

MacIntyre Care

MacIntyre Bury and Rochdale Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 10 March 2017. We had previously carried out an inspection in December 2015 when we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; these related to the unsafe handling of medicines, a lack of staff training and a lack of robust quality assurance processes in the service.

During this inspection we found the required improvements had been made and the provider was now meeting these regulations.

MacIntyre Care is a national organisation providing personal care and support to adults with learning disabilities and mental health needs. At the time of our inspection the MacIntyre Bury and Rochdale Supported Living service was supporting one person who had been assessed as requiring assistance with personal care.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The person who used the service told us they felt safe with the staff who supported them; their relative confirmed they had no concerns about the safety of the service provided. The person was supported by a staff team who had been safely recruited. Sufficient numbers of suitably trained staff were always available to meet the person's assessed needs. All staff were required to complete training in 'Positive Interventions' before they supported the person who used the service in order to ensure they were able to deal appropriately with any behaviour which might challenge others.

Staff had received training in safeguarding adults. They were able to tell us of the correct action to take in order to protect people who used the service from the risk of abuse. They told us they considered they would be fully supported by the registered manager should they report any concerns. Policies and procedures were also available for staff to refer to should they need to report any concerns. An annual assessment was completed to check the understanding of staff regarding safeguarding procedures.

Systems were in place to help ensure the safe administration of medicines. Staff had received training in the safe handling of medicines. Arrangements were in place to regularly assess the competence of staff to handle medicines safely.

Care records included risk assessments and risk management plans. These provided information and guidance about how to ensure the person who used the service and staff were protected from identified risks.

Regular checks were completed to ensure the safety of the property occupied by the person who used the service.

Staff received the induction, training and supervision they required to help ensure they were able to deliver effective care. A training matrix was in place and regularly updated by the provider; this recorded when staff needed to complete refresher training in order to ensure their skills and knowledge were up to date.

Staff understood the principles of the Mental Capacity Act 2005 and appropriate action had been taken to safeguard the rights of the person who used the service in view of the restrictions in place. Staff told us they would support the person who used the service to make their own choices and decisions wherever possible.

The person who used the service received the support they needed to attend health appointments. Staff encouraged the person to make healthy nutritional choices as much as possible.

Staff were seen to be kind, caring and respectful towards the person they supported. They had a good knowledge of the person's needs and preferences and how best to communicate and engage with them.

Staff supported the person who used the service to participate in activities of their choice. We noted the person's activity planner included staff supporting the person to attend a local church and attending a local social centre. Staff told us they would always promote the person's independence both within their home and in the local community by providing discreet support and encouraging the person to do as much as they could for themselves.

There were opportunities for people who used the service to comment on the support they received. We noted the person who used the service had provided positive feedback on the support they received in the most recent survey they had completed.

Staff we spoke with told us they enjoyed working in the service and that the registered manager was supportive and approachable. The relative we spoke with told us they felt able to contact the registered manager should they have any concerns regarding the support their family member received.

The provider had a number of ways of involving and seeking feedback from staff. We noted that staff had commented positively about the leadership in the organisation and the training opportunities available to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People who used the service told us they always felt safe with the staff who supported them. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse.

Recruitment processes were sufficiently robust to protect people who used the service from the risk of unsuitable staff. Staff told us they worked flexibly in order to try and ensure the person who used the service was always supported by staff they knew.

Systems were in place to help ensure the safe administration of medicine. Staff undertook regular checks to help ensure the property of the person who used the service was safe.

Is the service effective?

Good ●

The service was effective.

Staff had received the induction, training and supervision they required to support them to deliver effective and personalised care.

Staff understood the principles of the Mental Capacity Act 2005 and the need to support people to make their own decisions and choices wherever possible.

People received the support they needed to access healthcare services. Staff encouraged people to make healthy choices regarding the food they purchased and ate.

Is the service caring?

Good ●

The service was caring.

Staff were observed to be kind and caring towards the person they supported.

Staff had a good understanding of the needs of the person they supported and told us they would always promote the person's

independence as much as possible.

People's confidential information was stored securely.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and their relatives had been involved in developing and reviewing their support plans.

There was a complaints procedure in place to enable people to raise any concerns.

Staff supported people to attend activities to promote their health and well-being.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. Staff we spoke with told us they enjoyed working in the service and felt valued by the provider.

The provider had a number of ways of engaging with and seeking feedback from staff.

