Recommendation 1).

Developing a Welcome Pack of information remained an outstanding area for improvement (See Recommendation 2).

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. To ensure everyone can feel confident in receiving continuity of support, the manager should continue to review and improve staffing resources available to the service and minimise the need to use those agency staff who are unfamiliar with the person's needs and preferences.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support is consistent and stable because people work together well" (HSCS 3.19).

2. To ensure that people's care and support needs are appropriately met, managers should,

- a. carry out tighter audits of support plans which are time-bound and
- b. adopt a more outcome focused approach to support planning that clearly measures how well the outcomes that matter most to people are being achieved.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support meets my needs and is right for me" (HSCS 1.19)

3. To ensure that people are suitably informed about what the service has to offer, the manager should devise a welcome pack of information in appropriate formats as soon as possible.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "I receive and understand information and advice in a format or language that is right for me" (HSCS 2.9).

**Grade:** 4 – good

## Quality of staffing

### Findings from the inspection

Staff presented as competent and enthusiastic, person centred and committed to meeting the needs and wishes of people they supported. Family carers and supported individuals we spoke with had a high regard for staff and described them as professional and skilled in their approach. People felt listened to, respected and valued. One family carer noted, "I feel as if they (the staff team) treat him as their own".

People and family carers were involved in the recruitment of staff. Consequently, this helped to ensure that their views were considered in the assessment and choosing of staff. The matching of staff to the needs and interests of the person was a particular strength of the service.

We highlighted that it was good practice for service providers to carry out a qualification check on all staff prior to starting their employment (See Recommendation 1).

New staff described a robust induction programme of training and shadowing experienced staff. Family carers and others we spoke with confirmed that new staff were introduced to teams in a measured and planned way. The new staff we met and spoke with were motivated and showed a caring attitude. The morale of longer standing staff was also improving.

Staff described an open culture where they were confident about reporting poor practice and being able to approach managers with any concerns. A 'Safecall' independent whistleblowing telephone line also supported adult protection. However, staff had not been given the opportunity to attend the organisation's 'lessons from Mendip House workshop' to consider the failings in staff and management practice recently exposed in one of the organisation's English services. Such learning and development is important to create safe environments for people and ensuring values are put into practice. The manager and training coordinator agreed to take this forward as an area for improvement.

We found better attention to supporting staff through regular supervision and team meetings. However, people's care and support would benefit from staff having more opportunity at these forums to reflect and learn from good practice guidance and how this impacts on their own practice. Similarly, direct monitoring of staff at work was beginning to happen but still needed to become embedded in quality assurance systems for the whole workforce. Addressing these issues would affirm people's confidence in service delivery, assuring them of consistent and appropriate staff conduct and practice (See Recommendations 2 and 3).

The use of agency staff at times of staff shortages did not always help with continuity of support (See Recommendation 1 under Quality of Care and Support). Managers should continue to monitor and address the negative impact of staffing changes on people.

Training records and speaking with staff indicated that the support workers were well served by relevant and bespoke training and development opportunities. The manager agreed to address any gaps in training for staff, including agency staff. This would promote people's confidence that the service was being delivered by staff who had a clear understanding of their roles and responsibilities and could meet the needs of the individuals they supported.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. To ensure that people are protected by robust staff safer recruitment procedures, the service provider should adhere to good practice guidance (Safer Recruitment through Better Recruitment, 2007) and include as standard the examination of prospective employees' declared qualifications prior to them starting with the service.

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

2. In order to ensure family carers' and supported individuals' have confidence in experiencing consistent and appropriate staff conduct and practice, managers should provide staff with opportunity to discuss and reflect on good practice guidance at meetings.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

3. The manager should embed regular direct observation of practice for the whole service workforce into quality assurance processes, so that supported individuals and family carers can be assured of consistent and professional staff conduct and practice.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and, "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

Staff and family carers at the Springburn service commented favourably about the recent changes in the management team there. They reported good lines of communication, and accessible and supportive leadership. They confirmed that this was having a positive impact on the actual outcomes for people.

Overall, feedback indicated that the service was well led and managed. However, turnover in staffing and management had directly affected the pace of change and the quality of care for people over the years. The service needed a period of management stability and further attention to continuous improvement.

For example, while there were transparent quality assurance processes in place, we found slow progress noted in addressing some recommendations and areas for improvement, such as support plan audits and recommendations from Quality Assurance visits. The service improvement plan was only partially completed as well. It needed to show how everyone, including external agencies, families and supported individuals were meaningfully involved in improving the service.

To support the organisation's drive to create safe environment's for people they supported, managers were to receive improved investigation training so that they were better able to conduct rigorous investigations if there were any concerns about services. We understood that this training was not available in Scotland, despite the manager identifying it as a learning and development need. Attention to this would help ensure that when things go wrong, failings are properly identified and dealt with and people's human rights remain firmly at the centre of management's actions (See Recommendation 1).

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. To ensure that when things go wrong, failings are properly identified and dealt with and people's human rights remain firmly at the centre of management's actions, the manager should receive the organisation's investigation training, which was developed in the aftermath of the Mendip House scandal.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My human rights are central to the organisations that support and care for me" (HSCS 4.1)

**Grade:** 4 – good

**What the service has done to meet any requirements we made at or since the last inspection**

## Previous requirements

There are no outstanding requirements.

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

The manager should take forward planned action to ensure that support plans, (a.)follow regular review and update to inform supported individuals' day to day support, and (b.), provide clear measurement of how well care and support delivered the outcomes that mattered most to people.

National Care Standards (NCS) 3 Care at Home – Your Personal Plan

**This recommendation was made on 17 May 2017.**

#### Action taken on previous recommendation

This recommendation was partially met as regular reviews were now taking place. However, support plans were not always up to date with paperwork sometimes missing or incomplete. They could provide clearer guidance and evaluation about what outcomes people want to achieve and how they can be best supported to achieve them. We refer to this in the report.

#### Recommendation 2

The provider should develop the use of its incident and accident records so that these reporting systems better inform service delivery and support planning in the interests of the health and welfare of supported individuals.

NCS 4 Care at Home – Management and Staffing

**This recommendation was made on 17 May 2017.**

#### Action taken on previous recommendation

We could see that incident and accident records were maintained and followed up as appropriate. We pointed out a few inconsistencies in reporting to improve practice in this area.

#### Recommendation 3

Managers should ensure that supported individuals or their representatives are given the opportunity to become involved in the appraisal of staff, including the process of direct observation of staff practice.

NCS 11 Care at Home – Expressing Your Views

**This recommendation was made on 17 May 2017.**

#### Action taken on previous recommendation

This recommendation was not yet fully met and will be repeated within this report.

## Recommendation 4

The service should continue to review its staffing resources and strategy for staff retention to ensure continuity of support.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 17 May 2017.**

### Action taken on previous recommendation

There had been some improvement in staff retention and stability, but the occasional use of unfamiliar agency staff or the cancellation of support visits due to a lack of staff remained an issue which affected outcomes for people.

## Recommendation 5

A training needs analysis should be undertaken for all staff, including agency staff, to ensure they have or are provided with relevant knowledge, competencies and skills to meet the needs of service users.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 17 May 2017.**

### Action taken on previous recommendation

We refer to training as a continuing area for improvement within this report.

## 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
2 May 2017	Unannounced	Care and support 3 - Adequate



Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 3 - Adequate 3 - Adequate
28 Oct 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 2 - Weak 2 - Weak
14 Dec 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
15 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
6 Jan 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
25 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
26 Apr 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 5 - Very good
19 May 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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