

NAS SW Scotland Supported Living Housing Support Service

The Stables Administration & Resource Centre
The National Autistic Society
Sorn Road
Catrine
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Telephone: 01290 553420

Type of inspection:

Unannounced

Completed on:

17 January 2020

Service provided by:

The National Autistic Society

Service provider number:

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CS2006134931

About the service

The service, which is also known as Catrine Bank, is located on the outskirts of Catrine in East Ayrshire; it is provided by The National Autistic Society and has been registered since November 2004. The National Autistic Society South West Scotland is registered to provide a housing support and care at home service for up to 29 people, aged 16 years and over, who have an autistic spectrum disorder.

At the time of the inspection the service was supporting eighteen people, sixteen male and two females, living in a combination of self contained or shared living accommodation. One person was supported on an outreach basis to live independently in the wider community. We could see the positive impact of investment in environmental changes that had been made to living accommodation for people supported since the last inspection and welcomed plans for further renovation work in the coming months to tailor the living environment to better meet individual environmental assessments.

Catrine Bank is set in extensive, well maintained grounds and has ample space for walking and a variety of outdoor activities. The space was being enjoyed by people supported on a regular basis and had been used for a variety of events.

We were pleased to see that Catrine Bank has continued to benefit from stability in the operational management team and were progressing well in improving and driving up standards. The head of adult services for Scotland, since taking up post in April 2019 had been based at Catrine Bank; a visible presence and providing leadership. In addition to the management team, senior and support staff, the service has a multi disciplinary team which included a training and quality manager, speech and language therapist, positive behaviour support practitioner and autism practice lead.

Since the last inspection the service had been successful in regaining Autism Accreditation and had been voted The National Autistic Society team of the year.

The service shared its address with a separately registered Day Opportunities service which is inspected separately and the report of the most recent inspection of that service is available on our website. The Day Opportunities service had been under review, activities had been significantly reduced; options for the future use of the space and registration were being explored by the provider.

What people told us

During the course of the inspection we met with people living at Catrine Bank and spoke to seven relatives. Communication with people supported was mostly limited to greetings and speaking about activities due to their autism. We received two completed care standards questionnaires for people supported that were completed by a carer. We also asked for the views of staff and other professionals such as social work during the inspection. Our interactions with residents and families varied from a brief chat to longer discussions where people spoke about their experience of care at Catrine Bank. We observed staff spending time with people with different tasks and activities, everyone appeared relaxed and comfortable around the staff.

Examples of comments received were:

"Fantastic"

"The service is managed brilliantly now, 10/10"

"Overall, they have overhauled it and it's certainly working for our son"

"Huge change in the service, for the better"

"I wouldn't want (relative) living anywhere else"

"Outstanding service, I am very pleased"

"Dealing with issues, yes raise things and they are dealt with, may have to raise more than once but are addressed"

"Very good with communication"

"Very person centred"

"It is a good support team; they know him well"

"The service is better; we have a lot more trust"

"A very strong support team"

Overall, feedback was very positive and supported the inspection findings. Parents told us; while there is always room to improve, they had seen significant change and improvements in service delivery and leadership with the current management and staff team. With regard to previous issues raised relating to communication, inclusion, staff skills and activities they were satisfied steps had been taken to address these.

Self assessment

The service was not asked to complete a self assessment in advance of this inspection. We looked at their development plan and quality assurance systems. These demonstrated their priorities for improvement and how they were monitoring the quality of provision within the service.

From this inspection we graded this service as:

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

What the service does well

We found Catrine Bank was delivering a very good standard of care and support; enabling people to maintain appropriate levels of independence in their own living space. We observed staff working in a calm, warm and caring way; staff in some teams had worked with a person for a long time and clearly knew them very well. We could see people were relaxed around staff and would seek engagement and contact.

