NAS SW Scotland Supported Living Housing Support Service

The Stables Administration & Resource Centre
The National Autistic Society
Sorn Road, Catrine
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Type of inspection:
Unannounced

Completed on:
8 March 2023

Service provided by:
The National Autistic Society

Service provider number:
SP2004006215

Service no:
CS2006134931

About the service

The service, which is also known as Catrine Bank, is located on the outskirts of Catrine in East Ayrshire. The provider is The National Autistic Society (NAS). NAS 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 20 people, 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.

Catrine Bank is set in extensive, well maintained grounds and has ample space for walking and a variety of outdoor activities. There is also access to a sensory room, arts and craft and the space was being enjoyed by people supported on a regular basis and had been used for a variety of events.

The registered manager was supported by two service managers, team leaders, senior support workers and support staff. The service also has access to the organisation's multi-disciplinary team which includes speech and language and positive behaviour support specialists.

The service was successful in regaining Autism Accreditation for supported living provision in 2022.

About the inspection

This was a full inspection which took place on 28.02.23, 01.03.23, 02.03.23 and 07.03.23 between 09:00 and 17:00, finishing on 08.03.23. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:
• spoke with four people using the service and four relatives
• spoke with 23 staff and management
• observed practice and daily life
• reviewed documents
• spoke with visiting professionals.

Key messages

- Staff were highly motivated and focussed on providing good support to people.

- Management and staff knew each person supported well and were very good at building positive relationships with people supported and families.

- Recording of care plans require to be improved across the service.

- Management recognise the impact of high staff vacancies and require to continue working to increase staff retention and recruitment.

- Quality assurance systems should be improved to drive service improvements and developments.

- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.

- Service management require to ensure staff training is up to date and relevant learning and development opportunities offered.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?   3 - Adequate

We evaluated this key question as adequate. Whilst the strengths had a positive impact, key areas need to improve.

Support is provided generally from a core group of staff, who know people well. Established staff demonstrated a good understanding of needs, wishes and aspirations. Staff showed consideration and kindness. We observed warm and natural interactions between staff and people supported. This enabled effective support to be provided when people were upset, anxious or needed reassurance and encouragement. A relative shared their experience of the service "Having a supportive team, who are patient, kind, respectful and part of an organisation that is so autism friendly, has made a hugely positive difference to x's life. She is happier, and loves where she lives and the things she can do as part of the centre there." Staff demonstrated their commitment to providing quality support to people. A relative informed us "We are very happy with the support provided. The care and support is outstanding."

We recognise the service has a large number of staff vacancies, which has resulted in senior staff providing more hands on support, which has had an impact on other areas of the service. The staff shortage has had an impact on support for people and their outcomes, particularly in relation to outings, when 2:1 staffing is required.

We heard of managements' decision to move forward, as much as possible, with people having their own tenancies and minimising the shared spaces. This is responsive to the individualised needs of people. A professional working alongside the service told us "The service made proactive suggestions with respect to adapting the physical environment and layout to meet the specific needs of x in order to to be able to offer a placement that would meet their complex needs." A relative said "our son has the ability to live a full and interesting life in an environment that he finds safe and comfortable. For us it means that we know that he is always in good care and we don't need to worry for him. The peace of mind is invaluable to us."

People are supported to communicate in person centred ways that work for them, to ensure they are as involved as they can be in their day to day life. We saw changes being made following incidents to minimise distress and improve people's understanding of situations. A staff member informed us "x was upset over a few days, we identified that this maybe in relation to changes in his visiting plans from the weekend. Along with the speech and language therapist, we created a new picture for their social story to aid communication in case this happened again in future."

People should benefit from support plans which are person-centred, up-to-date and reflect their rights, preferences and desired outcomes. Many care plans were out of date and the content was variable across the service. Positive behaviour support plans were in place giving clear guidance on managing specific situations. Staff were able to tell us of people's support needs and requirements. We were however not able to easily find information within care plan files. To ensure support plans are effective, it is important they are clear and descriptive, guiding staff to provide the right support at the right time and linked to personalised risk assessments to manage identified risks. (See Area for Improvement 1).

Where it is identified as being required, the service has a range of charts in place to monitor people's health and related activity. For some people, the purpose of recording wasn't clear, and there was no guidance in relation to when concerns should be raised. Charts were not always fully completed. This meant that there could be delays to people receiving the right care and support. (See Area for Improvement 1).

Medication administration systems and audit processes were in place. Recording of medication was good. The service requires to ensure that they are following Organisational medication policy in relation to training and observations of staff supporting with medication.

Where required in order to keep people safe, there are agreed restraint and restrictive practices in place. Work is currently undergoing to assess all restrictive practices, to ensure they are appropriate and least restrictive option possible. Incidents are reported, recorded and discussed with the wider support team on a regular basis. This ensured a holistic approach to keeping people safe and minimising the use of interventions.

A wide range of training is available to staff to support their learning and development in relation to supporting people. We saw core training and also a range of specific courses including epilepsy, autism, medication and de-escalation. To ensure staff are well equipped to support people effectively, it is important that all staff are engaging in all required training and understand their responsibilities in relation to ongoing learning and development.

Infection prevention and control (IPC) practices should be safe, both for people supported and staff. Supplies of personal protective equipment (PPE) were available and accessible for staff. Staff confirmed that they received guidance from the organisation in relation to IPC practices. However, there were no spot checks or observations of staff practice in relation to PPE or IPC to ascertain staff knowledge and understanding of the requirements.

