

# Autism and Neurodiversity North Scotland – Outreach Support Service

33/35 Carnie Drive  
Aberdeen  
AB25 3AN

Telephone: 01224 277 900

**Type of inspection:**  
Unannounced

**Completed on:**  
20 November 2025

**Service provided by:**  
Autism & Neurodiversity North  
Scotland

**Service provider number:**  
SP2003000368

**Service no:**  
CS2007156253

## About the service

Autism and Neurodiversity North Scotland - Outreach is a care at home support service specifically designed for neurodiverse people. The service is provided to adults, children, and their families, across Aberdeenshire, Aberdeen city, Moray, and the Highlands.

The support is tailored to people's individual needs and can take place in their own homes, their community, workplace, or educational setting.

At the time of the inspection, they were supporting 61 adults and children across the four geographical areas.

Since our last inspection, the service provider has merged with, and become a subsidiary of, Scottish Autism.

## About the inspection

This was an unannounced follow up inspection which took place between 19 and 20 November 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

This inspection focussed on requirements made at, or since, our last inspection between 18 and 24 June 2025 and evaluated how the service had addressed these to improve outcomes for people.

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 two staff and management
- reviewed documents
- reviewed the responses of 16 staff surveys returned to us

## Key messages

- The provider had not reviewed their medication policy and procedure, and staff had not completed training to support safe and effective medication practice.
- The service was undergoing a period of change, having recently merged with another provider. Roles and responsibilities within the leadership team needed to be clarified.
- Leaders carried out Quality assurance, but it was not always effective.
- Leaders had taken action to address staff development needs, with most staff reporting positively about their supervision.
- Care plans were not always updated when people's needs changed.

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

### Requirements

#### Requirement 1

By 1 September 2025, the provider must ensure that people experience safe and effective support with medication. To do this the provider must, at a minimum:

- a) Review the medication policy and procedure, ensuring it reflects statutory requirements and best practice guidance;
- b) ensure all people receiving support with medication have a clear support plan detailing the level of assistance they require;
- c) ensure all 'as required' medication have clear guidelines as to when it should be administered;
- d) where staff have responsibility for administering medication, provide those staff with the training they require to have the knowledge and skills to administer medication in accordance with best practice, as well as ongoing competency assessments of staff practice; and
- e) ensure all staff are clear on their responsibilities for escalating concerns where adults may be at risk of harm and this includes where people self-medicate.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 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 care and support meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 19 August 2025.**

## Action taken on previous requirement

The provider had not reviewed their medication policy and procedure. This could result in harm, as the current policy did not reflect best practice guidance. We were assured that the new providers medication policy and procedure would be adopted by the service imminently. We will review its effectiveness at future inspections.

People did not have clear care plans detailing the level of assistance they required for medication. This could result in people receiving insufficient support. Whilst some work had been done to develop "as required" medication care plans, they did not always contain sufficient detail. For example, when staff should give the medication and how they respond if it does not have the desired effect. Further improvement was required, to ensure that people receive the right medication at the right time.

It was positive that some person specific training had been delivered, which improved staff knowledge on medication requirements for specific conditions. For example, insulin dependent diabetes and epilepsy that required "rescue" medication. However, general medication training had not been delivered to all staff who dispense medication. Leaders had not assured staff competency in administering medication. We were not confident that staff had the necessary knowledge, skills, and competence to support medication safely. The provider assured us that medication training had been booked, and they were carrying out an immediate review of all people who require support with medication, to ensure they were kept safe.

Leaders had addressed gaps in some staff members knowledge, relating to adult protection. However, there were missed opportunities to share learning from a recent protection concern with the wider staff team, for example at a staff meeting. Some staff were trained in adult protection. However, training records were not completed across the whole service, so we could not fully assess training attendance. The provider must ensure that all staff have sufficient knowledge, skills, and competence to protect people from harm.

