

Catrine Bank Housing Support Service

The Stables Administration & Resource Centre
The National Autistic Society
Sorn Road, Catrine
Mauchline
KA5 6NA

Telephone: 01290 553 420

Type of inspection:
Unannounced

Completed on:
29 October 2025

Service provided by:
The National Autistic Society

Service provider number:
SP2004006215

Service no:
CS2006134931

About the service

Catrine Bank is located on the outskirts of Catrine in East Ayrshire. NAS South West Scotland Supported Living 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.

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 communal rooms, such as a sensory room and an arts and crafts room.

The service has access to the organisation's multi-disciplinary team which includes a speech and language therapist and staff trained in positive behaviour support.

About the inspection

This was an unannounced inspection which took place on 21, 22, 23 and 24 October 2025. The inspection was carried out by two inspectors 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 five people using the service and six of their family
- received 29 completed questionnaires
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- Staff interactions were warm and respectful, contributing positively to people's wellbeing, but staffing inconsistencies disrupted continuity of care.
- Leadership showed commitment to improvement, but quality assurance processes were not yet robust enough to meet the previous requirement.
- Staffing arrangements improved, but the service lacked systems to link staffing decisions to outcomes, and the related requirement remained unmet.
- Care planning progressed with the implementation of a new care planning system, but evaluative reviews and outcome-focused practice were not yet embedded, resulting in an unmet requirement.

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
How good is our staff team?	3 - Adequate
How well is our care and support planned?	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, where strengths just outweighed weaknesses. While we identified several areas of progress, significant issues remained that impacted people's outcomes.

Staff interactions with supported people were warm and respectful. Permanent staff demonstrated good knowledge of people's preferences and communication needs, which contributed positively to people's sense of safety and wellbeing. Families consistently praised the caring attitude of permanent staff, which reassured them about their relatives' day-to-day support. This supported good outcomes by fostering trust and emotional security.

Medication management was generally safe and supported people's health. Staff reliably documented the administration of 'as required' (PRN) medication, and protocols were in place. However, the service had not yet met the previous Area for Improvement regarding the regular review and evaluation of PRN medication. This limited the ability to ensure that medication remained appropriate and effective over time. Quality assurance processes for medication required further development to ensure they were dynamic and capable of driving best practice. Improvements in this area would help reduce risks and enhance the effectiveness of treatment.

The service demonstrated good practice in facilitating healthcare support. Staff proactively enabled people to access dental care, GP reviews, and specialist input such as epilepsy nurses. Families expressed confidence in this aspect of care, which contributed positively to people's health outcomes. The use of validated assessment tools, including for pain and nutrition, further supported evidence-based practice and improved communication with external professionals.

However, the physical environment remained restrictive and institutional in appearance, with many locked doors and high fencing. Although managers acknowledged this and initiated a review of restrictive practices, the current setup did not fully reflect a community-based model of support. This undermined people's rights and autonomy, which are essential for wellbeing and dignity. The planned audit of restrictions was a positive step, but its impact had yet to be realised.

Communication needs were well documented, and the involvement of the Speech and Language Therapy (SALT) team ensured consistency in the use of communication aids. This enabled people to express their needs and choices, supporting person-centred care. Advocacy and legal rights were appropriately recorded and monitored, which helped to uphold people's rights and safeguarded their interests.

Despite these strengths, the inconsistency in staffing and reliance on temporary staff disrupted continuity of care. This affected people's ability to build stable relationships and limited their engagement in meaningful activities. The service must continue to address staffing issues to ensure that people consistently experience compassionate and respectful support.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Leadership demonstrated commitment to improvement, but further work was needed to embed effective quality assurance and responsiveness.

The service had implemented new electronic systems (RADAR and Nourish) to support quality assurance and care planning. These tools enabled better oversight and data-driven decision-making. Improvement plans were realistic, regularly reviewed, and aligned with identified priorities. This supported good outcomes by ensuring that progress was monitored and guided by evidence. However, some quality assurance processes, such as medication audits and care plan evaluations, required further development to ensure they effectively drove improvement.