Systems were in place to assess and monitor the quality of the service provided.

MacIntyre Bury and Rochdale Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 March 2017 and was announced. The provider was given notice of our intention to inspect the service because we needed to be sure that the registered manager, staff and people who used the service would be available to speak with us.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service. We also contacted the Local Authority safeguarding and commissioning teams and the local Healthwatch organisation to obtain their views about the service.

During the inspection visited the registered office and spoke with registered manager who was present throughout the inspection. We also spoke with the person who was using the service at the time of the inspection and two members of the staff team who provided them with 24 hour support. Following the inspection we spoke by telephone with a relative of the person who used the service.

Is the service safe?

Our findings

The person who used the service told us they felt safe in their home and with the staff who supported them; their relative confirmed they had no concerns about the care the person received.

At the last inspection we found medicines were not always managed safely. We therefore looked at the systems in place to help ensure the safe management of medicines. We checked the medicine administration record (MAR) charts for the person who used the service and saw that these had been fully completed in relation to oral medicines prescribed for the person. We found confusing information on the charts relating to two prescribed creams; it was not clear from the records if these creams were to be administered each day or on an 'as required' basis. The registered manager told us the person's GP had advised that the creams should only be used when necessary and not on a daily basis; following the inspection we were sent information to confirm this to be the case. The relative of the person told us they had no current concerns regarding the way medicines were administered to their family member. They told us they regularly checked the MAR charts to confirm their relative had received their medicines as prescribed and had not identified any issues. During the inspection the person who used the service told us, "I always have my tablets at night."

We saw that all staff had received training in the safe handling of medicines. Records we reviewed showed there was a system in place to check the competence of staff to administer medicines on an annual basis. The registered manager told us this would be completed more frequently if any medication errors occurred.

We reviewed the systems in place to safeguard the people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. A copy of the local authority safeguarding guidance was available for staff. The registered manager told us a safeguarding pack had been developed which was available in the property of the person supported by the service for staff to refer to. Staff we spoke with were able to explain the correct action that they would take if they witnessed or suspected that abuse had occurred.

We saw that there was a system in place for the registered manager to check the competence of staff in relation to safeguarding policies and procedures on an annual basis. We saw that this had been completed for all staff who had been in post for more than 12 months.

We saw that the provider had a whistleblowing policy in place to advise staff of the action to take if they witnessed poor practice. The policy included details of external organisations staff could contact if they were unhappy in how the service had dealt with their concerns. Staff we spoke with were aware of the whistleblowing policy and said that they were confident that the registered manager and area manager would listen and respond to any concerns they might raise.

We saw there were checks in place to ensure the safe management of the money of people who used the service. Details of all transactions were recorded by staff and an authorisation of expenditure form was in place. This was signed by the registered manager to authorise any purchase over £50; these safeguards help

to protect people who used the service and the staff who supported them.

We looked at the recruitment processes in place in the service. We looked at the personnel files for three staff employed to work in the service. All files contained proof of identity, application forms that documented a full employment history, a job description and at least two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

When we reviewed the recruitment policy we noted it did not make it clear that the provider was required to make additional checks where applicants had worked previously with vulnerable adults or children; this was not relevant for any of the staff whose files we reviewed. We raised this legal requirement with the provider's compliance team who were responsible for undertaking all pre-employment checks. They told us that they were aware of the need to undertake these additional checks and had done so for relevant staff who worked in the Bury and Rochdale service. They told us they would ensure the policy and procedure was updated to include the details required as a matter of urgency.

We noted there was a current vacancy within the staff team. We looked at the advert which had been drawn up for this post and noted it included the need for the person appointed to have those skills and qualities which the person who used the service had documented as being important to them. When we spoke with the person's relative they told us they would like to be involved in the interview process since they felt they would be able to identify those applicants whose personality would best match the support their family member required. They told us they had been involved in the original recruitment process when their relative first started using the service. We raised this with the registered manager who told us they would be inviting the person's relative to be involved in recruiting to the vacant post.

