CAT (Community Access Team) Support Service

Midlothian Council
Fairfield House
8 Lothian Road
Dalkeith
EH22 3AA

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Midlothian Council

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About the service

The Community Access Team, referred to as CAT hereafter in this report, supports adults with learning disabilities across various communities in Midlothian.

A planned programmes of activities is offered. These activities seek to reflect and build upon the individual aspirations of the participants.

Activities may include:
- arts and crafts;
- cooking for healthy eating and running a café;
- gardening;
- participating in the local community;
- literacy training;
- exercise and sports activities;
- tea dances and lunch clubs.

The service works in partnership with people who experience care, and their family representatives. There is a strong focus on person-led and community-based approaches that already aligns with national frameworks such as The Keys to Life and Principles of Good Transition 3.

About the inspection

This was a full inspection which took place between 29 August- 10 September 2025. 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 10 people using the service and six of of their family/representatives. We also spoke with eight staff and management, observed practice and reviewed a wide range of documentation.

Key messages

Feed back from people who used the service and their family/representatives was positive.
It was clear that the CAT Team was a much valued service and played a significant part in people's lives.

Staff worked with a strong values base. They were consistently mindful of promoting people's health and well-being, offering choices, respectful and good at listening.

The service work closely with a wide range of local services and resources. It was evident that this promoted involvement and helped people engage with their own communities.

There was a strong emphasis on building relationships and sustaining friendship for people who used the CAT team.

Family members and people's representatives felt access to the CAT Team helped nurture their loved ones and sustained them in their caring roles.

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?	5 - Very Good
How good is our leadership?	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? 5 - Very Good

We assessed the service's performance in this Key Question as very good. This meant that they operated to a high standard. Areas for development were significantly outweighed by positive outcomes achieved.

People who experienced care consistently reported feeling valued and respected throughout their engagement with support. They said they felt listened to and respected. People told us their voices were heard. It was apparent there was a strong emphasis on inclusive practice. This fostered trust and built effective relationships based on dignified and compassionate support.

Family representatives echoed these sentiments, highlighting the importance of respectful care for their loved ones. From our conversations, it was clear there was a consistent recognition that staff routinely demonstrated mindfulness of these principles in their practice.

Our direct observations, conducted across various Hub settings, confirmed that individuals were consistently treated with respect. Staff routinely sought input from people, engaging with them in a manner that was supportive, kind and empathetic.

People consistently spoke positively about their experiences at the CAT Hubs, particularly valuing the opportunity to connect with old friends and form new relationships. This was very important to the people we met.

We were impressed by the creative ways the service worked in partnership with individuals from within local communities. This helped people using support to maximise opportunity, helped reduce stigma and promoted a strong sense of belonging. Family and other representatives affirmed the significance of engaging with the wider community during our conversations.

Some family members emphasised the significance of CAT Hubs in enhancing their loved ones' quality of life, describing the service was as instrumental in supporting young people transitioning from younger people's services to adult care. Key benefits identified included; personal asset development, life skills acquisition and a focus on exercise and health and well-being.

Promoting positive health and well-being outcomes is a core objective of the CAT service. This was evident in a wide range of positive outcomes for people experiencing care.
Staff effectively supported individuals around maintaining and improving their mobility. As well as promoting positive health, it was evident that people really enjoyed engaging in exercise and sport. Some people took a great deal of pride from participating in representative sport. This was enabled by the CAT team.

We were impressed by partnership working in the service. A good example of this was found in the facilitation of a tailored exercise and physiotherapy regime developed in collaboration with the Community Learning Disability Team. The individual receiving care articulated clear benefits from this partnership, which included CAT staff and community physiotherapy professionals.

Additional support included walking groups, exercise-focused activities, and skills development around nutritional intake and healthy eating. Some individuals were also enabled to pursue employment opportunities directly associated with training received at CAT Hubs.

Family members consistently spoke of sustained well-being outcomes, also noting that the service provided them with respite from caregiving responsibilities. This was considered very important to involved care-givers.

The service was also commended for its ability to signpost and connect individuals to essential community resources. This sign-posting included referral for assessments around aids and equipment, income maximisation services, and employment pathways.

How good is our leadership? 4 - Good

We evaluated the service's performance in this Key Question as good. Strengths significantly outweighed weaknesses. Proposed future developments will help ensure consistently positive outcomes around quality assurance and improvement.

People told us that they knew the management team, finding them accessible and eager to resolve any issue or concern they raised. Staff told us they felt valued and listened to.

Support staff were involved in personal planning and service review, this helped them feel their knowledge and insights were recognised by the management team.

At our last inspection we highlighted areas for improvement around consultation and involving people in future service development. We noted some positive developments and some on-going areas for improvement.

The service has conducted a service wide survey involving key stakeholders. Feedback highlighted a high level of engagement and consistently positive views on the quality of support. This consultation exercise should be rolled out again and embedded in quality assurance processes on an annual basis.

We noted development around progressing service user/stakeholder discussion forums, involving independent advocate facilitation. This was work in progress, but will significantly enhance the service's involvement approaches if brought to fruition.
(See area for improvement 1).

The service has developed approaches to self-evaluation and engaged in processes associated with service improvement. We noted a provider review of the service and future aspirational responses by management at the CAT team. Whilst we acknowledged these developments, the service should progress a standalone approach to self-evaluation, considering associated guidance provided by the Care Inspectorate's " Self-Evaluation for Improvement-Your Guide".
Service reviews were convened regularly.