Managers were open to feedback and demonstrated a clear understanding of the service's challenges. Most families and staff reported that senior managers were approachable and motivated to improve the service. However, some families also expressed concerns about communication and involvement. Many felt disconnected from decision-making and wanted more regular updates. This limited their ability to contribute meaningfully to service development and undermined trust.

The service's aims and objectives had been updated and now better reflected its purpose. This supported clearer communication and alignment of practice with values.

Despite significant progress, the previous requirement relating to quality assurance and self-evaluation was not met. While systems such as RADAR and Nourish had been introduced, some processes, particularly those related to medication audits and outcome focused care plan implementation and evaluation, were not yet robust enough to consistently identify weaknesses and drive improvement. The development plan was realistic and regularly reviewed, but further refinement was needed to ensure SMART actions were fully embedded and tracked. The requirement was extended to allow time for these improvements to be completed.

Leadership must continue to strengthen its engagement with families and staff, and ensure that quality assurance processes are dynamic and outcome-focused. This will help build confidence and ensure that improvements translate into better experiences for people.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. While staffing arrangements had improved, they were not yet consistently effective in supporting positive outcomes.

The introduction of a two-week rolling rota aimed to improve consistency in core teams. Staff appreciated these changes, and they were expected to lead to more stable relationships and better person-centred support. However, recruitment challenges persisted, and families continued to report cancelled activities due to staff shortages. This limited people's opportunities for engagement and negatively affected their quality of life.

Training oversight had improved, with better monitoring of completion and planning. Staff had access to essential modules, and supervision was regular and well-documented. This supported staff development and helped maintain safe practice. However, the service lacked a clear skills framework and professional development pathway, which limited its ability to build and retain a skilled workforce.

Staff morale was mixed. While many expressed commitment to their roles and confidence in their skills, they also felt undervalued and uninformed about changes. Improved communication and recognition of staff contributions would help strengthen teamwork and support retention.

The previous requirement relating to staffing was not met. Although the service had made progress in rota planning and training oversight, it lacked a clear system for linking staffing decisions to the regular evaluation of people's outcomes. Managers were unable to demonstrate how changes in staffing arrangements were impacting people's experiences. Additionally, the absence of a transparent skills framework and outcome-based staffing evaluations meant that the requirement could not be fully evidenced. The timeline for meeting this requirement was therefore extended.

To support good outcomes, the service must continue to develop its staffing strategy, including recruitment, training, and communication. This will ensure that people receive consistent, skilled support that meets their needs and aspirations.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. The service had made progress in care planning, but further work was needed to ensure plans were consistently outcome-focused and evaluative.

The implementation of the Nourish electronic care planning system was a significant improvement. It enabled real-time oversight, timely updates, and better tracking of scheduled tasks. Staff training included working with personal outcomes, and sampled care plans showed that outcomes were being formulated. This supported more person-centred planning and improved responsiveness.

However, the quality of outcome formulation varied, and not all staff were confident in applying outcome-focused approaches in daily practice. Reviews were scheduled and documented, but lacked evaluative content. Without meaningful evaluation, the service could not reliably assess progress or adapt support to meet changing needs.

Families were involved in six-monthly reviews, and some expressed interest in receiving monthly updates. Managers were receptive to this feedback, which supported better involvement and transparency. However, the lack of follow-up on agreed actions in reviews limited accountability and continuity.

The previous requirement relating to care and support planning was not met. While the Nourish system improved oversight and documentation, the service had not yet embedded regular, evaluative reviews of care plans. Staff were still developing confidence in working with personal outcomes, and the quality assurance processes for care planning were not yet fully effective. As a result, the requirement was extended to allow time for further development and implementation.

To support good outcomes, the service must ensure that care plans are not only up-to-date but also actively guide daily practice. Staff must be supported to understand and evaluate personal outcomes, and review processes must include clear evidence of progress and action.