We looked at the staff rosters in place for the staff who supported the person using the service at the time of the inspection. We saw that these rotas confirmed the person was provided by the level of support commissioned by the local clinical commissioning group (CCG) to ensure the person's needs were met. We were told that the staff team generally worked flexibly to cover for annual leave and sickness as they recognised that the person who used the service did not react well to staff they did not know. The registered manager told us that there was also a small bank of relief staff who worked across a number of services. They told us these staff were aware of the needs of the person who used the person and had been previously introduced to them. They has also completed the necessary 'Positive Interventions' training required to support the person safely; this meant they were able to provide cover in the event of absences which could not be covered by the usual staff team. The registered manager told us they no longer used agency staff to support the person using the service at the time of the inspection except in an emergency. This was confirmed by a staff member who told us, "We are quite a good team so we can usually cover for sickness etc. We care about [name of person using the service] and know they won't have a good day if they are with a stranger."

We looked at the care records for the person who used the service. The records contained general risk assessments, including domestic life skills, personal care, premises, medical and health support needs. The risk assessments provided guidance for staff about the support required to minimise any risks. A risk assessment matrix showed that the risk assessments had been reviewed annually.

We checked the systems in place in the event of an emergency. An evacuation plan and a fire risk assessment were in place. We saw that accident and incidents were recorded, including a full description of the incident and any action taken by staff. We were shown that the reports were entered onto a central

computer system by the registered manager. The system included a section for any actions required following the accident /incident. The area manager reviewed all reports for their area and reported to the MacIntyre Health and Safety manager.

We saw that the service had a business continuity plan in place. This covered any issues that might prevent the agency office from operating. Each person who used the service had an emergency plan in their homes which contained details of the action to be taken in the event of a utility failure or fire. Records we reviewed showed regular health and safety checks had been completed for the home of the person who used the service. Staff told us they would always try and encourage the person to participate in these checks.

Is the service effective?

Our findings

At the last inspection we found that staff had not received all the essential training they required to carry out their roles. Records we reviewed during this inspection confirmed this situation had been rectified. A training matrix was in place which was regularly reviewed by the provider to ensure staff were up to date with all required training.

We saw that staff had completed a range of training including safeguarding adults, moving and handling, first aid, fire awareness and infection control. We were told that training was delivered both by e-learning and face to face sessions. Other than one staff member who was in the process of completing their induction, all staff had completed training in 'Positive Interventions' including annual refresher training. This training provides staff with information and skills in how best to support people whose behaviour might challenge others.

We asked the registered manager about the induction processes for newly appointed staff. We saw that new staff had to complete a personal development file. This file covered all topics in the Care Certificate. The Care Certificate is a nationally recognised set of induction standards for people working in care. We were told that the induction programme included staff spending a day with the manager of the service during which the provider's expectations of staff were discussed. Staff also completed mandatory e-learning training. Staff were allocated a mentor with whom they completed a number of shadow shifts until they felt confident to work without close supervision.

We spoke with a member of staff who had recently been employed to work in the service. They told us, "The induction told me everything I needed to know."

We noted that the provider had developed a 'Great Interactions' approach which aimed to ensure that staff received the support and training they required to deliver the best outcomes for people who used services. In order to achieve this some staff had completed facilitation skills training in order to support colleagues to deliver person centred care based on positive engagement with the individuals they supported.

Records we reviewed showed staff received regular supervision in line with the timescales set by the provider. We saw that any required actions by staff or their manager were documented on supervision records and followed up at the next supervision session; this helped to ensure that any issues raised by staff or managers were fully addressed. Staff also received an annual appraisal of their performance which provided them with the opportunity to discuss their personal development and learning needs.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to DoLS.

We asked the registered provider what arrangements were in place to safeguard the rights of the person who used the service, given their liberty was restricted by the provision of the two to one staff ratio at all times during the day. These arrangements could be considered to amount to a deprivation of liberty which would need to be authorised by the Court of Protection since the person lived in their own home. The registered manager showed us correspondence which detailed their attempts to clarify with the local authority and CCG who was responsible for making the necessary application to the Court. Following the inspection it was confirmed to us that the CCG was responsible for making the application to the Court of Protection. They told us this would be prioritised in relation to the person who used the service due to the level of restrictions in place. The registered manager told us they would continue to review whether it was necessary for the person to receive two to one support throughout the day in order to ensure the least restrictive service was provided.

Staff we spoke with demonstrated they understood the principles of the MCA. They told us how they would support the person who used the service to make their own decisions wherever possible. They told us they had a good understanding of both the verbal and non-verbal communication used by the person who used the service and were therefore able to ensure that the person was in agreement with any care and support provided. A staff member told us, "We always talk things through with [name of person using the service] and ask their permission."

