

# Care service inspection report

Full inspection

## Grampian Autistic Society - Outreach Service Housing Support Service

Grampian Autistic Society  
33/35 Carnie Drive  
Aberdeen



HAPPY TO TRANSLATE

Service provided by: Grampian Autistic Society

Service provider number: SP2003000368

Care service number: CS2004073329

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

### What the service does well

This is a local service which works with the people who receive a service and their families to meet their needs.

Support workers know people well and they keep people and families informed about what is happening.

Staff have a lot of support from the manager and from each other.

### What the service could do better

Some work has been done on new risk assessments but these have not yet been put in place for everyone.

The service has developed ways of checking how well they are doing, but this is still a work in progress.

### What the service has done since the last inspection

The service has made improvements to the support plans and the risk assessments. They also make sure that three-monthly reports are all completed.

### Conclusion

This service has improved since the last inspection. There is a stable, reliable staff team and the manager and staff are working on making improvements to the quality of the service.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com).

This services was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Grampian Autistic Society is a local voluntary organisation providing support to people on the autistic spectrum.

They state their core values as:

- To conduct our relationships with integrity and respect.
- To promote individual development, empowerment and quality of life.
- To promote high quality professional and needs led services.
- To promote equal opportunity and anti-discriminatory practice.
- To represent value for money.

This service aims to provide a specialist one-to-one service for people with autistic spectrum and communication disorders. It works very closely with the Grampian Autistic Society Support Service, sharing the same staff and management structure.

The service is delivered on an individual basis, mainly in people's own homes.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place on Thursday 27 August 2015 from 1.30 pm to 5.00 pm. It continued the following day, Friday 28 August from 9.00 am to 3.30 pm and concluded on Monday 31 August with a visit to an evening social group. We gave feedback to the manager and the general manager on Thursday 3 September 2015.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We asked the manager to give out 12 questionnaires to staff and we received eight completed questionnaires.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- four people using the service
- four relatives or family members
- the manager
- the general manager
- four support workers
- the training and development co-ordinator.

We looked at a range of documents and policies, including:

- how the service said it would involve people
- minutes of service user consultation group meetings

- team meetings
- newsletters
- service user questionnaires
- staff questionnaires
- support plans
- three monthly reports
- risk assessments
- review notes
- team meetings
- supervision minutes
- appraisal records
- recruitment records.

We also spent time observing how staff interacted with the people they were supporting.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become



apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

## Taking the views of people using the care service into account

During the inspection we spoke with some people who used the service, communicated with one person by email and also spent time with other people whilst they were attending an activity group.

People told us that they were happy with the service provided. They appreciated the consistency from having regular members of staff and were concerned about what they would do if key members of staff left.

## Taking carers' views into account

We spoke with several carers by phone and they told us that they really appreciated the service they received. They were positive about support workers and again were concerned about replacements if their support workers left.

Comments, included:

"If it weren't for Grampian Autistic Society I don't know where I would be."

"We're delighted. It has had such a positive effect for ....."

"The support worker is really good at relaying messages. We don't have any concerns at all."

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

##### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

##### Service Strengths

The manager showed during the inspection that service users and carers participated in improving the quality of care to a very good standard.

Reviews provided an opportunity for people to comment on the quality of care that they received and to ask for changes to how they were supported.

Questionnaires had been circulated to people using the service and the responses had been collated. The manager had met with some people, who had identified themselves, to discuss how their requests could be met or how their concerns could be resolved. Other comments had been discussed at the team meeting, with staff trying to find a way to provide what people had asked for.

Support plans were discussed with people receiving a service and their families. These were agreed and signed, with people using the service receiving their own copy. People and families we spoke with said they had been involved in writing the support plan and had a copy. The support plan format had been changed and new plans were in the process of being rolled out. These were clearer, with agreed outcomes that people wanted to work on with support from the staff in the service.