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

Requirements

Requirement 1

By 29 September 2025, to ensure that peoples care, and support needs are met, the provider must ensure that the service's quality assurance processes and self-evaluation are effective. To do this, the provider must, at a minimum:

- a) Demonstrate that current quality assurance processes are reviewed and developed to ensure that they find existing weaknesses and drive ongoing improvement.
- b) Demonstrate that the service development plan includes specific, measurable, achievable, relevant and time-bound actions that demonstrate effective self-evaluation and accurately reflect the improvement priorities of the service.

This is to comply with Regulation 3 and 15 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 state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 14 March 2025.

Action taken on previous requirement

The requirement was not met. While some improvements were evident, such as better oversight through new electronic management support and care planning systems, and positive steps like reviewing restrictive practices, key quality assurance systems still needed further development to ensure they consistently identified weaknesses and drove improvement. Although the service's development plan was up-to-date and measurable, managers agreed that more specific action plans for each requirement would strengthen progress.

This requirement had not been met and we have agreed an extension until 2 March 2026.

Not met

Requirement 2

By 29 September 2025, to ensure that peoples care, and support needs are met, the provider must ensure staffing arrangements are safe and effective.

To do this, the provider must, at a minimum:

- a) regularly assess and review peoples care and support needs and regularly evaluate people's personal

outcomes.

b) demonstrate how the regular evaluation of people's outcomes and the regular assessments of their needs are used to inform staffing arrangements, including the service's skills mix and professional resources.

c) demonstrate that other important factors, such as people's views, the environment, accidents, incidents and staff vacancies and turnover are part of the regular assessment and evaluation of staffing.

d) demonstrate that quality assurance systems effectively support the regular, evidence-based assessment and evaluation of staffing arrangements.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 14 March 2025.

Action taken on previous requirement

The requirement was not met. Although managers worked hard to improve staffing arrangements and introduced positive measures such as rota changes, better training oversight and supervisions, the service still lacked clear systems to link the regular evaluation of people's outcomes to staffing decisions. Staffing changes were made with people's needs in mind, but there was no effective way to measure whether these changes achieved the intended impact on outcomes, yet. Recruitment of skilled staff remained very challenging, partly due to factors outside the provider's control, such as the rural location and wider sector shortages. While training systems improved, the absence of a clear skills framework limited planning for professional development

This requirement had not been met and we have agreed an extension until 2 March 2026.

Not met

Requirement 3

By 29 September 2025, to ensure that people's care, and support needs are met the provider must ensure that people's care and support plans contain and supporting documentation are complete, up to date and regularly evaluated.

To do this, the provider must, at a minimum:

a) ensure regular, accurate and evaluative reviews of every care plan

b) ensure that people's care and support plans are focussed on clearly formulated personal outcomes which have been established in cooperation with people and their representatives.

c) develop and implement effective quality assurance processes to support the implementation and regular evaluation of points a and b of this requirement.

This is to comply with Regulation 5(1) and (2) 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 state that:

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

This requirement was made on 14 March 2025.

Action taken on previous requirement

The requirement was not met. While some progress was made, further work was needed to ensure that people's care plans provided a robust evidence base for guiding daily practice and that planned outcomes were meaningfully and regularly evaluated. Reviews were not consistently evaluative, and care plans did not always clearly reflect personal outcomes agreed with people and their representatives. Quality assurance processes to support this work were not yet fully embedded.

This requirement had not been met and we have agreed an extension until 2 March 2026.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people with getting the most out of life, the provider should ensure that people have sufficient support to participate in outcome focussed activities that are meaningful to them and enhance their wellbeing and life skills.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6)
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 area for improvement was made on 12 October 2023.

Action taken since then

While care plans were more outcome-focused, staffing shortages continued to limit activities, and families reported ongoing concerns about cancelled plans for activities outside the service.

This area for improvement was not met.

Previous area for improvement 2

To support people's health and wellbeing and the effectiveness of any treatment they receive, the provider should improve the documentation of 'as required' medication.

