

Care service inspection report

Scottish Autism - Central Outreach Team Housing Support Service

Central Scotland Area Services

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Inspected by: Patsy McDermott

Type of inspection: Unannounced

Inspection completed on: 1 October 2013



HAPPY TO TRANSLATE

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Service provided by:

Scottish Autism

Service provider number:

SP2003000275

Care service number:

CS2004058226

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	6	Excellent
Quality of Management and Leadership	5	Very Good

What the service does well

The service showed a commitment and enthusiasm toward the improvement agenda. The quality of the staff team was a major strength within the service.

What the service could do better

The service had identified a number of areas for improvement within the self-assessment which they had submitted to the Care Commission prior to the inspection. These included: "Further training for staff in:

1. Promoting and maximising participation
2. Communication

Explore meaningful and purposeful ways of service users contributing to the development of the organisation rather than their own individual service within Central Services."

The service should consider reviewing the individual support plans in line with the abilities of the service user. This would help to ensure they are effective in describing the type of support needed which was appropriate to the person using the service or their relative.

What the service has done since the last inspection

The introduction of the staff profile tool had provided service users with a real choice about the kind of staff they wished to support them.

Equipping staff for their roles through improved induction and innovative personal development opportunities has helped staff feel their existing knowledge and skills are valued and useful.

The service had developed a range of folders which presented the inspection information in a structured way and reflected the Care Inspectorate quality themes. This was a useful format that provided consistent evidence for evaluation.

Conclusion

A high quality of service is provided by a very motivated and enthusiastic staff team who are committed to the on-going improvement of the care and support they deliver. All the service users and relatives we contacted felt the service was delivering a personalised high quality service which improved their lives.

Overall, the service was able to demonstrate some excellent approaches in participation and staffing.

Who did this inspection

Patsy McDermott

Lay assessor: Not applicable.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

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

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."

The Central Outreach Team provides Housing Support and Care at Home Services for adults with autism. Since September 2011, the service has also been able to provide a Care at Home service for children.

The service is available 24 hours each day and is designed with the service users' involvement to provide periods of support within their home or in the community in response to their needs and wishes.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 6 - Excellent

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection. The inspection was carried out by Inspector Patsy McDermott and took place over 3 weeks.

The inspection began on 4 September 2013. This included visits to service user's homes on 18 September and visits to the Chrysalis and Art Opportunities Day services. Feedback was given to the regional and service managers on 1 October 2013 at the Alloa office.

As part of the inspection, we took account the annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent out 12 care standard questionnaires and 7 were completed and returned to us before the inspection.

During this inspection we gathered evidence from various sources, including the following:

We spoke with:

Three service users

Regional manager

Two service managers

Five senior autism practitioners

Three support workers

We looked at:

The service's most recent self-assessment

The service user and carer participation policy

Evidence relating to service user involvement including notes of the participation working party meetings and their action plan for improvement, sample questionnaires to gather the views of service users and carers, minutes of the user/carer forum and records of other consultation between staff and service users including notes of "Talk Time" discussions.

A sample of Individual Support Planning records for people using the service

Policy and Development and Review Programme for Scottish Autism

Development Plans for individual services

Accident and Incident records

Complaint records and follow up actions

Training records

Policies and procedures of the service including the child and adult protection policies

We also used case tracking and spent time with service users, spoke to their relatives and the staff who supported them who indicated a high level of satisfaction about the quality of the service.

All the above information was taken into account during the inspection process and was used to assess the performance of the service in relation to a number of Quality Statements.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

There were three recommendations made at previous inspections.

1. The service should ensure their participation systems capture all parent/service user contributions to feed into service and organisation wide management developments. National Care Standards Care at Home Standard 11: Expressing Your Views; National Care Standards Housing Support Services Standard 8: Expressing Your Views.

We saw that parents and carers had been positively encouraged to comment on and be involved in all aspects of their relatives care and the on-going development of the service. This was a challenging aspect for the service as many of the parents were involved in decisions about their children on a daily basis and therefore felt they contributed to the overall development of the service. We felt this recommendation had been met.

