

The Inclusion Group Support Service

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Dundee
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Type of inspection:
Unannounced

Completed on:
16 January 2024

Service provided by:
The Inclusion Group (Dundee)

Service provider number:
SP2003003810

Service no:
CS2003016778

About the service

The Inclusion Group provides social and community support to individuals within their local communities to help them engage with activities they enjoy and live a full life

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

About the inspection

This was an unannounced which took place between 10 and 16 January 2024. 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 four shift leaders, four support staff and four members of the management team. We also spoke to five parents of those supported by the service. We observed informal interactions within the base and reviewed many documents including:

- Care and Support Plan of supported person;
- Care Plans and Review documents of others supported by Support Service;
- Records of Team Meetings;
- Two most recent recruitment records;
- Staff supervisions;
- Training Records;
- Competency Checks;
- Accident and Incident records;
- Complaints/Compliments;
- Service Development Plan.

Key messages

Very good relationships existed between staff and those they supported.

Although there had been some issues with recruitment, people were confident that this was being addressed.

Management and staff were passionate about providing high quality care.

Personal support plans and associated outcomes could be clearer and would benefit from regular audit

The service was responsive to changes in the health and well-being of those they support.

Staff looked for opportunities to maintain the independence of those they support.

The service had compiled a development plan which gave a good starting point for further development.

The service planned to establish opportunities for service user involvement.

The provision of appraisals and formal team meetings could be improved.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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?

4 - Good

We heard from relatives and observed many informal interactions that people were respected and listened to because their wishes and preferences were used to shape how they were supported. This also included if they wished to decline an aspect of their support. Staff were able to confirm that this was a normal part of their day where activities and outings could be changed or 'declined' as the supported person so chose.

These warm, encouraging, positive relationships between staff and people making use of the service also showed us that people experienced care and support with compassion. Staff we met spoke fondly and respectfully of those they supported.

People felt confident in their care because they usually knew who was going to be providing their care and support. Some relatives we spoke to stated that they had asked to get a rota and this was sometimes sent at short notice. All relatives we spoke to said they would like more notice with regards to rotas but understood this could be due to uncertainty of cover or last minute unplanned absence.

We read and heard of many examples of how people experienced support that promoted their identity, independence, dignity, privacy and choice. They felt connected within communities by the activities they undertook such as bowling, going to the cinema or having tea out. These activities also enabled people to maintain and develop relationships with the people around them.

Through the review process people were recognised as experts on their own experiences, needs and wishes. This meant they were fully involved in decisions about their support that affected them. However, it was not always clear who had capacity and/or if they had a legal representative in place. We suggested that this could be more prominently placed within the essential information of the file.

Where people's needs were changing and their outcomes were no longer being met, services were proactive in communicating actual or potential adverse outcomes with care managers and commissioners, and in following up any necessary action.

We saw within review documents that people were enabled to get the most out of life, with options to maintain, develop and explore their strengths, interests and skills. These largely included support to access many community based activities and was clearly noted within care plans as, for example, 'to access community based activities' and 'exploring new opportunities'.

Social bonds were strengthened because people were supported to build and maintain meaningful relationships with others. This was clear within the interactions within the base.

The culture of the service clearly promotes the recognition of strengths, contributions and achievements, which has a positive impact on people's confidence and self-esteem.

Staff in the service understood their role in supporting people's access to healthcare and they recognised changing health needs and shared this information quickly with the right people.

It was clear, from the care plans we sampled that people were fully involved in making decisions about their physical and emotional wellbeing through their personal plans. Care plans clearly detailed support needs around 'Health'. We also read many risk assessments which were focussed on health and safety from the

administration of medication to the management of seizure activity. We found that these were all up to date and had been reviewed recently. However, it was not always clear if legal representatives had been consulted.

We found that many activities were focussed on exercise and wellbeing, intentionally or not. This included, for example, art, football and swimming.

We saw that there were good working relationships with allied health professionals to assist with specific health support needs. This included Speech and Language Therapy, Diabetes Specialist Nurse and Gastronomy Consultant. This showed us that the service appreciated the limits of its expertise and will work alongside other professionals to ensure people get the health care and support they need.

How good is our leadership?

4 - Good

This service has gone through significant changes in relation to their management structure and associated designation of responsibilities.

Communication is such that people's experiences are continually evaluated which ensures that, as far as possible, people who use the service are provided with the right support in the right place to meet their outcomes.

Staff told us that there were marked changes in the general atmosphere of the office and they used such descriptions as 'more at ease coming into the office' and 'the whole team just gels better'. The structure of the management team has provided a clear line of support and responsibility which results in a relaxed atmosphere but with efficient outcomes.