We observed cleaning schedules, with information recorded in relation to tasks completed.

Support plans and risk assessments lacked information about people's needs in relation to infections and how people would be supported if, for example they had to isolate or family were not able to visit.

It would be helpful for the service to develop a contingency plan detailing how support would be adapted in the event of an infection outbreak. This should include clear guidance in relation to how staff resources could be managed, to ensure continuity of support as well as limiting movement across areas of the service.

We were unable to ascertain that all staff have had appropriate IPC training (See Requirement 2, under key question 2.2). The service informed us that they have began improving their reporting systems in relation to detailing IPC training.

Areas for improvement

1. To make sure that people receive care and support that is right for them, the provider should ensure that:-

- each person receiving care has a detailed support plan which reflects a person-centred and outcome focused approach.

- they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs.

- they contain accurate and up-to-date risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified.

- they are regularly reviewed and updated with involvement from relatives and advocates.

- detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

In addition, to keep people safe and promote their health and wellbeing, communication and recording in relation to health and wellbeing needs should be consistent across the service. This should include but not be restricted to clearly defining why monitoring charts are in place and subsequent actions required and ensuring these are being fully completed as directed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

How good is our leadership?   3 – Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We found the service had quality assurance processes in place, however these were not always being utilised to identify and action improvements. For these processes to be effective the service requires a clear and structured plan of what is required, when and by who. This would improve the understanding of senior staff in relation to their role in quality assurance.

There was a service improvement plan in place, which identified actions linked to ongoing service developments, with dates for review.

There was a range of audits in place to identify gaps in practice and required improvements, in relation to medication, finance and environment. However, these were not completed consistently across the service. Areas for improvement were highlighted on some occasions, but it was not always clear that actions were identified and were completed. The service should evaluate their audits to ensure they are fit for purpose and utilise them to drive forward improvements and standards across the service. (See Requirement 1).

Incident forms are completed by staff and signed off by senior staff. It would be beneficial to be able to record feedback on the form, in relation to how the incident was managed and any follow up actions required. This supports staff learning from adverse events and develops their practice.

The organisation and managers require to have an oversight of training undertaken, to ensure staff have the knowledge and skills to support people safely. Currently there are significant gaps in training required, this is difficult to ascertain from the format training information is presented. (See Requirement 2).

We saw recordings of observations of practice in relation to medication, although not consistently or inline with organisational policy, for all staff who are supporting with medication. No other spot checks or observations of practice are undertaken. To give management confidence in staff practice, observations should be scheduled and tracked to ensure practice have been observed. (See Requirement 2).

Team meetings and key team meetings have been sporadic, however recently the frequency of meetings have been improving. Weekly staff forum meetings have been held to improve communication between staff and management.

A staff member told us "Staff open forums have now commenced in the last month so hopefully that will improve communication and open up more opportunities to ask senior leadership teams questions." It is important managers have a clear understanding of frequency of meetings across the service. Supervision for staff, had not been consistent across the service, with managers not having a clear overview of this. This had been identified as an area for development by the service and plans were underway to improve this. (See Requirement 2).

The service had an overview of guardianship orders that are in place, with review dates. A number of these orders, that are in place to protect people's rights and keep people safe, were out of date with no actions detailed on how this had been followed up. Whilst we appreciate that the service is not responsible for actioning renewals, it is important that managers are aware of the powers that have been granted in the order and operate within this, including the dates.

We spoke with a number of staff who informed us that in general the senior and management staff team were approachable and open to listening to any concerns or worries. However, there was also recognition of senior staff being very busy and that at times this can cause them to appear unapproachable. Professionals and relatives informed us that communication with the management team had improved over the past few years, which increased their confidence in the service. A professional involved with the service told us "The service has improved since the Manager took up post some years ago, they are more responsive to guidance and advice from myself and our team."

There were several SSSC registrations not in place for staff as there should be. The overview system needs to be revamped to pick up on issues of this nature, to reduce the risk of staff not being registered as required. (See Requirement 1).

We recognise that there is a range of quality assurance processes, organisational and service senior meetings in place. It maybe helpful to explore the purpose and effectiveness of each of these, to ensure they are being used for maximum benefit, to identify improvement actions required and set smart targets to achieve these.

Requirements

1. By 6 September 2023, the provider must ensure that quality assurance and improvement is well led to ensure people experience consistently good outcomes.

This should include at a minimum:-
- The registered manager has complete oversight of the service and ongoing key activities.

- Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.

- Quality audits and action plans, including care planning and medication, must be accurate, up-to-date and ensure they lead to the necessary action to achieve improvements without delay.

- Service management have a clear overview of staff training including identified gaps.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2. By 6 September 2023, the provider must ensure that staff access training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported.

To do this the provider must, at a minimum:

- Conduct a training needs analysis identifying the knowledge and skills desired for each job role.

- Ensure staff receive mandatory training, as directed by the needs analysis - including stress/distress, adult support and protection, infection prevention and control practices and condition specific training.

- Monitor staff competence and understanding through training, supervision, team meetings and direct observations of staff practice.

- Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

Areas for improvement

1. To improve the consistency of support for people, the provider should explore and clearly define roles and responsibilities for each grade of staff. This should include the functions of the keyworker, senior staff and staff roles.

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

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

Inspection report