2. We advise the service management to review and further develop the following areas of work to ensure consistently dutiful practice:

- * The presentation of guidelines and procedures to promote service users health and well being

- * Timely, accurate recording when incidents occur to promote prompt and informed action being taken

National Care Standards Care at Home Standard 4: Management and Staffing National Care Standards Housing Support Services Standard 3: Management and Staffing.

We looked at the Incident Reports of the service and found they had been redesigned to reduce the amount of information gathered producing a much more concise account of the incident which included an overview by the service manager and identified actions to reduce risks to the service users. We felt this recommendation had been met.

3. The service should further develop evidence of the consultation staff have with service users and carers about staffing and the changes this leads to.

National Care Standards Care at Home Standard 11: Expressing your views

National Care Standards Housing Support Services Standard 8: Expressing Your Views.

We saw that the service had developed several ways to evidence service user views on the staff who support them. These included the six monthly reviews, talk time and the introduction of the staff profile tool which is discussed in the report under quality statement 3.1. We felt this recommendation had been met.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document prior to this inspection. We were satisfied with the way the service had completed this and with the relevant information they had given us for each of headings that we grade them under.

The service identified what they thought they did well, some areas for development and any changes they had planned. They also told us how they consulted service users and carers about improvement.

Taking the views of people using the care service into account

During the inspection, we spoke with three service user. They spoke very positively about the service and the support they received from the staff of the service.

We sent out 12 questionnaires and 7 were completed and returned to us before the inspection. Staff had helped some people to fill in the questionnaires using their individual knowledge of the people using the service.

Every one indicated they were happy with the quality of care and support the service provided.

Comments from service users we talked to included: "I like talking to people and I like the staff." "(Keyworker) is great. He takes me out to the pictures and bowling. The staff are my friends."

"It's getting clearer what my needs are. I know the staff are there for me. Sometimes (the service) can be anonymous with the turnover of staff."

Taking carers' views into account

"I do feel involved with the support plan for my son. I am in regular contact with the manager of the service. Any suggestions or ideas we make are taken on board and I think they contribute to the development of the service. We regularly attend meetings to discuss our son's progress and how he can be supported to further develop his skills and interests. We are very happy with the support our son has received since he started there just over a year ago."

"The staff are totally caring. They look after my son like a mother should. They allow him to have a life which is as normal as possible. I am very much involved in the reviews of his support plan. It is tailored for him. He wanted a job and now he has one. I always feel he is safe and well."

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were very good in this area.

The service identified some of their strengths as: "Central Services are committed to and have a clear strategy for participation which is monitored and reviewed regularly. Central Services recognise the importance of engaging with users and carers to assess performance and drive forward improvements."

The service showed during the inspection that they had a range of key strengths in the area of participation, inclusion and staff development. We gathered information from a wide range of sources and found strong evidence to confirm that the service, and the staff who work within it, promote a strong culture of self-empowerment and participation. We felt the people using the service were able to achieve excellent outcomes in their daily living with the support they received from the service.

The service provides care and support to people with differing levels of autism and asperger's syndrome. Their abilities to communicate and be involved vary as a result.

Staff take this into account by personalising how they gather each person's views. This includes staff interpreting observed behaviours indicating service users are happy or not and encouraging the sharing of views through discussion or non-verbal communication systems. Staff also consulted with service user's parents on an on-going basis and they too have the opportunity to participate in service development, through surveys and at the carer forum. This meant that people using the service and their families were able to be more closely involved and aware of the on-going work and decisions affecting the service.

There was routine involvement of service users and carers in service development and evaluation. The service used a variety of methods to promote this such as reviews. For example the Participation Group had personalised the review process and the documentation has been changed to include images and pictures that are meaningful to the service user. The agreed actions from the review were monitored monthly to ensure the service user goals were being met. This has helped them to co-ordinate, plan and participate fully in their review.

The service had an active and growing User/Carer Forum which gave the people using the service and their relatives the opportunity for information exchange, concerns to be raised and development opportunities to be discussed. Questionnaires were sent to the people attending prior to the review which helped everyone to be clear about focussing on what was important to the service user.

Talk Times continued to be one of the most effective means of consulting with users regarding their services. Keyworkers are responsible for carrying out Talk Times on a regular basis to gain feedback on services as well as explore new opportunities with individuals. These sessions meeting were recorded and reviewed at least monthly.

