

# The Inclusion Group Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 January 2021

**Service provided by:**  
The Inclusion Group (Dundee)

**Service provider number:**  
SP2003003810

**Service no:**  
CS2003016778

## About the service

We carried out an inspection of The Inclusion Group using virtual technology. We used the Health and Social Care Standards (HSCS) to review the quality of care for people, these can be accessed here <https://www.gov.scot/publications/health-social-care-standards-support-life/>

The support provided by The Inclusion Group includes supporting people in their own homes, to helping people to engage in clubs and activities within their local communities.

The service aims to provide quality personal support to enable each individual to live their life as independently as possible whilst maintaining control of their life.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service has been registered since 1 April 2003.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisors from the Care Inspectorate.

## What people told us

We spoke to nine families by telephone and received feedback from 6 stakeholders.

Overall, people told us they were happy with the support they received and with the staff who provided that support. Comments received included:

### From families:

'They've done good.'

'Staff are excellent - no complaints there.'

'My relative enjoys it.'

'I've had a couple of calls from the team leader recently - can sometimes be difficult to contact the office - no facility to leave a message.'

'Facetime with family on a daily basis.'

'Absolutely fabulous'

'We see the staff as friends.'

'We keep in touch with our relative by facetime every night.'

'Small team, always know them when they arrive.'

'I'm happy with the level of contact I have - team leader checks in to make sure everything is ok.'

'I see staff cleaning the areas after they use them.'

'Staff always wear masks and wash their hands when they come into the house.'

'Staff appear knowledgeable around infection control and I've seen them wearing appropriate PPE - had to remind one member of staff to wash hands on entering the house but this seems to have 'sunk in' now.'

'My relative is enjoying virtual calls with staff whilst in the house - contact with outside world!'

'Don't know what I would have done with out them.'

'So pleased and grateful for their support.'

'Good communication and consultation in relation to any changes.'

'I have seen staff using ABHR and encouraging my relative to do the same.'

'They are doing the best they can under the circumstances. Very happy with the support.'

#### **From stakeholders:**

'Communication has been good from worker.'

'My client and their carer are positive about the service, particularly the team leader.'

'I do know that the families of two of the service users whom the Inclusion Group and I support are very complimentary and appreciative of the support that their family member receives from the individual support workers.'

'My experience of the Inclusion Group is that they have been very supportive of this service user and their family and have been flexible with the support package.'

'Communication with the team leader has been excellent and they have kept me up-to-date with any issues or concerns, and has highlighted any need for changes in the service provision.'

'Mum is happy and comfortable having the carers in her house and feels safe with the level of PPE they use.'

'Carers were grateful that their adult son/daughter was able to access the community again and supported, mainly for walks around the City.'

'I have had no concerns from families who are supported by The Inclusion Group to date.'

'Last year there were issues that needed some intervention between Inclusion staff and the main care provider (commissioned service via DHSCP) regarding communication issues; Covid restrictions; government guidance as well as PPE. There were difficulties with contacting Inclusion/management - confusion as to who was to respond to my emails - team leader or manager.'

'The (government) advice was initially not followed - it seemed the Inclusion staff member was not up-to-date with the government restrictions in place.'

All feedback has been discussed with the manager.

## 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 care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

3 - Adequate

### 7.1 People's health and well-being are supported and safeguarded during the COVID-19 pandemic.

We evaluated the service to be performing at a good level in meeting people's health and wellbeing needs during the COVID-19 pandemic.

Although disruption to regular patterns of support is inevitable during the pandemic, people felt confident in their care and support because they knew the staff who were coming to provide their care and support, and when to expect them. Some people had requested prior notice of who was coming whilst other people told us they were happy because it was always someone they knew.

Personal plans reflected people's rights, choices and wishes. Plans we sampled were person centred and included information on people's preferences, what and who was important to them. An additional statement had been added to each of the plans to describe how hours were changing during the pandemic and how this meant changes to the activities previously enjoyed. Further information about supporting people during the pandemic was included in individual COVID-19 risk assessments which referred to government guidance and gave practical instructions about donning and doffing Personal Protective Equipment (PPE). We suggested that plans could be further improved by adding more detail about the activities that people could enjoy when opportunities in the community were restricted which would help in providing a consistent approach.

Prior to the pandemic, support plans were being reviewed at least once every six months and a minute of discussions and consultations were kept. During the pandemic it had not been possible to meet with people to have these discussions which meant it wasn't always clear that plans had been reviewed at this required frequency. When we spoke to families, they confirmed that they were regularly consulted and were aware of the changes to support and the reasons for this. It is important however that plans continue to be reviewed and updated where required so that plans continue to reflect people's wishes and choices as well as their needs. We provided the manager with examples where this hadn't happened and have made the recording of reviews an area for improvement (see area for improvement 1).

Family members we spoke to confirmed that staff used PPE where appropriate and were observed washing their hands if entering the house. This helped to minimise the risk of infection.

People were happy with their support and although support had changed due to restrictions, we heard examples of how people were supported to keep in touch with family and friends and to participate in activities through the use of technology.

Families told us they had regular contact with nominated team leaders and knew how to contact them if they needed to.

## **7.2 Infection prevention and control practices are safe for people experiencing care and staff.**

Although not able to observe staff, staff we spoke to could describe good reliable access to Personal Protective Equipment (PPE), how and when to use PPE. Family members we spoke to confirmed that staff were seen to wear appropriate PPE when providing support and were observed washing their hands and using alcohol-based hand rub (ABHR). This helped to minimise the risk of transmitting infection.

