

# Scottish Autism - South West Area Services - Staikhill Care Home Service

8 Staikhill  
Lanark  
ML11 7PW

Telephone: 01259 720 044

**Type of inspection:**  
Unannounced

**Completed on:**  
11 December 2025

**Service provided by:**  
Scottish Autism

**Service provider number:**  
SP2003000275

**Service no:**  
CS2003015114

## About the service

Scottish Autism - South West Area Services - Staikhill is registered to provide a care service to a maximum of four adults with autism. The provider is Scottish Autism.

The care home is situated in a residential area within Lanark. The property is close to local amenities and public transport.

The service provides accommodation over two floors and there are shared bathroom areas on the upper floor. People have access to a lounge, kitchen and dining area, as well as garden space.

All those living in the home have a single bedroom and are encouraged to personalise their bedrooms. Visitor parking is available within the grounds of the service.

At the time of the inspection, there were four people using the service.

## About the inspection

This was an unannounced inspection which took place on 9 and 10 December 2025 between 10:00 and 17:00. 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 one person using the service and one of their family
- spoke with six staff and management
- received three completed questionnaires (all types)
- received two emails (all types)
- observed practice and daily life
- reviewed documents.

## Key messages

- Four of six areas for improvement made at the previous inspection had been met.
- Staff worked well together and used their range of training and experience to provide better care and outcomes for people using the service.
- People using the service were at the heart of decision making, with their preferences, feedback, and choices consistently sought, respected, and incorporated into personalised care plans, empowering them to shape their own wellbeing.
- Two areas for improvement were made at this inspection relating to 'as required' medication protocols and staff supervisions sessions. Two areas for improvement were repeated in relation to staff practice monitoring and the location of outside bins.

## 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? | 4 - Good |
| How good is our staff team?                | 4 - Good |

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

## How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences of living in the care home.

Regular health checks meant issues were spotted early and staff quickly referred people to health professionals when needed. This helped prevent problems from getting worse and ensured people received the right care without delay.

Medication was managed safely, with detailed records and regular audits. However, protocols for 'as required' medication lacked specific guidance on dosage intervals and escalation steps. Clearer protocols would help all staff know exactly when and how to administer these medications, further protecting service users (see area for improvement 1).

Activities and routines were planned around what people wanted and needed. Staff used communication tools and personalised plans to help people make choices and get involved in decisions. Staff knew those they supported well and ensured that care matched personal plans. Risks were managed, people were supported to join in community life, and independence was encouraged and seen in practice.

Staff were skilled, knowledgeable, and passionate about providing good care. Supporting and protecting adults was a main priority. Staff received the right training and clear guidance, which helped them feel confident about spotting and reporting any concerns. This meant that risks to people's safety and wellbeing could be identified promptly and addressed effectively, ensuring adults were well protected.

Personal plans were regularly updated to meet each person's needs. Families were kept informed and their feedback was included, helping ensure care reflected everyone's wishes and building trust between the service and families.

Infection prevention and control (IPC) nurses had reviewed how residents helped with cleaning and gave advice to keep everyone safe, allowing residents to take part in daily activities safely. Clear and accessible IPC policies were in place for staff, with up-to-date risk assessments covering all cleaning supplies and tasks. All staff completed IPC training and demonstrated their knowledge by consistently following good practices during the inspection. This helped keep the environment clean and lowered infection risks for residents. Regular IPC audits and monthly checks improved safety and kept the environment clean. However, the issue with the location of the outdoor bins still needs to be addressed (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

## Areas for improvement

1. Protocols for administering 'as required' (PRN) medication should be strengthened to include clear guidance on dosage intervals and escalation steps to support safe medication management.

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).

**How good is our staff team?****4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Consistent staffing and well planned rotas meant people knew who would be supporting them, helping them feel secure and supported. Adjustments to staffing and using familiar staff during holidays ensured care remained consistent, leading to positive experiences and outcomes for people using the service.