The service also used national and local newsletters to let the people using the service, their relatives and the staff know about recent activities and local developments.

There were excellent examples of innovative and dynamic work which have resulted in positive outcomes for service users and their families. We feel that aspects of this area of practice reflect a grade of six.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Further training for staff in:

1. Promoting and maximising participation
2. Communication

Explore meaningful and purposeful ways of service users contributing to the development of the organisation rather than their own individual service within Central Services."

We felt the service should consider using questionnaires and surveys to gain the views of service users and their relatives about the future developments of the service.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The service identified some of their strengths as: "Central Area Services have developed a Hospital Passport which supports individuals should they be required to attend hospital appointments or inpatient treatment. There is an accompanying guidance document for staff with support and advice on supporting an individual with autism to attend healthcare appointments and hospital stays. This has been updated to include the use of the hospital passport.

All staff within Central Area Services recognises the importance of joint working with Health Services and have established good working relationships with primary care staff as well as community learning disability team. Central Area Services now attend a monthly partnership meeting with Forth Valley Community Learning Disability Team."

During the inspection we examined a range of evidence to confirm that the service was delivering a high standard of care and support. Systems and practice in place that supported this, included person focussed support planning, meaningful risk taking assessment and an experienced and knowledgeable staff team. We also used case tracking and spent time with service users who indicated a high level of satisfaction about the quality of the service. We felt the service was helping people to achieve very good outcomes in their day to day living.

All the support plans were kept in the homes of the service to ensure they were aware of all communication about them.

We examined four care plans in detail. We found some good clear detail especially in areas of assessment and communication. Discussion with staff and observation of practice confirmed that the plans were followed consistently. We saw that staff demonstrated a sound understanding of the communication needs of all service users and we were therefore able to evidence positive outcomes for the people using the service.

The service had worked closely with other healthcare specialists to develop individual communication tools such as 'talking mats' and 'Makaton' which are both recognised tools to enable people to have a voice. These tools were not always relevant to all the people using the service and staff had developed other approaches such as body language indicators to assess the needs and choices of the individual. This meant that service users could interact with those around them and enjoy the welfare and social benefits offered by the service.

Protocols for administration of certain medications also linked to guidance within main care and support plans. We saw that staff had received regular medication training which had recently been updated along with other mandatory training such as Health and Safety, Infection Control and Moving and Handling. This good practice helps to ensure the health and welfare needs of the people using the service are appropriately met.

If service users or parents wished to raise concerns formally, they were able to do this by following the formal complaints process. When we looked at the complaints records we saw there were only two informal complaints made by service users about changes in the staff who supported them. We saw that these concerns had been taken seriously by the service and the support workers had spent a lot of time to explaining to the service users why some staff had moved on and agreeing how new workers would be introduced. When we asked the service user who had recently made a complaint about this he said he got a response from the regional manager within two weeks and he was satisfied with this but commented it was always difficult when new staff arrived.

We looked at records in relation to accidents and incidents and found all procedures were in good order which demonstrated the services commitment to the health and wellbeing of the people using the service.

There was evidence in the support plans we looked at to confirm the service was proactive in working with other agencies and attended local multi-disciplinary meetings monthly. These meeting were used to discuss the support needs of each service user and ensure that these were being met effectively.

Overall, we found that the service was offering care and support that met a very good standard. Plans were designed to meet specific needs and were carried out with well trained and experienced staff.

Areas for improvement

We identified one area for improvement.

As part of the case tacking we looked at some of the service users review documents. We found that one review had not been completed during the last six months. The manager explained this was due to the review being service user led and not all the people who were invited to attend were available on the same date.
See recommendation 1, quality statement 1.3

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that support plans are reviewed every six months.

In making this recommendation the following National Care Standards were taken into account: National Care Standards Care at Home Standard 4: Management and Staffing National Care Standards Housing Support Services Standard 3: Management and Staffing.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 – Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were good in this area.

The service identified some of their strengths as: "The Central services Participation project has been looking at service user involvement in recruitment practices. During the recent round of recruitment service users attended an Information Evening for potential new employees. The evening commenced with a short presentation about Central Services with contribution from service users followed by small group work sessions which included service users. The groups were encouraged to discuss "What is Participation?" Service users were also encouraged to put forward questions for potential new staff that were then asked at the formal interview stage."