Care records we looked at were personalised and included the decisions the person who used the service was able to make for themselves and those with which they needed support. We saw that a photographic record was maintained of all the person's achievements.

Records we reviewed showed people were provided with support to help ensure their health and nutritional needs were met. The registered manager told us that staff had supported the person currently using the service to join a local slimming club. They told us this had been successful and in addition to enabling the person to lose weight, it had also been an opportunity for them to meet people within their local community.

The person who used the service told us they liked the food staff made for them and also enjoyed take away meals. Staff told us they would always enable the person to choose the meals they wanted by offering them a limited amount of options. They told us they would always promote healthy options including fruit and vegetables. One staff member told us, "We decide with [name of person] what we are going to cook."

Staff told us they supported the person who used the service to attend health appointments including GP visits and dental check-ups. They told us within these appointments they always encouraged the person to speak to professionals although staff also attended to ensure the person's verbal communication was fully understood. Staff told us they had supported the person who used the service to attend a 'well-man' check on the day prior to the inspection.

Is the service caring?

Our findings

During the inspection we observed positive interactions between the person who used the service and the staff who were supporting him. The person who used the service told us, "I like my workers." The relative we spoke with told us, "[Name of person] is really happy with the staff. They are really nice and know him very well."

It was clear from our observations that staff knew the person who used the service very well and were aware of their likes and dislikes. Staff were able to understand the person's verbal and non-verbal communication methods and acted in a kind and caring manner towards them. Staff told us they considered they provided a high standard of care which focused on the needs and wishes of the person they were supporting.

We asked staff how they promoted the independence of the person who used the service. They told us they would always encourage the person to do as much as they could for themselves both when undertaking personal care and with domestic tasks. A staff member told us, "[Name of person] runs their own bath; we just check the temperature of the water." Another staff member commented, "If you stand with and support [name of person] they will help to cook." We noted the person's care records informed staff that, "I must be encouraged to be as independent as possible whilst keeping myself safe."

Although the person received one to one support outside of their home, staff told us they would always respect the person's privacy and independence when in social situations the person knew well. They told us they would remain discreetly in the background in order to allow the person to build and maintain friendships. This was reinforced by information in the person's records which stated, "Staff must encourage me to maintain friendships outside of my staff team."

We noted the person who used the service enjoyed attending a local church. We saw that it was part of the person's support plan for staff to accompany the person to church services on a weekly basis; this meant the person's spiritual needs were recognised and met.

Staff told us they were always respectful of the fact that they were supporting the person who used the service in their own home. This was confirmed by the registered manager who told us they tried to ensure necessary paperwork and files were kept to a minimum in order not to encroach on the individual's personal space, whilst ensuring the safe running of the service.

We noted the person's care records included information about how they wanted to be treated and respected by staff. We noted the person had commented, "I want staff to treat my house with respect and support me to live in a clean space. I like to laugh and have banter."

When we visited the registered office we noted that all records were stored securely; this helped to ensure the confidentiality of people who used the service and staff was maintained.

Is the service responsive?

Our findings

From the records we saw that a comprehensive assessment had been completed before the person who used the service moved in to their home. This included information about the person's likes and dislikes, how they communicated, their personal support needs and as well as their needs in relation to behavioural support, finance and health. The assessment had involved the organisations responsible for commissioning the package of care as well as family members. We saw that support plans had been developed with the person following this assessment. These support plans had been created using pictures to help the person who used the service understand and contribute to what was included in them. Care records included the level of support the person needed from staff and information about how staff should communicate with them.

The registered manager told us it had been identified that staff could improve their communication with the person who used the service and develop the person's own communication skills by developing a communication dictionary. This recorded the Makaton signs used by the person as well the meaning of particular words or phrases the person would regularly use. The registered manager told us this had been helpful in supporting the person to be able to express their needs and wishes as clearly as possible.

Staff told us they were informed of any day to day changes in the needs of the person who used the service through a communication book and daily handover meetings. A handover took place between staff at every shift change. A daily log sheet was used to record the activities completed, any health issues and if an 'as required' medication had been administered.

The registered manager told us it had been recognised that the person who used the service found the handover meetings to be stressful and the timing of them impacted on the activities with which they were willing to engage. The decision had therefore been taken to reduce the number of handover meetings by introducing longer shifts for staff. The registered manager told us this change had reduced the stress levels of the person who used the service and meant they were able to engage in the activities they wanted to do rather than waiting for shift changes to occur. We were also told that the member of staff on sleep-in duty would always show their overnight bag to the person who used the service when they answered the door as they arrived on shift; this helped to reassure the person about who would be supporting them at night.