A regular, and manageable, provision of supervisions had also been re-established which gave staff an opportunity to discuss issues of importance whether personally or professionally. It also afforded staff the opportunity to reflect upon their practice and ensured that clients were receiving the best possible service. The provision of appraisals has still to be embedded but the manager has plans to introduce them into the supportive cycle in the coming year.

The service has a specific role for 'team meetings' and uses these to discuss individual care plans, usually prior to a care plan review or after a significant event. These seem to work well for this purpose but perhaps miss an opportunity to discuss full service issues as a staff team. There has been 'team days' in the recent past and these have been fundamental in discussing the future direction of the service. The service annual general meeting gave a similar opportunity to inform parents and relatives.

The service has produced a comprehensive improvement plan which included areas identified in previous inspections and other improvements which the service had identified. Service developments noted included staff engagement, accessible policies, training tracker, and the filing systems. We felt these were important areas to develop, but were clearly service led. It may be an appropriate time in this service's development to look at how it establishes a self-evaluation from which an improvement agenda can be introduced. This would enable leaders to demonstrate a clear understanding about what needs to improve and what should remain, and ensure that the outcomes and wishes of people who are using the service are the primary drivers for change. Leaders at all levels should have a clear understanding of their role in directing and supporting improvement activities, and where to obtain support and guidance.

How good is our staff team?

4 - Good

We found from records, and by speaking to staff, that people using the service were supported by staff who understood and were sensitive to their needs and wishes because a range of learning and support measures were in place.

Staff told us that they had received core training through their induction and they felt this prepared them for their role. They also felt that there was a wide variety of training, post-induction, and we found this was well managed between the business manager and service manager.

There were clear records of learning being scheduled and undertaken that informed what is provided for each staff member in accordance with their role. Staff were aware of their responsibilities for continuous professional development to meet any registration requirements. They have support to achieve this and a record is kept to minimise registrations lapsing.

There was also specific training provided as the diagnosis or needs of the supported person demanded. This included, for example, epilepsy awareness and peg feeding. These examples also included training in medication protocols as appropriate.

We did not see a clear programme of learning for each role within the service and this is perhaps something to be considered as the service moves from interim roles to an established structure. Likewise, although staff were happy with the induction they had received, we felt this could be more structured to specific mandatory training and include regular support meetings. The checklist, held within recruitment folders, could include records of when new staff have passed particular training and induction milestones.

We saw, from records, that staff competence is regularly confirmed, through observations, to ensure that learning and development has been effective and supports better outcomes for people. This was particularly notable within the administration of medication.

A learning culture was being embedded within the service, which included reflective practice, and this was evident within team meetings around the supported person, particularly as preparation for care plan reviews. This reflection will be further enhanced once an appraisal process continues to be developed alongside the supervision schedules. The service could also consider how the views of people who are supported by staff are used to give feedback about them and are included in the supervision and appraisal process.

How well is our care and support planned?

4 - Good

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

Requirements

Requirement 1

By 2 June 2023, you must ensure that staff and supported people have an opportunity to participate in contributing to a service development plan, on an on-going basis, through meaningful consultation.

This is to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) 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 can be meaningfully involved in how the organisations that support and care for me work and develop.'
(HSCS 4.6) and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.'
(HSCS 4.7)

This requirement was made on 7 March 2023.

Action taken on previous requirement

The service had held development meetings with staff and also distributed a survey to carers. Drop in sessions for all stakeholders will be held once a month. A Service User forum will also continue to meet. As well as these intended actions the management team have also developed strengths, weaknesses, opportunities and tasks feedback for stakeholders including the management board. They have held development days to consult with staff and supported people. Further updates on development objectives are planned and these will be confirmed in due course. There is confidence that this service is embracing this area of development.

Met - within timescales

Requirement 2

By 7 April 2023, you must ensure that staff have a schedule of supervision and regular team meetings to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

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).

Also the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise.' (2.2).

This requirement was made on 7 March 2023.

Action taken on previous requirement

We sighted a comprehensive programme of supervisions for staff. These were divided amongst the Shift Leaders so that workloads were equitable. Team meetings were also happening regularly but these were specifically to focus on the care and support of people as care plan reviews were occurring. We felt this had pros and cons, it was very focussed on providing the best practice for the individual but missed opportunity for service development discussions. However, there were other opportunities within development days for such discussion. We are considering this requirement met but will continue to monitor on subsequent visits.

Met - within 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 well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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