

## The Inclusion Group Support Service

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Telephone: 01382 322677 / 322777

**Type of inspection:**

Unannounced

**Completed on:**

13 June 2019

**Service provided by:**

The Inclusion Group (Dundee)

**Service provider number:**

SP2003003810

**Service no:**

CS2003016778

## About the service

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

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).

The support provided by The Inclusion Group included 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 lives as independently as possible whilst maintaining control of their life.

## What people told us

During this inspection we spoke with people who used the service, some of their relatives and other stakeholders such as social workers. We also received some feedback from people through care standard questionnaires that we sent to the service prior to our visit.

We received a lot of positive feedback about the staff and the support provided. We did however also receive less favourable comments about communication and management and leadership.

Feedback from people who use the service and their families included:

"I have always found the service provided by The Inclusion Group to be consistently very good."

"The staff hold the welfare of service users to be of the utmost importance at all times."

"They go the extra mile if necessary."

"They (my relative) is loving it and the staff are fantastic with them."

"Overall the service is acceptable."

"The support workers do an amazing job."

"They (my relative) love going out with the workers. They are working on their skills within the community."

"We are very happy."

"They work positively with my relative."

"My relative loves it..they come home beaming."

"It is my experience that there is a distinct lack of communication and interaction between management and staff."

"Rotas are obviously not being arranged sensibly."

"I've asked for a timetable but we don't get one."

"Changes in staff are unsettling for my relative."

"Leadership is lacking."

"If I have any problems, I speak to (team leader) and they always sort it out."

"There has been a gradual deterioration in the past two years."

Feedback from professionals received during the inspection and in the days following included the following comments:

"The review paperwork is very good, it covers everything and is provided in a format that is easy to read and understand."

"Communication between staff, care management and other professionals is generally good. There have been occasions when reviews have been scheduled/missed and when I have attended they have been cancelled, but I would say that this has improved in the past 12 months."

"There have been instances when queries regarding certain incidents have gone unanswered, despite numerous request."

"It is my experience that there is a distinct lack of communication and interaction between management and staff."

"I do find that if I discuss a situation with them, they do attempt to resolve this, but I rarely get any feedback or update in regard to this."

"Communication varies greatly."

"I think their communication with families is poor and will let a situation develop into a problem before any discussion."

"I would also say in particular, staff are good at responding to different behaviours, have an awareness of ASD specific issues (eg- sensory needs) and the use of different communication methods."

However we also heard:

"It appears some staff may not effectively be trained to deal with challenging behaviour and behaviours associated with ASD."

"I think they are very good – the team leader is very professional and reliable."

"The quality of information presented has improved."

"All of the people and families I work with speak very highly of The Inclusion Group and the support that they receive."

"I think the service has gone down hill."

"Management pass the buck too much."

## Self assessment

We did not ask the service to provide a self assessment prior to this inspection. During the inspection we discussed the service improvement plan with the manager.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

People should expect that their needs as agreed in their personal plan are fully met and that their wishes and choices will be respected. There had been a gradual improvement in the quality of information recorded in personal plans over the past year. We were pleased to see that further detail had been added in places to describe how staff should support people. For example when they are distressed or when they cannot express their needs verbally. The team leader was actively evaluating personal plans and identifying areas for improvement on an on-going basis.

Risk assessments also showed an improvement from previous examples viewed. Again there was still some work to do in relation to making sure that all known risks were fully assessed so that people were fully informed about potential risks and any interventions required to minimise the risks. Some of the information showed a lack of understanding about what a risk or a hazard was and further training should be provided to those responsible for writing assessments to help them develop their experience and skills in this area.

People should be fully involved in reviewing their personal plan. We saw that there were minutes of reviews at least every six months. Some of these however lacked confirmation of who had been involved in the discussions. In some examples, it wasn't clear how the person had been involved or their views considered. Where the 'client' review document had been completed with people this gave better information about the persons views where they were able to vocalise this. The review minute should refer to the 'client review' to ensure that this is considered. In the future, it would be good to see the reviews presented in alternate formats dependent on the individual needs of the person.

People could choose from a wide range of activities and opportunities including recreational and social as well as support in volunteer roles and to attend college. The service also supported children, families told us that activities were planned with them but were directed also by the preferences and choices of the child. Families told us that the support for their child was also helping to build confidence and to develop self esteem.

It was important to people that they knew the staff who were coming to support them and the times of their support. Most people told us they were happy with this. Some people however told us that on occasions support may be cancelled or rearranged or that staff who turned up were not the staff expected. This caused some anxiety and distress for some people. Some people received a weekly timetable which they told us was quite reliable and that any changes were communicated in advance. This experience was not consistent however and the manager should endeavour to ensure that this practice is consistent across all support particularly where unexpected changes may cause upset for people.

