

Catrine Bank Housing Support Service

The Stables Administration & Resource Centre
The National Autistic Society
Sorn Road, Catrine
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Unannounced

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Service provided by:
The National Autistic Society

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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. The service provides 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 follow-up inspection which took place on 10 and 11 March 2026.

The inspection was carried out by three inspectors from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made or extended during the previous inspection which took place from 21 to 25 October 2025. We evaluated how the service had addressed these to improve outcomes for people.

Key messages

- The service had met all previous requirements, demonstrating meaningful progress across leadership and quality assurance, staffing, and care planning.
- Improvement planning and self-evaluation had strengthened, with managers showing a clear understanding of progress made and areas still needing further development.
- Staffing arrangements and care planning had become more person-centred and outcome-focused, supporting better oversight of people's wellbeing and daily experiences.
- Further work was still needed to embed new systems and practices consistently, therefore we made three areas for improvement to support sustained and continuous progress.

How good is our leadership?

This was a follow-up inspection to assess progress with a previous requirement relating to quality assurance and improvement planning. The service met the requirement because managers had implemented more robust processes, including regular improvement plan reviews and clearer oversight of progress. These changes strengthened the service's capacity to evaluate its work and plan further improvements (**see section 'What the service has done to meet any requirements we made at or since the last inspection'**).

To support continued and sustained development, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. To strengthen leadership and improve outcomes for people, the provider should ensure that quality assurance, self-evaluation and improvement planning processes are consistently embedded in daily practice. This should include sustaining regular review meetings and ensuring that improvement actions remain clearly linked to people's experiences and outcomes.

This should include, but is not limited to:

- ensuring staff and managers continue to use the new electronic systems effectively
- ensuring learning from audits, feedback and evaluation leads to timely updates to improvement plans.

This is to ensure 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).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

How good is our staff team?

This was a follow-up inspection to review progress with a previous requirement for assessing, planning and evaluating staffing. The service met the requirement because managers had introduced regular and structured reviews of staffing information, including people's wellbeing, incidents, absences and feedback, and had begun to improve staff allocation and rota planning. This helped ensure staffing decisions were increasingly linked to people's needs and outcomes (**see section 'What the service has done to meet any requirements we made at or since the last inspection'**).

To support further and sustained improvement, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. To support positive experiences and outcomes for people, the provider should continue to improve how staffing is assessed, planned and evaluated. The provider should ensure that staffing decisions consistently reflect people's wellbeing, outcomes and weekly experiences.

This should include, but is not limited to:

- reviewing and adapting staff allocation and rotas to promote consistency of support
- ensuring that weekly reviews of incidents, absences, quality assurance outcomes and wellbeing summaries are used effectively to inform staffing decisions.

This is to ensure 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).

"My care and support is consistent and stable because people work well together" (HSCS 3.19).

How well is our care and support planned?

This was a follow-up inspection to evaluate progress with a previous requirement for improving people's care and support plans. The service met the requirement because all supported people now had electronic care plans in place, and daily recording and evaluation of support had improved. The new system strengthened oversight and helped keep assessments and plans more up to date (**see section 'What the service has done to meet any requirements we made at or since the last inspection'**).

To support continued development and ensure all information is fully embedded and consistently used, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. To ensure people experience high-quality, personalised care and support, the provider should continue to improve the quality, completeness and accuracy of care and support plans. The provider should ensure that all relevant information is fully transferred into the electronic system and that plans remain outcome-focused and up to date.

This should include, but is not limited to:

- ensuring all essential information is transferred from paper records into the electronic system
- ensuring staff use the system consistently to record daily support, evaluate progress and update plans and risk assessments.

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).

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

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

Requirements

Requirement 1

By 29 September 2025, extended to 2 March 2026, 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 service made significant progress with the implementation of improvements to quality assurance, self-evaluation and improvement planning. Managers continued to hold regular improvement plan review meetings and showed a clear and realistic understanding of the service's progress, as well as the areas where further improvement was needed.