People can expect to receive high quality care and support that is right for them and to experience compassion, dignity and respect. Environmental assessments, along with knowledge and experience of each person had informed changes to the living environments. We saw several examples of how changes to the physical environment were having a positive impact on people's daily lives as fewer people were sharing their living space. While there were obvious benefits of increased space and privacy, there was also evidence of a reduction in behaviour related incidents and administration of as required medication meaning that individuals were experiencing an overall better quality of daily life. The service has further planned renovation work with an emphasis on improving environmental outcomes for other people and to make more effective use of available space. We will look at how this has progressed at the next inspection.

We observed staff who were friendly and helpful, people were offered choices and staff responded offering assistance. Each person had different communication skills, staff picked up on verbal and non verbal cues demonstrating a good understanding of what was important to each individual and offering reassurance and support, where needed.

Core staff knew people they supported very well, they had good knowledge of people's autism and were familiar with strategies to manage individual characteristics and behaviour. Parents told us "they are always looking for new ways to stimulate our son, activities take a lot of planning, but they do it."

While we observed positive interactions between staff and people supported, we discussed with the manager how these could be increased and be more meaningful with a more proactive and responsive approach to the use of communication tools. The parents that we spoke to told us how the quality of care had improved, one said "in the past three years there has been massive changes, we are now very happy with the care"; it was evident that there had been improvements in staff skills and in the range of activities available resulting in better outcomes. These improvements had resulted in their being a new trust between parents, staff and managers; one parent told us how they no longer communicated through the manager and spoke directly to the staff or senior and another when asked what the service does well said "they take care of my son, we trust them 100%."

People can expect to get the most out of life because the people and organisation supporting them have an enabling attitude and believe in their potential. When asked if their relative was supported to learn new skills and become more independent they told us; "that's a difficult one because there is more emphasis on our son doing things that enrich his life", "They have taught him life skills, there is so much freedom and activities". Because of support individuals had developed their confidence and social skills which resulted in going out more, such as going for their shopping, being involved in different groups and activities. When asked if their relative gets the best out of life one person said "definitely, they go on holidays, activities, recently been to the carnival". We could see that staff had become more aware of the importance of people learning or maintaining skills and to maximise opportunities to enhance their daily life and staff were committed to doing so. We received positive feedback about how the staff cared for individuals and about the valuable contribution of the multidisciplinary team.

One person said "amazing on site staff, speech and language therapy make such a difference"; which supported our observations of improving communication between staff and people supported and the importance of these in-house resources to the quality of care delivered.

People can expect their health to benefit from their care. We saw that people's health needs were monitored and reviewed through support planning and there were established relationships with local health services. The service had access to specialist health professionals such as psychology and psychiatry services and occupational therapy. Staff picked up on changes in health and wellbeing and responded to these. Relatives gave good examples of how the service accessed general health services and of improvements in general health and wellbeing such as weight loss, cooking healthier meals, participation in exercise and different activities and generally talked about an improved quality of health for their loved one.

People living at Catrine Bank can expect to feel safe and protected from harm. There was a comprehensive system in place for recording and reporting of incidents and accidents and notifications were made to the care inspectorate and social work services when appropriate.

Concerns relating to adult protection were raised and followed up to conclusion. The manager had a very good understanding of their adult protection responsibilities and staff undertook training in adult protection. We could see good relationships were in place between the service and a range of professionals and there were examples of partnership working to monitor the practice and culture in the service. In relation to incidents, complaints or conduct concerns we found the manager to be open, transparent and thorough in the information provided and the investigations carried out; there was evidence of a proactive approach to prevention of harm and safeguarding.

The manager had identified early indicators of an emerging negative culture and taken steps to promptly address issues and promoting an environment where people can feel safe to report concerns or challenge poor practice. Morale within the service was good and we have seen a significant positive shift in the attitudes and culture in the service. Incident analysis was utilised effectively to inform input from the multi disciplinary team, changes to care planning, positive behaviour support plans and staff training.

