

## Partners for Inclusion Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 March 2022

**Service provided by:**  
Partners for Inclusion

**Service provider number:**  
SP2004004872

**Service no:**  
CS2004069745

## About the service

Partners for Inclusion are registered to deliver a Housing Support and Care at Home Service to people over the age of 16 years with a learning disability and/or mental health issues.

The service is delivered across East Renfrewshire, Renfrewshire, East, South and North Ayrshire.

The registered manager is supported by their professional and operational management team, based in the service's headquarters in Kilmarnock. Each person supported lives in their own home, with a small staff team providing tailored support to meet their individual needs.

Packages of support hours vary from a few hours per week to twenty four hours per day, enabling people to live independently.

Partners for Inclusion state that their ethos is "to support individuals lead the best life that they can, within their own homes , with their own dedicated staff team" and that "everyone plays their part in helping us to deliver high quality care and support enabling everyone to live life the way they choose."

This was an unannounced 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.

## What people told us

During this inspection we spoke to staff, relatives of people who received support from the service and other professionals. Feedback about the service was very positive.

Comments included:

"They are a good conscientious caring team who put the service users at the focus of their support."

"We are delighted with everything"

"They go above and beyond"

"They just make sure he has such a good life - they are just fantastic"

## 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 care and support during the COVID-19 pandemic?	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

People had an individual, detailed and holistic service design and working policies (care plan) in place accompanied by safety assessments and reviews which underpinned support delivery.

These documents described specifically what a person could do for themselves in each support area and where help was required.

We could see in the working policies and service design that people's wishes and preferences were used to shape their support and feedback confirmed that the support people received was responsive to their needs and helped them achieve their goals and outcomes.

Where people were subject to restrictions or had guardians, we could see that copies of the legal paperwork was sought and held in the working policies. Any restrictions in place were fully considered and staff appropriately trained if this included physical interventions. This means that the support provided promoted people's dignity, independence and choice.

People's likes and preferences were used in the plans to provide opportunities that people benefited from and to support individuals to explore new activities, including developing new skills and new relationships.

The daily diary and other recording mechanisms such as Home Visits showed how people's support is provided and individual's involvement in directing their support. The service also commits to twice yearly reviews and people are encouraged to be involved in reviewing their support. This means that the care provided supports people to take as much control of their support as they are able to and to get the most out of life.

The service had a number of measures that helped support people from harm including policy and staff training, on Adult Support and Protection.

We could see from the working policies that people's health needs and interventions were identified and supported. People were supported to access the necessary health professionals and this was recorded on their Health Recording forms.

We noted that the medication policy could be more closely aligned with best practice guidance and the manager made changes to the medication policy in line with the appropriate guidance during the inspection.

Where staff were required to provide support for specific health conditions, we could see that staff could access person specific input from either additional training or input from a specialist professional. Where appropriate and wanted, people were supported to develop Anticipatory Care Plans. This meant that people's health benefited from their care and support.

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

4 - Good

We could see that the service had sufficient supplies of personal protective equipment (PPE) and that staff had access to this to top up supplies as needed. Staff had been issued with appropriate guidance and we could see that guidance updates were issued to staff throughout the Covid 19 pandemic. The service has an infection prevention and control policy and staff have undergone training and education from a variety of sources about infection prevention and control. These measures mean that people were protected from the spread of infection and that the risk of infection was reduced. While staff use of PPE was observed during Home visits, the recording of this could be more specific and we asked the service to change how their observation of PPE use is recorded.

We found that the infection control policy could have been updated more robustly to make clear what measures would be used for Covid 19 outbreaks specifically and we asked the service to update their policy accordingly. People had safety assessments for Covid 19 and for other safety concerns as needed, however we found that some of these lacked a useful level of detail. We have made an Area for Improvement around how the service updates policies, records observations and records risk assessments. (see area for improvement 1)

Along with a business continuity plan, the service had Individual covid contingency plans in place that identified which staff would work with each individual should the person contract Covid 19- what support would be provided and what alternative arrangements could be made.

As well as the mandatory training, we could see that staff had been directed towards learning and training that would support them to have the skills to support people during the pandemic for example, on the NHS Education for Scotland TURAS platform and training provided by a couple of the local authorities.

It was difficult to extract an overview of the training status or quality assurance checks for the service as a whole. An overview tool was in place that looked at key areas for each person's team including individual team member's training. We could see that there was management oversight of staff training and quality assurance at the team level. We have made an area for improvement to ensure that the organisation can effectively demonstrate the impact of robust and transparent quality assurance processes for the service as a whole. (see area for improvement 2)

We could see that a record of staff LFD testing was being kept as was the number of vaccinated staff. This information would help inform staff deployment so that staffing arrangements were responsive and flexible should staff need to self-isolate.

Support was available to staff through home visits, supervision and team meetings. We asked that supervision be added to the overview tool so that it could be monitored in line with the organisations support and development policy.

## Areas for improvement

1. The service should ensure that people's support is based on accurate, up to date information that is aligned with best practice guidance, that is reviewed regularly and recorded in sufficient detail.

To do this the service should:

- a) update policies timeously in line with changes to legislation and/ or best practice guidance
- b) record observations of staff practice in sufficient detail to identify good practice, areas for development, the actions necessary to improve practice where needed and the impact on practice of any necessary actions.
- c) record risk assessments in a way that demonstrates that the risk is clearly identified and the measures to be taken to reduce or mitigate the risk are specific . The effectiveness of these measures on reducing the identified risk should be regularly reviewed and recorded and the measures changed if they are ineffective in reducing or mitigating the identified risk.

This is to comply with: Health and Social Care Standards (HSCS) which state:

"I experience high quality care and support based on relevant evidence, guidance and best practice."( HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27)

2. The service should ensure people benefit from a quality assurance and audit system which informs key aspects of service delivery. To do this, the service should review current quality assurance activity and recording so that key aspects of service delivery that inform continuous improvement are accessible and transparent.

This could include but is not limited to, service-wide information on:

- a) reviews
- b) medication management
- c) accidents and incidents
- d) staff recruitment, training, supervisions, and professional registration
- e) engagement and feedback from people experiencing care, families, and others.

This is to comply with Health and Social Care Standards (HSCS) which state:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19)

## 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 well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our care and support 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	4 - Good

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