Review minutes showed people had the opportunity to appraise their support outcomes, provide their views on the quality of care and contribute to goals setting and future personal planning.

We considered accidents and incidents, taking into account regulatory guidance around notification of key events to the Care Inspectorate. Unplanned events were well managed, with appropriate responses to accidents and incidents.

Areas for improvement

1. The service should consult with and determine key stakeholders views on engagement with quality assurance processes in the service.

Consideration should be given to developing a forum or forums which allow people to share their views and contribute to service development and improvement plans.

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); and
'I can be meaningfully involved in how the organisations that support and care for me work and develop'. (HSCS 4.6).

How good is our staff team? 4 - Good

We assessed the service's performance in this Key Question as good, with important strengths significantly outweighing areas for development.

Staff were recruited in line with national guidance, "Safer Recruitment for Better Recruitment". This meant that workers were suitably vetted before commencing their work with people experiencing care.

All the staff we met were enthusiastic and spoke positively about their work. From our conversations consistent themes emerged around core values and integrating key service objectives into practice. Staff understood and spoke with insight into "Keys to Life (2018)" the Scottish Government's strategy for improving the quality of life for people with learning disabilities.

There was a strong sense of partnership in the way staff approached providing care, with a focus on empowering people and recognising their strengths and abilities. This helped enable them to get the most from life.

People experiencing care, and their representatives consistently spoke about staff as a significant asset to the CAT team. They described staff as knowledgeable, skilled and supportive. Family members particularly appreciated staff ability to communicate effectively about their loved ones.

When we observed staff practice during inspection, we were impressed by the way they engaged with people. There was natural warmth, empathy and appropriate humour in their interactions with people experiencing care. It was evident that staff knew people well. They used their insight and knowledge to provide person-led support.

At our previous inspection, from July 2023, we made an area for improvement around integrating observations of staff practice and management oversight of the quality of support. We repeated this area for improvement at this inspection. **(See area for improvement 1).**

We observed improvement around consistency of staff in the service since the last inspection in July 2023. The CAT team have access to a pool of relief/locum workers and this helped mitigate against the deployment of agency staff.

Staff were well trained in areas relevant to their work. They had undertaken appropriate learning to their roles. Some training records showed us that refresher learning was required in order to ensure staff knowledge , skills and learning reflected current best practice. The development of an overarching training matrix would help management oversight of staff uptake of essential learning and refresher training. We repeated an area for improvement around staff training. **(See area for improvement 2).**

Areas for improvement

1. The service should develop a training matrix which allows management overview of learning undertaken and insight into when refresher training updates are needed.

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); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19); and
'My care and support meets my needs and is right for me. (HSCS 1.19).

2.
The Provider should develop a training matrix which allows management overview of learning undertaken and insight into when refresher training updates are needed

The service should develop competency-based observations of staff practice, clarifying they have the requisite skills and that they put them into practice during support.

Observations should include feed back from people who experienced care and inform discussion, supervision and professional development for the staff concerned.

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) ; and
' I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8).

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

The Provider should consult with and determine key stakeholders views on engagement with quality assurance processes in the service.

Consideration should be given to developing a forum or forums which allow people to share their views and contribute to service development and improvement plans.

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); and
'I can be meaningfully involved in how the organisations that support and care for me work and develop'. (HSCS 4.6).

This area for improvement was made on 9 August 2023.

Action taken since then
This is an on-going area for improvement. The service have made progress but not sufficiently to meet the area for improvement.

Previous area for improvement 2

The Provider should provide notifications of accidents and incidents to the Care Inspectorate in line with regulatory guidance. (See Records that all registered services (except childminding).

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 is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14).

See also SSI 2011/28 Regulation 4(1) (a) (b). Requirement for records, notifications and returns.

This area for improvement was made on 9 August 2023.

Action taken since then
The service managed unplanned events appropriately. We highlighted one incident that needed notification, but in general the area for improvement was met.

Previous area for improvement 3

The Provider should develop competency-based observations of staff practice, clarifying that they have the requisite skills and that they put them into practice during support.

Observations should include feed back from people who experienced care and inform discussion, supervision and professional development for the staff concerned.

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 code'.
(HSCS 3.14)

This area for improvement was made on 9 August 2023.

Action taken since then

This remains as an area for improvement.

Previous area for improvement 4

The Provider should develop a training matrix which allows management overview of learning undertaken and insight into when refresher training updates are needed.

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); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19); and
'My care and support meets my needs and is right for me'. (HSCS 1.19).

This area for improvement was made on 9 August 2023.

Action taken since then

We repeated this area for improvement.

Previous area for improvement 5

In order to ensure that personal plans are relevant and adequately guide staff response to any presenting risk, the Provider should:

- Ensure that personal plans identify all risk, health, welfare and safety issues in a manner which documents how needs are met.
- Ensure that personal plans are shared with people who experience care and their representatives.

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 because people have the necessary information and resources'. (HSCS 4.27); and
'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 9 August 2023.

Action taken since then

Personal plans were detailed, addressed risk and were up-to-date.

Previous area for improvement 6

In order to ensure that people can contribute to their personal planning and evaluate outcomes arising from support, the Provider should ensure that:

-Reviews are carried out a minimum of six monthly intervals.
-Review capture and fully record people's evaluations of the outcomes derived from their support.

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); and
'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17).

This area for improvement was made on 9 August 2023.

Action taken since then

Service reviews were outcomes focused, evaluative and undertaken consistently with people and their families.

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 well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

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