People can expect to have confidence in those supporting and caring for them; there were robust recruitment practices in place and staff were appropriately registered with a professional body such as the Scottish Social Services Council. More recently recruitment was carried out via assessment centres giving the candidate a greater opportunity to learn about the service and for them and the employer to better assess their suitability to working with the people supported. All new care staff received a comprehensive phased induction, including training, shadowing, mentoring by an experienced colleague and completion of a probation handbook. The autism practice lead supports new staff to develop their knowledge and understanding of autism and to embed the SPELL framework into practice through reflective group work.

All staff had access to a broad range of training, reflective supervision and support to equip them for their role. In addition to training opportunities we could see there had been a drive to up skill and develop existing staff in different roles. Methods used included the establishment of a leadership course, an advanced autism programme, positive behaviour support skills development and vocational qualifications. This meant that people could be confident team members understood autism and were skilled and competent to meet their individual needs.

We could see that a combination of strategies, including on site support delivered by the multi disciplinary team and a collaborative working approach were impacting positively on the knowledge and practice of staff. Some of the programmes were in the first or second cohort; we will look at the next inspection at how these have progressed and evaluate their impact.

People can expect assessment and care planning will reflect their needs and wishes. This is important because care plans are used to direct staff in delivering care in a way that is right for them and affects their experience of care and support. Each person had a person centred care plan in place, describing what a person could do for themselves in each support area and where help was required; these were informative, promoting choice and independence.

Care plans were updated and reviews demonstrated participation from the person supported and relatives. Relatives also told us they were very involved in plans and regular reviews.

We saw good review preparation and evidence of individuals achieving positive outcomes, such as improved confidence, healthier eating and weight loss, increased exercise and access to activities, opportunities for a variety of outings and holidays. People supported and their relatives had opportunities in reviews to discuss how their service could be improved. Care plans contained compatibility assessments, positive behaviour support plans and guidance from the speech and language therapist for staff on methods to effectively communicate with each person. We could see that people were supported to manage their finances on a day to day basis and where appropriate supporting legal documentation was in place to protect and uphold people rights.

The service carried out satisfaction surveys with people supported, relatives and staff utilising feedback to improve the service. A variety of forums and events had taken place which facilitated engagement with stakeholders and provided opportunities for them to contribute to how the service operates.

What the service could do better

While we have seen improvements in care planning and the recommendation made previously have been met, we discussed with the management team how care plans could be further improved. Key points included the following:

- Over emphasis on documentation and recording, resulting in care plans being 'disjointed'
- It was not always easy to access important reports or assessments and to see how these informed support plans. This means that essential details not included in plans were not readily available and potentially not known to staff. In order to help staff to better understand the person, what their autism means for them and to engage more meaningfully all key information should be reviewed and incorporated into existing care plans to enable staff to engage more meaningfully with people
- Outcomes could be more specific with guidance on how these will be met through support planning. This will encourage a more targeted and consistent approach to support and help to demonstrate the positive impact of the service
- It would be good to see a more systematic approach to health screening, including specified health and wellbeing goals and outcomes for each person which are linked to planned activities

The service should consider these areas in order to improve the quality of staff engagement, consistency of support and maximise the potential impact of support on people's wellbeing.

Throughout the inspection we observed routines and staff communication, including the impact of staff change overs, verbal and written handovers and contact with relatives. We have suggested the management team review handovers to ensure they do not impact on people's routines and activities. A review should consider how to make more effective use of shift handovers which may in turn enhance day to day communication with relatives.

On paper Catrine Bank is fully staffed, however having enough staff to cover for annual leave and unplanned absence continues to draw on resources and is a significant challenge for the service. To alleviate the various pressures created by leave and absence, the provider and management team should work together to find solutions to this ongoing problem. A lack of absence cover is having a negative impact on the service, most noticeable for the morale of night shift staff; equitable access to training and development which in turn impacts upon the quality and continuity of care delivered at night.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

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

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 provider should improve personal plans and six monthly reviews to reflect residents' needs, choices and personal preferences and how these are being met in sufficient detail with a strong focus on personal outcomes.

