

The Inclusion Group Housing Support Service

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Dundee
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Telephone: 01382 322677

Type of inspection:
Unannounced

Completed on:
20 January 2021

Service provided by:
The Inclusion Group (Dundee)

Service provider number:
SP2003003810

Service no:
CS2018370887

About the service

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.

This service registered with the Care Inspectorate on 1 April 2011. In September 2019, the provider also registered to provide a housing support service.

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

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 families by telephone and received feedback from stakeholders by email.

They told us:

"Staff are excellent - no complaints there."

"Facetime with family on a daily basis."

"I have seen staff wearing appropriate PPE, washing hands and I think staff have good knowledge around infection control and changing levels of restrictions."

"Staff know our relative well and find them things to do that they enjoy - they involve them."

"A few issues arising from a lack of knowledge of Scottish Government guidance. After raising the issue with the team leader regarding correct PPE and stringent adherence to Scottish Government guidance I have no reason to believe that any poor practice has continued."

"I feel like I have a good relationship with the team leader of the service, and they do always seem to be looking forward in their thinking to see how to improve the service users quality of life."

All feedback has been shared 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. Staff were regular and familiar which helped ensure support was consistent.

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 had not 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. Families told us they were confident that staff were following the current guidance. This helped to minimise the risk of infection and to keep people safe.

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.

We evaluated staff practice in relation to infection prevention and control as good.

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.

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. Staff described a regular 'deep clean' including regular cleaning of frequently touched surfaces and care equipment.

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.

We evaluated this quality indicator as adequate following this inspection.

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 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. 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 did not 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.

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 210/2011 Regulation & 4(1)(a) Welfare of users & Regulation 15(b) Staffing.

This requirement was made on 13 January 2020.

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 to 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 13 January 2020.

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.

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

To find out more

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