During this inspection we observed warm, comfortable relationships between staff and people who used the service. We saw and heard lots of laughter and appropriate conversations that helped to evidence positive relationships.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

People using the service should have confidence in the staff because they are trained, competent, skilled, are able to reflect upon practice, and follow their professional and organisational codes.

Staff training records showed staff had access to a variety of training which had been introduced since the last inspection. This was provided to staff through e-learning, and internal and external trainers. Staff thought the quality of this was variable for example most staff spoken with thought that training through e-learning and external providers was of a better quality than the training the received internally. This was mirrored in the training evaluations staff had completed in relation to communication, Autism and intensive interactions. We had concerns about some of the comments recorded and we asked the manager to investigate these further and report their findings back to us.

Staff had access to formal qualifications such as Scottish Vocational Qualifications (SVQ). We were pleased to see that the service had received funding to allow a further 18 staff to start their SVQ's. The manager needs to set out the timescales for this to be implemented. We made a requirement re ensuring that where they were required to that staff had registered with the Scottish Social Services Council (SSSC). We were disappointed to find that there was one member of staff who had not registered within appropriate timescales and had continued to work in a post that required them to be registered for a considerable amount of time.

We had a full and frank discussion with the manager and a board member during feedback about the providers responsibilities to ensure that staff are registered where they require to do so. We also advised them that they may be committing a criminal offence and that a referral may be made to the procurator fiscal. This requirement will be restated. (See Requirement 1).

To support staff they had access to supervision. We looked at 11 staff files and noted that everyone apart from one staff member had supervision meetings in 2019. We discussed the importance that staff continued to have access and the frequency of these meetings should be set out in new supervision agreements with staff to allow this to be monitored.

We looked at four recruitment files for staff who were due to start working in the service and found that the provider was following best practice in relation to safer recruitment. The manager provided us with a training plan and calendar, however to improve this we feel that the plan requires to provide clearer details about the training staff are required to have (mandatory), and service specific (to meet peoples individual needs). The training plan should contain the same information in relation to the team leaders.

We were pleased to see that training for the team leaders had been set up via e-learning, however records showed that one team leader had completed eight courses, one three, one had completed one and two hadn't completed any. The manager and provider need to monitor this to ensure that all staff access the training required to ensure they have the necessary skills to undertake their roles.

We also discussed the need for staff who work with children to have children and young people specific training such as child development, challenging behaviour and GIRFEC (Getting It right for Every Child).

The service had undertaken a staff survey. The results of which were mostly negative. The manager and board were planning to look at these to see how they could address the concerns raised in the survey. The manager and board were disappointed that there had only been fifteen responses were considering ways of encouraging more staff to participate to ensure that the responses received were reflective of the majority of the staff team.

## Requirements

### Number of requirements: 1

1. The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, may carry out work in the care service in a post for which such registration is required by 30 June 2019

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, '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 in order to comply with SSI 2011/210 Regulation 15 and regulation 19 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Recommendations

### Number of recommendations: 0

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

The manager had created an action plan to help address requirements made at previous inspections. This action plan was updated regularly and described the actions taken and progress made. Some of the processes described to help with improvements included file audits, quality assurance reports and improvement plans. These tools were monitored and discussed with team leaders through supervision meetings. At our last inspection we said that the tools had not been implemented effectively to check that any improvements required had been progressed. This had partly been due to a lack of supervision with team leaders. It was therefore an improvement to see that all team leaders had received supervision at least once in the past six months. This frequency needs to improve however to help ensure improvements progress and are sustained.

For example, the action plan describes file audits are to be completed for discussions at supervision. File audits had not been completed at the frequency expected – this was possibly due to the capacity of team leaders to complete these whilst much of their time was spent directly supporting people who use the service.

Quality assurance reports had been completed however these lacked any comment from the manager in relation to any discussion or further actions identified. Although these were discussed in supervision – this was only as recent as January so there was no evidence to confirm the information in the reports had been considered.

As reported under the quality of staffing, we identified one member of staff who had failed to register with SSSC within the required timeframe. This raised considerable concern that the tools developed to help reduce the risk of this were not being used effectively. For example, the spread sheet created to monitor SSSC registration, did identify that the staff member had not registered however the manager had not taken action to address this to ensure the Provider was meeting their legal obligation. We advised the manager to seek their own legal advice in relation to appropriate action. In addition, SSSC registration is also covered within the quality assurance reports however there was no evidence that the manager had reviewed these consistently.