**This requirement was not met, and we have agreed an extension until 12 January 2026.**

## Not met

### Requirement 2

By 1 September, the provider must ensure people's health, safety and wellbeing benefits from effective and responsive leadership. To do this, the provider must, at a minimum:

- a) Ensure there is a sufficient leadership structure for effective quality assurance and leaders respond to any arising actions, including, but not limited to, accidents and incidents, people's care experiences, distressed behaviours, accidents and incidents, staff practice and medication; and
- b) ensure all incidents, accidents and adverse events are reported to the relevant external agencies when they meet the relevant thresholds.

This is to comply with Regulation 4(1)(a) 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 use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 19 August 2025.**

**Action taken on previous requirement**

The service was undergoing a period of change and had recently merged with another provider. Due to this, the leadership structure within the service had changed. The provider should work with leaders to ensure roles and responsibilities are clear. This should result in people benefitting from effective, and accountable, leadership.

Quality assurance was carried out but was not always effective. Leaders could access some information, which aided quality assurance, such as details of unplanned events. This resulted in appropriate referrals to adult, or child, protection teams. Leaders also made appropriate notifications to the Care Inspectorate. However, actions following unplanned events, were not always followed up. For example, care plans were not consistently updated when people's needs changed. Leaders could not always access information about the whole service, including staffing information, such as supervision frequency and training records. People did not benefit from effective oversight and quality assurance.

**This requirement had not been met, and we have agreed an extension until 9 February 2026.**

**Not met****Requirement 3**

By 1 October 2025, to ensure people experience care and support from a skilled and resilient staff team, the provider must ensure staff have regular supervision to support learning, development and wellbeing, as applicable to their role. To do this, the provider must, at a minimum:

- a) Ensure staff receive regular supervision, as per their own policy, that considers the support, development, learning and wellbeing needs of staff; and
- b) ensure action is taken to address any identified learning, development or wellbeing needs

This is in order to comply with Section 8 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: '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 requirement was made on 19 August 2025.**

**Action taken on previous requirement**

Supervision records referenced supportive discussions between leaders and staff, highlighting positive practice and areas for improvement. While leaders oversight of staff support frequency was not always accurate, most staff reported that they had benefited from supervision recently. One staff member said, "It was beneficial, I felt listened to and was given some positive feedback which helped with my confidence." Leaders had taken action to address staff supervision, meaning people were more likely to experience care from a supported staff team.

Improvements were still required, to ensure staff had all the appropriate learning and development needed for their role. We will review progress in staff training at future inspections. **(See "What the service has done to meet requirements made at, or since, our last inspection", requirement 1 and 4).**

**Met - within timescales**

## Requirement 4

By 1 October, the provider must ensure care documentation accurately reflects people's needs, so that people's care is right for them. To do this, the provider must, at a minimum:

- a) Ensure people's care documentation, including risk assessments and behaviour support plans, accurately reflect people's needs, and the care that is being provided;
- b) ensure care documentation is regularly evaluated and updated in response to people's experiences, events and changing needs;
- c) where staff have responsibility for writing care documentation, ensure those staff have the knowledge and skills to complete the task in line with best practice and your policies and procedures; and
- d) implement a system for the leadership team to regularly audit and review the content and accuracy of care documentation and take action in response to any deficits found.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 8 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 care and support meets my needs and is right for me' (HSCS 1.19)

**This requirement was made on 19 August 2025.**

### Action taken on previous requirement

People's needs were documented in care plans; and it was positive that risk assessments were updated following unplanned events. This should give staff the guidance they need to keep people safe. However, care plans were not always updated when people's needs changed. For example, one person's positive behaviour plan did not reflect a new behaviour following an unplanned event. This meant that staff may not know how to support the person if they are anxious, which could result in inconsistent support.

Leaders had taken steps to upskill staff. Some staff told us that leaders had discussed care planning with them. However, leaders acknowledged that this was not consistent across the service, and there had been no formal training to improve staff knowledge of effective care planning. Care plan audits were done; however, they were not always effective. Audits varied in detail, and quality, across the service and did not always result in prompt improvements being made. The provider assured us that a full review of all care plans would be done, with the care plan template changing to reflect the new organisations expectations. This should result in clear and detailed care plans, that are quality assured regularly. We will review this at future inspections.

**This requirement was not met, and we have agreed an extension until 9 February 2025.**

**Not met**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 ਵਿੱਚ 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.