Staff demonstrated a strong commitment to good practice. Staff practice monitoring took place informally. Because this process was not formalised, staff did not always receive consistent feedback or clear records of their progress. As a result, opportunities to support staff development and track improvements in practice were sometimes missed. Making this process more structured would help staff understand what they were doing well and where they could improve, leading to better outcomes for both staff and people using the service. This is subject to a repeated area for improvement (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Staff supervision sessions had fallen behind. Keeping supervision on track is important because it helps staff develop their skills and ensures people continue to receive high quality care (see area for improvement 1).

All staff members were registered with the Scottish Social Services Council (SSSC) and this was monitored by management to make sure staff were eligible to practice. This meant people could be confident that staff were properly registered and eligible to provide care safely.

The service supported staff wellbeing through methods like communication tools, yearly surveys, and support programmes. However, not all staff knew about these. We suggested management make staff more aware of these opportunities and they agreed to do this.

Overall, the staff team demonstrated that they were committed and caring and aimed to achieve the best outcomes for people using the service. They worked well together and showed respect and genuine care for both their colleagues and the people they supported.

**Areas for improvement**

1. The provider should ensure that staff receive regular and structured supervision sessions. In doing so, these sessions should provide opportunities for staff to reflect on their practice, receive feedback, and identify learning and development needs.

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).

## 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

Where supported people require to take medication outside of the service, there should be a clear and auditable trail of medications leaving, administered, and returned to the service.

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 area for improvement was made on 10 May 2024.**

#### Action taken since then

Medication forms were clearer and used for every home visit. Monthly checks helped make sure records and running totals for medication were accurate, supporting safe medication management.

**This area for improvement has been met.**

#### Previous area for improvement 2

People experiencing care should have confidence the service received by them is well led and managed. The provider should support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. In doing so, audits should be completed in line with the frequency identified by the provider.

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 area for improvement was made on 10 May 2024.**

#### Action taken since then

Regular audits and management checks helped maintain high standards and supported ongoing improvements in the service. Findings were used to focus on learning and developing the service, ensuring that care remained person-centred and responsive to needs.

**This area for improvement has been met.**

#### Previous area for improvement 3

The recording of staff practice observations should be improved upon to clearly demonstrate how staff practices are assessed and outcomes improved as a result.

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 area for improvement was made on 10 May 2024.**

**Action taken since then**

Staff practice was checked informally and without a formal system being used. Management recognised the need for a structured approach and agreed to formalise the process. At the time, staff only received feedback when something positive or concerning was noticed, rather than through regular reviews.

**This area for improvement has not been met.**

**Previous area for improvement 4**

Management should be aware of how to access the service contingency plan in relation to sourcing additional staff. In doing so, management should be aware of the contents and directions on how to source staff absences in unexpected circumstances.

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 area for improvement was made on 10 May 2024.**

**Action taken since then**

A robust contingency plan for staffing was in place and accessible, ensuring service continuity and safety during emergencies.

**This area for improvement has been met.**

**Previous area for improvement 5**

Safe infection prevention and control practices should be followed to ensure the safety and wellbeing of supported people. To do this, the provider should review the current proximity of the outdoor bins and where supported people hang their clean laundry.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 10 May 2024.**

**Action taken since then**

The location of the outdoor bins continued to be located in close proximity to the washing line and was a work in progress.

**This area for improvement has not been met.**

**Previous area for improvement 6**

Support plans should reflect the most current information about the supported person.

In doing so:

- a) Support plans should be updated when there are any changes to the health or needs of the supported person.
- b) Reference to National Care Standards should be amended to reflect the Health and Social Care Standards.

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).

**This area for improvement was made on 10 May 2024.**

#### **Action taken since then**

All support plans were checked to ensure they were up-to-date, with a process in place to review them at least every six months. Updates were made as needed to keep information current. Additionally, the plans had been updated to correctly reference the Health and Social Care Standards.

**This area for improvement had been 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).

## Detailed evaluations

|  |               |
|--|---------------|
| How well do we support people's wellbeing?   | 4 - Good      |
| 1.3 People's health and wellbeing benefits from their care and support                                       | 5 - Very Good |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 4 - Good      |

|  |          |
|--|----------|
| How good is our staff team?                                      | 4 - Good |
| 3.3 Staffing arrangements are right and staff work well together | 4 - Good |

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