We were impressed with the service's approaches to include service users and their relatives in recruitment and development processes. We felt the service demonstrated excellent evidence in relation to this statement.

The people who recruited in the service felt it was not always possible for service users attend interviews, usually due to communication and concentration difficulties and had devised other ways to increase involvement such as those described below: A staff profile tool was used to identify service user staffing needs and preferences. This document highlighted through discussion with them and relevant others and through staff observation the qualities and skills of staff to meet their needs and preferences.

This information was also used potentially to inform all staffing decisions including recruitment and deployment and to identify further training staff may need before they worked with the individual.

Service users meet new staff at information evenings and gave feedback on how they felt about them.

Parents also told us they were involved in staffing discussions.

Service users were asked to put forward questions for candidates at interview. We spoke to a service user who confirmed he had one of his questions asked during the interviews.

The work to involve service users at more stages of the recruitment process and innovative ways to include them were routine features of the service's approach. This shows the service's genuine commitment to finding ways to consult with service users with different capacities for involvement.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Continued work on the development of a recruitment toolkit. This project to be developed further with continuous review and assessment of purpose by the participation group."

We agree with the areas for improvement identified in the self assessment submitted by the service.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were very good in this area.

The service identified some of their strengths as: "All staff have continuous professional development portfolio's which are located in the home support base.

Employee review process takes place with line manager annually.

The Knowledge Management forum has worked alongside the training team to put together a new training plan. This clearly identifies a list of mandatory and autism specific training requirements with a timeframe for employee learning and expectations for CPD." (Continuous Professional Development)

The evidence provided in the self assessment as well as the information provided on the day of the visit was very informative and identified an excellent level of performance in relation to this statement.

We looked at staff files and spoke to staff and service users and about the quality of the staff. We felt the service's approach to providing a workforce who were professional, trained and motivated was effective in improving the outcomes for the people using the service.

This is due to evidence of significant developments regarding initially equipping staff for their roles, supporting them to carry out their work and further improving their practice.

We saw that the service had a robust recruitment procedure in place and all appropriate checks were in place to protect service users. Access to training and continual learning was supported by a process of supervision and appraisal and regular team meetings. Staff commented that they felt supported by their line management and found supervision to be positive experience.

We felt staff showed a high level of motivation in putting their learning into practice and keen to share their learning with others. This had proved to be beneficial in establishing effective and consistent care.

Improvements to induction processes highlighted extra support when needed by new staff or concerns that needed action at an early stage. This helped to prepare staff more effectively for their work from the outset and as a consequence is helped to safeguard service users against experiencing unsatisfactory support.

An enabling approach giving staff opportunity for further qualifications necessary to their professional registration and to assist career progression, and for organised sharing of existing knowledge, skills and expertise with colleagues to benefit their learning.

When we spoke to staff we saw that positive practice reflection and a team linking initiative provided a wider support network. Practice sharing between teams helped to reduce isolation for staff in lone working situations and broaden the range of service users they worked with and consequently the experience they gained.

Introducing People Management training for staff with supervisory responsibilities helped to promote confident, consistent performance management and in turn safeguard service users as it tackled poor practice in an organised way.

The setting of personal development targets for all staff had enabled a focused and measureable approach to performance improvement. We commend the service for their commitment to staff development which has resulted in continual improvements to the experience of service users.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Continued commitment to ensuring all staff are trained n SVQ levels 3 and 4 in line with SSSC registration requirements."

We noted that staff were expected to keep up to date with service developments and mandatory training via the service's IT system which was available at the Home Support base. Most of the staff we spoke to confirmed they accessed this regularly however not all staff accessed the IT system.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 – Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were good in this area.

The service identified some of their strengths as: "The Central services Participation project has been looking at service user involvement in recruitment practices. During the recent round of recruitment service users attended an Information Evening for potential new employees. The evening commenced with a short presentation about Central Services with contribution from service users followed by small group work sessions which included service users. The groups were encouraged to discuss "What is Participation?" Service users were also encouraged to put forward questions for potential new staff that were then asked at the formal interview stage."