To help keep people safe, staff described encouraging them to wash their hands and use ABHR regularly. Staff also reminded people about physical distancing and wearing of masks if they were able and to avoid busy places.

Where people were being supported in their own home, family members were able to confirm that staff carried out regular cleaning of appropriate areas within the home.

All staff had completed an e-learning module on infection control within the past two years. Some staff had also received some training with specific reference to COVID-19 including the correct use of Personal Protective Equipment (PPE) and infection prevention and control. Staff confirmed that they had been provided with regular updates and information from the management team. We discussed the importance of all staff having access to further training and updates specific to COVID-19.

Staff told us they received further relevant information from the management team that had helped to keep knowledge up to date. There was little evidence however of managers discussing this information with staff to ensure there was a good understanding of expectations that resulted in staff providing support that reflects current guidance and local restrictions. This is described further under 7.3.

## **7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.**

Due to COVID-19 restrictions, we were unable to observe staff supporting people. In order to assess this, we interviewed nine staff and considered the information we had received from people using the service and their families.

People told us that they had good relationships with the staff and mostly knew the staff team who arrived to provide their support. Staff reported that they knew the people they supported well and described having good relationships with them. Most people told us they knew who to contact if they had any concerns or required information.

People should be supported by trained and competent staff in order to feel safe. Family members we spoke to told us that they were confident that staff followed best practice guidance in relation to infection control. They told us staff wore masks and PPE and they had observed staff washing their hands frequently. All staff

had completed an e-learning module on infection control in the past and the management team sent out regular updates and information to help keep staff knowledge up-to-date. Staff we spoke to were clear about how and when to use PPE and described increased handwashing and cleaning tasks when supporting people in their own homes.

Although staff appeared knowledgeable, less than half the staff team had attended training specific to COVID-19. We discussed that all staff should access training in this area and highlighted resources available online. This included the National Infection Prevention Control Manual.

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/workforce-educational-resources/#title-container>

<http://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-community-health-and-care-settings-infection-prevention-and-control-addendum/>

With all online training, managers should ensure that staff have understood the information provided and how this should impact on practice. We did not see evidence of this during the inspection. We acknowledge that physical direct observation may not be possible in some situations whilst adhering to current guidance and local restrictions. We would however expect to see discussions through supervision or team meetings to provide assurance that staff were adhering to best practice and up-to-date guidance. We have repeated part of a previous requirement in relation to this (see requirement 1). We have also made an area for improvement in relation to COVID-19 specific training (see area for improvement 2).

Staff described regular and supportive supervision with good access to their team leaders should they require additional support. Supervision records sampled were mostly brief notes that didn't fully reflect conversations and records could be improved to include agreed actions and follow up of previously agreed actions.

## Requirements

1. In order to ensure that staff deliver service users' care in a safe, respectful and supportive manner, the provider must:

- Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary, and take the necessary action to address identified deficits.

This must be implemented by 28 February 2021.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 also to comply with The Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument (SSI) 210/2011 Regulation & 4(1)(a) Welfare of users & Regulation 15(b) Staffing.

## Areas for improvement

1. The manager should ensure that there is a written record of support plan reviews that describe the discussions that have taken place and the actions agreed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

2. The manager should ensure that all staff access training specific to COVID-19 and working in a pandemic.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 requirements we made at or since the last inspection

### Requirements

#### Requirement 1

In order to ensure that staff are suitably qualified and receive appropriate training to ensure they can deliver service users' care in a safe, respectful and supportive manner, the provider must:

- (a) Produce a training needs analysis that reflects the training the staff team require.
- (b) From this, develop a training plan that provides clearer details about the training staff are required to have (mandatory), and service specific (to meet people's individual needs). This should include the frequency of any training that requires to be refreshed or updated e.g., medication and moving and handling. The training plan should contain the same information in relation to the team leaders.
- (c) Maintain accurate records that describe the training completed by staff.
- (d) Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary, and take the necessary action to address identified deficits.

This must be implemented by 28 February 2020.

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**This requirement was made on 25 July 2018.**

#### Action taken on previous requirement

We saw a training plan that described the training that staff required and the frequency of any refreshers or updates. This record had been updated regularly to reflect training completed.

The plan did not reflect COVID-19 specific training which the manager agreed that all staff should complete as well as the regular infection control modules. We have made this specific training an area for improvement under 7.3 in the body of the report.

During the pandemic it had not been possible to physically or directly observe staff supporting people due to current guidance and local restrictions. There was no evidence of alternative methods being used to monitor

staff knowledge and practice, such as discussions through supervision or team meetings. Although we have said this requirements is met, we have included a further requirement under 7.3 in the body of this report to clarify where improvement is required.

### Met - outwith timescales

#### Requirement 2

In order to ensure ongoing service improvements, the provider must make proper provision for the health and welfare of service users by ensuring that they have appropriate and robust quality assurance systems in place, that are used regularly to help bring about improvements in the service by 31 July 2019.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 also to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument (SSI) 2011/210 Regulation 4.

**This requirement was made on 10 July 2019.**

#### Action taken on previous requirement

The management team used a range of tools to contribute to the overall quality assurance of the service. As reported above, we have added a new requirement under 7.3 in the body of the report which will also contribute to the ongoing evaluation of the service.

### Met - outwith timescales

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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