We saw that there was a plan of activities in place for each day although staff told us this was flexible to accommodate the wishes of the person who used the service. When we spoke with the person they told us they particularly enjoyed coach trips to Blackpool, cycling, drumming and attending a local social centre. When we spoke with their relative they told us they would prefer their family member to have a more structured plan to include voluntary work. However they acknowledged that their family member could make their own choices about the activities they wished to undertake.

Records we reviewed showed that there had been review meetings held to ensure the support plans in place accurately reflected the needs of the person who used the service. The registered manager told us staff would always encourage the person to contribute to the reviews although they found it too stressful to

actually attend the meetings. The relative we spoke with confirmed they had attended review meetings but that a new date needed to be arranged as the last meeting had been cancelled by the commissioning authority.

We found that the service had a complaints policy in place and saw records of complaints made. The records detailed the nature of the complaint, what action had been taken and any 'lessons learnt' to inform future practice. Complaints were discussed as part of the team meetings. Each complaint was forwarded to the MacIntyre central compliance team for monitoring.

The registered manager told us they visited the person who used the service on a regular basis and, although the individual would find it difficult to verbalise any complaints, the registered manager told us they or support workers would recognise any changes in behaviour which indicated the person was unhappy. The relative we spoke with told us that they had raised concerns with the registered manager in the past and that they had always been dealt with. They commented, "I would speak with [name of registered manager] if I was concerned and I'm sure they would listen to me. I can ring them with any little niggles."

We saw that the person who used the service had completed a survey to record their level of satisfaction with the support they received. We noted the survey had been written using an 'Easy read' format which helped the person understand the questions being asked. We saw that the person had provided positive responses to all the questions and had commented that they thought the support they received was, "Really good."

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role.

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating in the registered office. The rating was also displayed on the provider's website.

At our last inspection we found that quality assurance processes in the service were not sufficiently robust. During this inspection we reviewed the governance arrangements in place to help ensure the service provided was of good quality. The registered manager showed us the quarterly audit completed by the area manager which focused on ensuring care records were up to date, staff had received required training and people who used the service were happy with the support they received. We saw that any actions identified as necessary from these audits were passed to the registered manager for completion within a required timescale.

Regular audits were also undertaken by the registered manager. These included the review of MAR charts, risk assessments and finance records. A system of accident/incident reporting was in place; this was monitored by the provider's health and safety team who provided advice and support regarding any required actions as a result of incidents which had occurred.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS. We saw that all policies and procedures had been recently reviewed. We were told that staff were able to access these policies either at the registered office which they visited on a regular basis or via their mobile phones through 'My MacIntyre' if they were happy to do so. Staff told us, if they were ever unsure about the action they should take to ensure they acted in accordance with the provider's policies and procedures, they were always able to speak with a manager, including out of office hours. The registered manager told us the plan was for the provider to arrange for electronic pads to be available in the properties where support was provided; this would enable staff to more readily access documents they might need to refer to.

Staff we spoke with told us they received good support from the registered manager and felt valued by the provider. We saw that regular staff meetings took place which were used as a forum to discuss any practice issues and to agree any changes necessary to the support plans in place for the person who used the service. Staff told us they were always able to raise any issues which concerned them at team meetings and that their views were always listened to.

We saw the provider had a number of processes in place to engage with staff employed in the service. These included a staff council which included a representative from each area as well as an annual programme of 'Here to hear' meetings during which staff were invited to meet with directors of the service, area managers and staff councillors to air their views about their employment in the service. We saw that, following these meetings, the provider summarised the views gathered to identify what was working or not working within the service. We noted that for 2016 staff had identified leadership, the values of the service and training and development opportunities as strengths of the service. Staff vacancies, the pay staff received and IT systems had been identified as areas for improvement.

A staff magazine was regularly produced. This included information about the employee assistance programme available to staff, training dates and opportunities for promotion. We noted that the most recent magazine in October 2016 recorded that the provider had been successful in maintaining its 'Gold' status for the Investors in People Award scheme in recognition of the good people management practices within the organisation. The provider also produced a regular magazine for people who used services in order to keep them informed about service developments and achievements.