Although we could see that there had been improvements made in the service and valuable tools had been created to help this process, these tools required to be used regularly and evaluated to ensure any improvements that were required were acted upon. We previously made a requirement about quality assurance processes – we have rewritten this slightly to clarify the expectation that not only is there appropriate quality assurance tools, these must be used regularly to help ensure sustained improvement in the service. (See requirement 1).

## Requirements

**Number of requirements:** 1

1. 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 to ensure that care and support is consistent with the Health and Social Care Standards which state; 'People should expect to 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, SSI 2011/210 Regulation 4.

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

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

## Previous 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) Demonstrate that all staff receive appropriate training to carry out the work they are to perform
- (c) Implement a written action plan to meet the training needs identified
- (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.

This must be implemented by 30 September 2018.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; '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 SSI 210/2011 Regulation & 4(1)(a) Welfare of users & Regulation 15(b) Staffing.

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



**Action taken on previous requirement**

People using the service should have confidence in the staff because they are trained, competent, skilled, are able to reflect upon practice, and follow their professional and organisational codes.

The new staff induction programme included a variety of training to support them to carry out their role. This included both classroom based and e-learning. Staff told us that they thought that the quality of training during induction was good. Staff told us that because they were supporting younger people with different needs it would be very beneficial to have specific training on how to support children, staff also told us that they would like more in depth training in key areas like supporting people with Autism. The induction programme was due to be evaluated shortly after this inspection.

The manager had carried out a training needs analysis however this information had not informed a training plan to help prioritise and plan training going forward. A training plan was produced during our inspection but only when it was identified that there was not one.

We looked at the overall staff team training records and were disappointed to see that the majority of staff had not received any training in 2018. In addition the records showed that some staff had not received any training for much longer periods, in some instances not for two to three years.

This potentially places staff and the people they support at risk as not having the knowledge, and skills to support someone in line with best practice can lead to poor outcomes for people using the service. The amount of training staff were currently receiving would not allow staff to meet their post registration requirements with the Scottish Social Services Council (SSSC) with the potential of staff being removed from the register. In addition we found that the majority of team leaders had still not had any training for their roles. This was found as an area for improvement following the last inspection.

At feedback we again highlighted the importance of staff having access to good quality training and refreshers which helps them to develop the skills and knowledge to be able to support people effectively.

We found that this requirement had not been met.

**Not met****Requirement 2**

The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, may carry out work in the care service in a post for which such registration is required by 19 July 2018

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; '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 in order to comply with SSI 2011/210 Regulation 15 and regulation 19 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

## Action taken on previous requirement

The manager provided us with a print out of staff employed in the service and a print out from the SSSC of staff who had registered with them. The spread sheet identified one member of staff who was required to registered but had not done so in the required time frame. The manager was not aware of this and therefore had not taken any action to address this. See quality of management and leadership for further information.

This requirement had not been met and has been restated.

## Not met

### Requirement 3

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 quality assurance systems in place by 30 August 2018.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; 'People should expect to 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, SSI 2011/210 Regulation 4.

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

## Action taken on previous requirement

We acknowledged that the manager had introduced a number of systems in order to help them evaluate the quality of the service. We also saw some improvements in personal plans. These included:

- file audits
- quality assurance plans
- improvement plans
- training spread sheets
- SSSC registration spread sheet

Supervision had been identified as a method for monitoring the above. Although it was good to see that team leaders had received supervision since our last inspection, there was no regularity to this established. This meant that there was no regularity to the above tools being used to help bring about improvements.

The manager should establish an overall quality assurance plan that organises the information that describes what needs to improve, the actions planned and the tools used to help bring about this improvement, the frequency of activities, who is responsible and the outcomes ie did the activity bring about the improvement or is further action required?

Staff were working hard to effect improvements in the service however the time that they had to do this was impacted by staffing issues. The manager should consider the organisation of the team leaders time to enable a more focussed approach.

This requirement had not been met and has been rewritten under the quality of management and leadership.

**Not met**

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

### Previous recommendations

There are no outstanding recommendations.

### 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).

### Enforcement

No enforcement action has been taken against this care service since the last inspection.

### Inspection and grading history

Date	Type	Gradings
10 Jan 2019	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>Not assessed</div> <div>Not assessed</div> <div>Not assessed</div> <div>Not assessed</div>
5 Jul 2018	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>3 - Adequate</div> <div>Not assessed</div> <div>2 - Weak</div> <div>2 - Weak</div>

Date	Type	Gradings
30 Aug 2017	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
25 Nov 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
7 Mar 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
4 Mar 2015	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
15 Apr 2014	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
28 Feb 2013	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 4 - Good
24 Sep 2010	Announced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
20 May 2009	Announced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good

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