This should include, but is not limited to, ensuring that the reason for the administration of the medication and the effectiveness of the medication are documented in sufficient detail.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 14 March 2025.

Action taken since then

Administration was recorded reliably, but regular review of PRN medication and its effectiveness was still lacking.

This area for improvement was not met.

Previous area for improvement 3

To support people's health and wellbeing and the effectiveness of any treatment they receive, the provider should improve the use of validated pain assessment tools.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 14 March 2025.

Action taken since then

The service implemented the use of the Disability Distress Assessment Tool (DISDAT) to support pain assessments for people with communication difficulties, supporting better pain management. DISDAT is a validated assessment tool designed to help staff identify and interpret signs of distress or pain in people who have severe communication difficulties. Instead of relying on verbal feedback, DISDAT uses structured observation of behaviours and physical indicators to support accurate pain assessment and improve care planning.

This area for improvement was met.

Previous area for improvement 4

To support people's health and wellbeing the provider should use a nutritional risk assessment tool, which ensures consistent monitoring, and supports tailored interventions to reduce the likelihood of nutrition related risks and complications.

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

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

This area for improvement was made on 14 March 2025.

Action taken since then

The Malnutrition Universal Screening Tool (MUST) was introduced and used consistently, enabling evidence-based nutritional risk assessments. MUST is a widely used, evidence-based screening tool designed to identify adults who are malnourished, at risk of malnutrition, or obesity. It helps the service monitor nutritional risk consistently and plan tailored interventions to reduce complications related to poor nutrition.

This area for improvement was met.

Previous area for improvement 5

The provider should ensure the service is exploring opportunities to increase people's independence and maximising control of their living spaces, where this is assessed as being appropriate. Clear records of personalised assessments, with review dates should be kept.

This should include, but not be restricted to, the most appropriate place to store medication and access to rooms and spaces within peoples' living environment. The provider should ensure that the legal powers in place, are sufficient for any restrictive practices implemented.

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

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

This area for improvement was made on 12 October 2023.

Action taken since then

Restrictive practice audits were implemented, supporting the removal of unnecessary restrictions over time.

This area for improvement was met.

Previous area for improvement 6

To support the effective self-evaluation and development of the service in order to achieve good outcomes for people, the provider should develop an up-to-date and comprehensive statement of the services aims and objectives.

This should include a plan for the regular review of these aims and objectives.

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)

This area for improvement was made on 14 March 2025.

Action taken since then

The service updated its aims and objectives and planned for regular review, improving clarity and alignment with quality assurance.

This area for improvement was met.

Previous area for improvement 7

The provider should ensure that staff access training appropriate to their role and specific needs of people supported. The service should ensure that staff are incorporating training into practice to promote the safety and wellbeing of people.

To do this the provider should:-

- a) Conduct a training needs analysis identifying the knowledge and skills desired for each job role.
- b) Ensure staff receive core training, as directed by the needs analysis - including stress/distress, adult support and protection, infection prevention and control practices (including food hygiene and safety) and condition specific training.
- c) Continue to develop monitoring staff competence through training, supervision, and direct observations of staff practice.
- d) Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

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)

This area for improvement was made on 12 October 2023.

Action taken since then

Training oversight improved, but a clear, role-based skills framework and development pathway were still missing.

This area for improvement was not met.

Previous area for improvement 8

To effectively support people to achieve their personal outcomes, the provider should develop processes and practices that enable all staff to work on these outcomes with the people they support, in a planned and focussed way.

This should include effective and meaningful daily note keeping that can contribute to the regular evaluation of people's personal outcomes.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 14 March 2025.

Action taken since then

Progress was evident through the new care planning system and staff training. Some aspects are covered by a remaining requirement.

This area for improvement was met.

Previous area for improvement 9

To improve the effectiveness of care reviews and increase accountability, continuity, and transparency, the provider should improve how the follow-up of agreed actions is documented.

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).

This area for improvement was made on 14 March 2025.

Action taken since then

Managers added evaluation of previous actions to review agendas, improving continuity and accountability.

This area for improvement was met.

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	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.