People who used the service were provided with a three-monthly report on what had happened over a three-month period. This was discussed and agreed, with amendments made where people asked for them. This meant that people had an opportunity to have a record of the service they received and to discuss what they wanted to work on for the next three months.

There was a 'you said, we did' board in the office, highlighting some things, including outings that people had suggested, or asked for and giving details of how the staff and manager had responded to those requests.

All of this meant that people had a variety of different ways to comment on and influence the service they received.

### Areas for improvement

While questionnaires had been circulated and the answers had been collated, the outcomes had not yet been given to people who had been sent questionnaires. Letting people know what other people have said and how the staff and manager are responding to that would help show people that any comments or suggestions they make will be acted on.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 5

"We respond to service users' care and support needs using person centered values."

### Service Strengths

The manager showed during the inspection that service users and carer support needs were met using person-centred values to a very good standard.

Support plans were personalised, with the outcomes they would be working towards agreed by the person, their care manager and staff from the service.

The plans contained 'all about me's' which provided important information about the person's background and likes and dislikes.

Support workers were matched to the person they would be working with. This included matching interests and hobbies, wherever possible, with some examples provided during the inspection of how this had worked in practice. Working relationships with members of staff were good. New staff were introduced gradually, with an opportunity to get to know the person and build up a relationship with them. This was important for people who like to have consistent staff they are familiar with.

Some time had been allocated at the end of the staff meeting for staff discussion. This allowed people who were working with the same person to make sure that the support they provided was consistent.

The three-monthly reports and discussions around these helped to shape the service in a way that suited the people receiving the service. Some people using the service had their own records and these were used by staff to share information.

The service worked closely with other health professionals, including GPs, psychologists, a dietician and care managers. They also supported people with healthy eating, active lifestyles and developing social networks and friendships. The approach to this varied, depending on the person's circumstances and preferences, with some people staying with families and other people not wanting support in these areas.

### Areas for improvement

The service could develop 'all about me's' for everyone using the service and could also consider how they provided information about members of staff, with the possibility of using the 'all about me's' for staff as well.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

As part of the three-monthly reports people using the services and their families were now being asked to comment on certain areas, with the questions rotating so people were not asked the same questions every three months. This gave people an opportunity to comment on the support they were receiving and their relationship with their support workers.

Staff and people using the service were matched for interests and likes where possible. Staff were also introduced gradually with someone else there, then people were given a chance to comment. We heard of some occasions where people had opted not to have a particular worker.

Grampian Autistic Society had several services and staff worked across these. We heard from families that it was helpful to have staff that their children knew from the children's service when they moved to the outreach service. Leaving school and entering adult services could be a difficult time and they valued having support from known staff at that point.

Some families had requested specific training for members of staff to work with their son or daughter and this had been provided.

As a parent-led organisation the directors were often parents of people who used the service. They were involved in recruiting for senior posts and had an overview on the governance of the organisation. There was an open invitation for people using the service and their families to attend the Annual General Meeting.

## Areas for improvement

During the inspection we discussed with the manager and general manager how people who used the service and their families or carers could be involved in recruiting staff. The general manager said this had been looked at before and there were several concerns about the legal position and about confidentiality, which meant it had not progressed. We discussed ways of managing these concerns and involving people in recruitment in other ways than being at the interview.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

## Service Strengths

The inspection showed that there was an ethos of respect towards service users and each other to a very good standard.

During the inspection we saw some respectful friendly interactions between people being supported and their support workers.

The service user consultation group was a useful way of highlighting the ways that people could be involved in directing the organisation and showing that people's views were respected.

People joining the organisation had induction training and during this values were discussed, including the Scottish Social Services Council (SSSC) code of conduct and the National Care Standards. There were also occasional theory to practice sessions, where the training and development co-ordinator would support a discussion on what theory meant in practical terms for members of staff.



The service's code of conduct emphasised the importance of respecting each other and stated how important that was for the success of the organisation.