Improvements made should ensure:

- * The removal of out of date and unnecessary documents so that key information can be easily located, individual outcomes are identified; needs, wishes and choices and are regularly updated
- * Daily notes are consistent in their completion and utilised to inform support
- * Plans include detailed information relating to all relevant aspects of an individual's health
- * Plans reflect the person through inclusion of relative(s) in their development and review
- * Plans give clear guidance for staff on what support is to be provided, when and how
- * Plans detail 2:1 support, when this is delivered, the purpose and outcome
- * Reviews are utilised to inform personal plans and review minutes are available for staff

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My personal plan (sometimes referred to as a careplan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)

And

My care and support meets my needs and is right for me (HSCS 1.19)

And

I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors (HSCS 1.25)

This recommendation was made on 1 November 2018.

Action taken on previous recommendation

We found that efforts had been made to improve the care plans, both the content and quality. Out of date information had been removed, files were organised and information was easy to find. Each person had a foundation file, personal plan and health and medication file. The personal plans contained good person centred information describing what a person could do for themselves and how staff were to deliver individual support.

Plans we viewed contained behaviour support plans and needs assessments and information relating to health and there was evidence of regular review.

The recommendation has been met; we have commented in this report on further improvement that could be made regarding care planning.

Recommendation 2

To develop staff knowledge, understanding and skills to increase the positive experiences and outcomes of the people being supported, the provider should take steps to improve the current support and opportunities for staff development, including but not limited to the following:

- * Ensure that new employees receive the appropriate support during their probation period
- * Improve the frequency and quality of supervision and appraisal, including providing opportunity for supervisees to reflect on their practice
- * Provide opportunities for staff meetings that allow for non service specific communication, staff skills development and sharing of practice
- * Ensure that staff are given guidance on how to implement learning from induction and Training into practice in a variety of ways, such as role modelling
- * Develop team meetings to include discussion on practice and good practice

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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)

This recommendation was made on 1 November 2018.

Action taken on previous recommendation

We saw that new care staff received a comprehensive phased induction, including training, shadowing, mentoring by an experienced colleague and completion of a probation handbook. The autism practice lead supported new staff to develop their knowledge and understanding of autism practice through reflective group work.

All staff had access to a broad range of training, reflective supervision and support to equip them for their role. In addition to training opportunities we could see there had been a drive to up skill and develop existing staff in different roles.

Team meetings took place relating to each person supported and there were separate team meetings to discuss wider service information and developments.

This recommendation has been met; people could be confident they were supported by trained and competent staff.

Recommendation 3

The service should improve how it communicates with relatives on a day to day basis. The service should review and develop its approach with people supported and their relatives to improve how it includes and consults on how the service could be improved, from both an individual and wider service improvement perspective.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed (HSCS 4.23)

And

I can be meaningfully involved in how the organisations that support and care for me work and develop (HSCS 4.6)

And

I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve (HSCS 4.8)

This recommendation was made on 1 November 2018.

Action taken on previous recommendation

We observed communication between staff and relatives, looked at written records and asked relatives about communication. Feedback was positive and it was evident that improvements had been made. The service carried out satisfaction surveys with people supported, relatives and staff utilising feedback to improve the service.

A variety of forums and events had taken place which facilitated engagement with stakeholders and provided opportunities for them to contribute to how the service operates.

The recommendation has been met; we have commented in this report on further improvement that could be made regarding communication.

Inspection and grading history

Date	Type	Gradings
1 Nov 2018	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
7 Mar 2018	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
8 Jun 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 4 - Good
31 Jan 2017	Announced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
2 Feb 2017	Re-grade	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate
2 Jun 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 2 - Weak
19 Aug 2015	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
5 Mar 2015	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
17 Jun 2014	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
15 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Feb 2013	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good
5 Aug 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
14 Jan 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
16 Sep 2008	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good

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