

Orkney Housing Support Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
28 January 2026

Service provided by:
Scottish Autism

Service provider number:
SP2003000275

Service no:
CS2012312295

About the service

Scottish Autism is the largest provider of autism-specific services in Scotland and a leading authority and advocate for good autism practice. It aims to "help those diagnosed with autism to lead full and enriched lives and become valuable members of the community they live in".

Orkney Housing Support provides a combined care at home and housing support service. It is operated by Scottish Autism, whose headquarters are based in Alloa.

The service's mission statement details its vision to ensure "people with autism can lead meaningful and fulfilling lives and be recognised as valuable members of the community".

Among its core values are commitments to ensure a person-centred approach, the upholding of human rights and the promotion of positive and inclusive lifestyles.

Over the course of the inspection nine people were receiving support, some with 24/7 support packages.

This follow up inspection was carried out virtually.

About the inspection

This was a short announced inspection carried out remotely between 24 and 26 November, 2025 and 27 and 28 January, 2026 to follow up on requirements made at a previous inspection. 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, 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/ family members
- spoke with four staff and management
- reviewed documents including training records, care plans, quality assurance and oversight tools, team meeting minutes and staff supervision/development sessions.
- spoke with two visiting professionals.

Key messages

- The service had worked hard to meet previous requirements.
- Oversight functions of key areas of service delivery had improved and the role of senior staff had been developed to support this.
- Personal plans were effective in delivering support according to agreed needs and preferences and were regularly reviewed by individuals and their families.
- Staff felt confident in how the service was being managed and that their wellbeing and development in their particular roles was being well supported.

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 good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How good is our leadership?

4 - Good

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to quality assurance and improvement planning.

This requirement has been met. We have changed the evaluation for this key question from 'adequate' to 'good'.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

How good is our staff team?

4 - Good

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to staff deployment, training and reflection on practice.

This requirement has been met. We have changed the evaluation for this key question from 'adequate' to 'good'.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

How well is our care and support planned?

4 - Good

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to improving personal planning.

This requirement has been met. We have changed the evaluation for this key question from 'adequate' to 'good'.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

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

Requirements

Requirement 1

By 19 January 2026, to promote positive outcomes and the ongoing development of the service the provider must improve quality assurance processes.

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

- a) An audit schedule is developed to cover all key areas of service delivery.
- b) An improvement plan informed by quality assurance outcomes and feedback from people using the service is produced.

This is to comply with Regulations 3 and 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 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) and '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 3 September 2025.

Action taken on previous requirement

The service had developed a robust and transparent quality assurance system, supported by effective leadership and an improved culture of continuous improvement. Senior practitioners had implemented structured monthly audits that reviewed all aspects of care delivery, including care plans, health and safety requirements, infection prevention and control (IPC), financial processes, and medication management. These audits ensured that support plans consistently reflected agreed strategies, personal goals, and day-to-day activities.

Clear managerial oversight meant that areas requiring action were identified quickly, allowing timely intervention. The manager maintained close oversight of all quality assurance functions through review, recording and diarising of key interventions, which supported prompt responses to staffing gaps, risks, or emerging issues. This ensured that support was delivered safely and consistently, with people experiencing more continuity and improved outcomes.

Staff described senior leaders as accessible and supportive, noting that their guidance was invaluable for team cohesion and ensuring care practices aligned fully with individuals' needs and preferences. The leadership approach fostered a positive culture where staff felt valued, more confident and well supported.

The service demonstrated a strong commitment to improving practice through enhanced documentation and clearer clinical guidance. For example, the introduction of body maps and as required medication protocols ensured that all staff, including new team members, understood exactly how as required medication should be administered. This supported safer, more consistent care.

Quality improvement was meaningfully informed by the views of people using the service and their families. Feedback was regularly gathered through social events, informal contacts, office visits, and structured questionnaires. The resulting information shaped an active service action plan that was shared with people and reflected their input, helping them feel respected, valued, and included in service development.

Overall, leadership and quality assurance processes ensured improvement planning was effective and responsive, and people experienced meaningful benefits in their care and support as a result.

Met - within timescales

Requirement 2

By 19 January 2026, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles. To do this the provider must at a minimum:

- a) Undertake a training needs analysis to identify what training and development is required for each role
- b) Ensure all staff receive appropriate training and mentorship to carry out their roles effectively
- c) Implement meaningful processes to provide staff with opportunities to discuss working practices, reflect on learning and develop skills and knowledge.

This is to comply with section 8(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:

'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 3 September 2025.

Action taken on previous requirement

The service had undertaken a clear training needs analysis. This allowed managers to identify and deliver the specific training and development required for each role and for the individual needs of the people supported. This included the role of keyworker and senior autism practitioner. Staff confirmed they received meaningful training, structured mentoring and tailored shadowing opportunities, including extended shadowing where required for more complex services. This ensured they felt confident and competent in their roles.

There were also meaningful and regular processes for reflection and discussion, including supervision, informal check-ins and team meetings. Staff described these as supportive, open and solution focused, providing regular opportunities to review practice, reflect on learning and further develop skills and knowledge.

This helped ensure the staff team had the appropriate skills and knowledge to meet the needs of people supported.

Met - within timescales

Requirement 3

By 17 November 2025, the provider must ensure service users' health, safety and social needs are evidenced through effective personal planning. To do this the provider must at a minimum ensure:

- a) All support packages are reviewed with family, external health and social work input as appropriate
- b) All support plans reflect the outcomes of reviews and are consistently evaluated and reflect organisational best practice.
- c) Training and mentoring opportunities are available to support staff to develop personal planning skills.

This is to comply with Regulation 5 (1)(b) of Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

This is to ensure 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) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

This requirement was made on 3 September 2025.

Action taken on previous requirement

The service had improved assessment and support planning processes. People's health, safety and social needs were evidenced through effective personal planning.

Reviews of support packages had taken place with appropriate involvement from families and external health and social work colleagues. Delays were linked to circumstances out with the service's control. Outcomes from reviews served to inform and update plans. Improved communication channels and reflection opportunities ensured all staff were aware of developments and able to support individuals according to changes.

The service demonstrated a strengthened system of auditing and oversight, which helped identify any areas for improvement in personal plans and monitored progress towards outcomes. Where issues were found, such as missing information, these were recognised by management through the audit process, and clear action taken to address them.

Training and mentoring to support personal planning had taken place, including the development of the keyworker and senior practitioner role and access to additional organisational and practice improvement support. Staff demonstrated improved confidence in personal planning and anticipatory care planning, with continued guidance available from senior staff and external practice leads. The overall process of ongoing monitoring, team level discussion, family engagement and professional liaison gave assurance that the service had the systems and capacity needed to sustain improvements in personal planning, improvement support.

The manager agreed to strengthen the consistent sharing of updated plans and documents with external partners.

Met - within timescales

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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