We were impressed with the service's approaches to include service users and their relatives in recruitment and development processes. We felt the service demonstrated excellent evidence in relation to this statement.

The people who recruited in the service felt it was not always possible for service users attend interviews, usually due to communication and concentration difficulties and had devised other ways to increase involvement such as those described below: A staff profile tool was used to identify service user staffing needs and preferences. This document highlighted through discussion with them and relevant others and through staff observation the qualities and skills of staff to meet their needs and preferences.

This information was also used potentially to inform all staffing decisions including recruitment and deployment and to identify further training staff may need before they worked with the individual.

Service users meet new staff at information evenings and gave feedback on how they felt about them.

Parents also told us they were involved in staffing discussions.

Service users were asked to put forward questions for candidates at interview. We spoke to a service user who confirmed he had one of his questions asked during the interviews.

The work to involve service users at more stages of the recruitment process and innovative ways to include them were routine features of the service's approach. This shows the service's genuine commitment to finding ways to consult with service users with different capacities for involvement .

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "The participation project has aimed to address service user involvement at a local level. The participation group moving forward requires to also address service user participation at a more corporate level in organisational decisions. Ethics policy to be drawn up that informs service user involvement in practice research and assessment. Outcomes from the first of the practice research projects to be fed back to services and affect service development moving forward."

The service should continue to encourage the people using the service and their relatives to influence the personal and organisational development of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were very good in this area.

The service identified some of their strengths as: "Quality assurance and opportunities to contribute to service reviews for families, carers, social work and other professionals. A feedback form is also in place that allows for feedback on service provision following each six monthly review.

Health and safety audits and checks carried out on all services and recordings available at base.

Services managers carry out regular quality assurance audits on all areas of service delivery with identified targets for improvement a part of the new service audit tool."

We examined a wide range of documentation and policies to confirm that the service is using an inclusive approach in shared quality assurance systems. We spoke to service users and staff, looked at the evidence presented and information from the self assessment and found the service was operating at a very good level.

The service had used the PSIF (Public Service Improvement Framework) was used by the to evaluate and improve the quality.

This was used to inform the direction of services and we could see that service users and staff of all levels were involved in the assessment and implementation process.

Team meetings provided opportunities for staff to participate in practice reflection and to contribute to the development of the services.

Staff spoken with had a good knowledge of the methods used to enable service users to participate in assessing and improving the service and an ethos of respect and equality was demonstrated by all the staff we spoke to during the inspection.

The service had developed a quality assurance approach and had a strong framework of systems and processes such as regular audits of support plans, staff training and accidents and incidents.

Routine reports to senior management, audits, formal and informal consultations and practice observation are some of the regular sources of information which assisted improvement planning.

This had evolved into formal processes at area, individual service and employee level with target setting and progress monitoring keeping development focused on need.

We saw that decisions on what needed improved were informed by the people using the service, management and staff at all levels and from an "external" viewpoint including that of the regional manager and community professionals. This gave a rounded view of developments needed to make the service better.

Direct observation of staff care and support practice was one of a range of methods used in the homes of people receiving a care at home service. However, in the housing support services (outreach) which tended to be single tenancy, lone working situations, this was not always possible if the service user was not willing or able to tolerate having a senior member of staff in their home observing their support worker.

Where direct practice observation was not possible, discussion between the senior autism practitioner, other staff and the service user was the usual means highlighting where staff practice needed to be improved.

Audit processes and tools continued to expand the breadth and depth of self assessment. This included the new Service Manager Audit and the Peer Assessment Audit which took account of wide ranging systems, processes and practices. We concluded the service was continually monitoring the quality of systems which had led to improvements to people using the service.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Circulation of new service user complaints form and guidance."

Find ways to use service user forum to look at themes of assessment of service and quality assurance."

When we looked at some of the support plans of the people using the service we felt the format was not always related to the abilities of the individual or their relative.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

No additional information noted.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Staffing - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
5 Oct 2012	Announced	Care and support	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
7 Oct 2011	Announced	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
17 May 2010	Announced	Care and support	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	4 - Good
28 Jul 2009	Announced	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
18 Feb 2009	Announced	Care and support	5 - Very Good
		Staffing	5 - Very Good

		Management and Leadership 4 - Good
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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