Staff described a strong staff team who were supportive of each other. They were working alone for much of the time and could face difficult situations. They said they were well-supported by senior staff, who had an open door policy, but they also supported each other. Team meetings had a period of time set-aside at the end for members of staff to discuss issues they wanted to raise.

### Areas for improvement

Members of staff had a range of different experiences and qualifications. The service could work towards supporting people to get a recognised qualification, which would meet the registration requirements for social services staff, with the SSSC.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

### Service Strengths

During the inspection the manager showed that service users and carers participated in improving the quality of management of the service to a good standard.

The organisation had been developed by, and its management board was led by, family members of people using the service. This meant that family carers were involved at the highest level in managing the organisation.

The manager had an open informal approach and knew most of the people using the service and their families, which provided an opportunity for people to comment on how the service was managed. People and families we spoke with said they had a good relationship with their support workers and could discuss most issues with them, but they felt quite comfortable in contacting the manager if they needed to. They also said they were confident that issues or concerns they raised would be dealt with appropriately.

### Areas for improvement

While questionnaires had been used to gather people's views on the support they were receiving, they did not directly ask people about the management of the service. The manager could try to find more ways of getting views from people on how the service is managed, and this could include rewording questionnaires to ask directly.

**Grade**

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

**Statement 3**

“To encourage good quality care, we promote leadership values throughout the workforce.”

**Service Strengths**

The inspection showed that leadership values were promoted throughout the workforce to a good standard.

This service had a small core team of staff and they had opportunities to develop specific interests and areas of responsibility. We heard of several roles that people had taken on, including; running social groups, developing employment opportunities for people and developing quality measures within the organisation.

People were able to ask for additional training in specific areas, with some members of staff being funded to complete an open university course in autism for instance.

Individual supervision meetings were very regular and members of staff told us that they valued them. They provided an opportunity to discuss staff development and to work towards taking additional responsibility.

Team meetings provided another opportunity for people to discuss and plan the development of their roles. A recent session had looked at risk assessments, to introduce the new documentation which was being rolled out.

The service involved lone working for much of the time. This meant that each member of staff was responsible on a daily basis for planning their own workload, for transport to and from where they were working and for making their own decisions about the support they were providing, including whether

to contact someone such as a parent of the person they were supporting or their manager for advice.

### Areas for improvement

Some areas of responsibility could be further developed, with more clearly defined roles. There was a lot of scope for the service to develop its quality measures for example and to do that would require clearer agreement about what was expected from the person who had completed the course on quality assurance.

### Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

#### 1. Requirement from previous inspection.

The provider must ensure that all personal plans have been reviewed in consultation with the service user or representative. They must be reviewed:

- (i) when requested to do so by the service user or any representative;
- (ii) when there is a significant change in a service user's health, welfare or safety needs;

and

- (iii) at least once in every six month period whilst the service user is in receipt of the service.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(2)(b) Personal Plans

**Timescale: within two months on receipt of this report.**

**This requirement was made on 31 October 2013**

All personal plans we saw were being reviewed on a regular basis.

Three-monthly reports gave people an opportunity to get together and talk about their service and their personal plan.

The format for personal plans had been changed to be more person-centred and to provide more detailed outcomes for people. These were still being rolled out during the inspection.

**Met - Outwith Timescales**

## 2. Requirement from complaint.

The provider must ensure that it has systems in place to ensure that the needs of service users are regularly assessed, monitored and adequately met and that the service is provided in such a way that meets the identified needs of the service user as recorded in the agreed support plan.