Managers demonstrated how they used their understanding of good practice to plan, initiate and implement several significant improvement actions aimed at making the service more person-centred and outcome-focused. This included changes to staff allocation, rota planning, and the re-organisation and clarification of role responsibilities. In addition, managers made progress in strengthening professional accountability.

The provider supported the service by introducing a new electronic care planning system and an electronic quality assurance and management oversight system. Both systems still needed more time to become fully embedded in daily practice and to reach their full potential. However, they already gave managers much stronger tools for quality assurance, real-time performance oversight and improvement planning. The quality assurance system also improved oversight of service performance for senior managers who were not based on site.

Taken together, these actions and improvements, alongside the management team's strong motivation and openness to change and feedback, meant that the service's capacity for improvement had significantly increased. As a result, the service was now more likely to successfully sustain and further develop improvements.

We acknowledged that the service was still in a period where staff, managers, supported people and families had to cope with significant changes, and that more time was needed for some new practices, tools and ways of working to settle. To support this ongoing process, we made an area for improvement (**see section 'How good is our leadership?'**).

Met - within timescales

Requirement 2

By 29 September 2025, extended to 2 March 2026, 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 provider made significant progress with improvements to the regular assessment, evaluation and planning of staffing in the service. Managers followed current good practice guidance for staffing in care services and introduced new processes. This included weekly reviews of relevant data such as incidents, absences, quality assurance outcomes and feedback from staff and families. Importantly, the review process also included summaries of each supported person's previous week, including their wellbeing and activities.

This meant that the service's self-evaluation and staffing decisions now had a much clearer and stronger link to people's experiences and outcomes.

The service also made significant changes to staff allocation and rota planning. These ongoing changes meant that the service moved towards allocating staff to consistently support the same person. This was a positive change, in line with good practice, because it supported continuity of care and a more person-centred approach.

Taken together, these actions showed the provider's and local managers' motivation to drive positive change and their capacity to continue improving the service.

We acknowledged that these significant and ongoing changes to staffing meant that further work was needed to support staff, supported people and families through what could at times be challenging and difficult changes. To support this, we made an area for improvement (**see section 'How good is our staff team?'**).

Met - within timescales

Requirement 3

By 29 September 2025, extended to 2 March 2026, to ensure that peoples 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 provider made significant progress with improving people's care and support plans. This included introducing a new electronic care planning system. This change strengthened several important processes, including the daily recording of care and support, and ensuring that plans and risk assessments were kept up to date.

This was a complex, large and sometimes challenging project because it required the accurate transfer of paper-based documents into the electronic system, while also aiming to make each plan more outcome-focused.

Although every supported person now had a fully functioning electronic care plan, we acknowledged that more work was needed to transfer all required information to the new system. However, we were reassured that all essential paper-based information remained available to staff in the meantime.

It was positive to see that the change had already led to stronger practice that supported good outcomes for people. In particular, improved daily recording of support and activities, along with regular evaluations of people's support, helped to promote good outcomes.

To support further and sustained improvement of people's care and support plans, we made an area for improvement (**see section 'How well is our care and support planned?'**).

Met - within timescales

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

The provider had appropriate, up to date and regularly evaluated improvement plans in place. We saw meaningful progress in the planning of staffing to support activities, as well as improvements in care planning and daily recording. This demonstrated the service's understanding of the required improvements and its capacity to continue developing practice.

More time was needed for the service to implement these improvements consistently and to demonstrate sustained good practice.

This area for improvement was not met and will continue.

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

The provider had appropriate, up to date and regularly evaluated improvement plans in place. We saw meaningful improvement in the documentation and evaluation of 'as required' medication. This demonstrated the service's understanding of the necessary improvements and its capacity for further progress.

More time was needed for the service to implement the improvements consistently and to demonstrate sustained good practice.

This area for improvement was not met and will continue.

Previous area for improvement 3

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

The provider had appropriate, up to date and regularly evaluated improvement plans in place. We saw meaningful improvement in planning and monitoring of staff training and in the review of roles and responsibilities. This demonstrated the service’s understanding of the required improvements and its capacity for further development.

More time was needed for the service to implement these improvements consistently and to demonstrate sustained good practice.

This area for improvement was not met and will continue.

Complaints

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

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