In order to do this the provider must:

i) Consult with individuals to plan and agree how information will be recorded and used to plan and review support and contribute to the outcomes of service provision

This is in order to comply with :The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 3 , a regulation relating to the main principles to be promoted by Providers and services: Regulation 5, a regulation relating to developing and reviewing a personal plan

In making this requirement account has been taken of the National Care Standards for Housing Support; Standard 2: Your legal right; 2.1: Standard 4: Housing support planning;4.1,4.2,4.2.4.4, 4.6: Standard 5; Lifestyle; 5.1:Standard 7: Expressing your rights 7.1 7.3,7.5: Standard 8: Expressing your views;8.3: Standard 9:Choosing to leave or end the service; 9.1,9.5

**Timescale: significant improvement within three months of this report.**

**This requirement was made on 04 September 2014**

All of the files we inspected had an up-to-date support plan, with people telling us that they had been involved in drawing up and agreeing their support plan. Some of the support plans were on the new format and there was a plan in place for moving all of the information onto that format.

Every person's file we inspected had three-monthly reports. Some of these were signed several weeks after the end of the three-month period, but the staff explained that it could take some time after the end of the three-month period before they were typed, circulated and discussed, amended if necessary then signed. The reports detailed progress made towards achieving their aims and people were asked to say whether these aims were still appropriate.

Support plans will continue to be monitored at the next inspection.

**Met - Within Timescales**

**3. Requirement from complaint.**

The provider must ensure that any complaint received is fully investigated and appropriate records are complete and maintained.

In order to do this the provider must:

i) Follow their organisational complaints policy which includes writing to tell the complainant after the investigation to inform them of the findings and what the Provider intends to do

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 18, (2) a regulation relating to the requirement for the Provider to establish a complaints procedure that is appropriate to the needs of the service users: 18(3) The Provider must ensure that any complaint made under the complaints procedure is fully investigated: 18(4) The Provider must within 20 days after the date inform the complainant of the action (if any) that is to be taken.

In making this requirement account has been taken of the National Care Standards for Housing Support; Standard 6; Choice & Communication; 6.3: Standard 7: Expressing your rights; 7.5, 7.9: Standard 8: Expressing your views; 8.1, 8.4

**Timescale: immediately upon receipt of this letter.**

**This requirement was made on 04 September 2014**

The service has not had any complaints since this requirement was made and so did not have any outstanding complaints at the time of the inspection.

During the inspection we discussed the organisation's complaints procedure and the manager was clear that she would respond to any future complaint in accordance with the procedure, including the timescale.

The manager had provided an action plan, which included writing to the person who had raised the complaint and we saw a copy of this letter, showing that this had been done.

**Met - Within Timescales**

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

#### 1. Recommendation from previous inspection.

**Risk assessments should provide comprehensive information to ensure that service users are well supported.**

**Reference: National Care Standards for support services. Standard 10: feeling safe and secure.**

**This recommendation was made on 31 October 2013**

The service had developed a new more comprehensive risk assessment document and staff had completed risk assessment training. The new risk assessments were being rolled out throughout the service at the time of the inspection. This will be followed up at the next inspection.

#### 2. The manager to consider ways of involving people who use services and their carers in recruitment and appraisal of staff.

**Reference: National Care Standards for support services. Standard 12: expressing your views.**

**This recommendation was made on 31 October 2013**

The service had developed ways of asking people about the care they received from their staff and whether they had any suggestions to change that. They had not involved people directly in the recruitment process.



3. The service should continue to progress their plans to develop comprehensive quality assurance systems.

Reference: National Care Standards for support services. Standard 2: management and staffing arrangements.

This recommendation was made on 31 October 2013

The manager and general manager had made a lot of progress on this, in that they had supported a member of staff to gain a qualification in quality assurance and they were collecting information on the service which could be used as a baseline to monitor progress. The manager was auditing support plans for instance. While this recommendation will not be restated it will be important for the service to continue to build on the work they have done to further develop quality measures.

## 6 Complaints

One complaint has been upheld since the last inspection. Two requirements were made and these are discussed at requirements outstanding. Both requirements have been met.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
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31 Oct 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
30 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
29 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 4 - Good
20 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
18 Feb 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good 4 - Good

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