

MacIntyre Care

MacIntyre Greater Manchester

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

About the service

MacIntyre Greater Manchester provides a supported living service to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service provided a supported living service where personal care was provided to three people in three individual homes.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered managers at this inspection. This considered whether the service used any restrictive intervention (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were protected from the risk of abuse. Risks were well managed and detailed records were kept of care and support provided. Medicines were managed safely. Safe systems of staff recruitment were in place. There was continuity of care because people were supported by staff who knew them well.

There were sufficient staff to meet people's needs and staff received the induction, training and support they

needed to carry out their roles. People's nutritional needs were met. Staff worked proactively to plan how people could access health care in a way that suited their needs.

Staff and the registered managers knew people well. People told us staff were gentle, kind and friendly. Staff spoke about people with fondness, compassion and a genuine pride in the achievements people who used the service had made.

Care records, including positive behaviour support (PBS) plans, were detailed and person centred. Activities were based on people's individual interests, hobbies and wishes. People's routines, preferences and individual communication styles and methods were identified and respected.

People were positive about the registered managers and the way the service was run and organised. The registered managers were enthusiastic and shared a passionate commitment to providing responsive, person centred, individualised support to people. Staff were highly motivated and shared this enthusiasm, commitment and passion. There were good systems of daily, weekly and monthly quality assurance checks and audits.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

MacIntyre Greater Manchester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered managers would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We also asked Healthwatch Rochdale for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight members of staff including the two registered managers, the lead forensic practitioner, front line managers and care workers. People using the service were not able to tell us about their experience of the care provided. With appropriate permission we visited one person in their home to observe how staff supported them. We spoke with three relatives of people who used the service.

We reviewed a range of records. This included two people's care records and one person's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. Staff had received training in safeguarding people from abuse.
- Relatives told us they thought people using the service were safe. One relative said, "Staff are aware they are accountable."
- A staff member told us, "There is no possibility that they [other staff] are doing anything malicious they absolutely love [person who used the service]."

Assessing risk, safety monitoring and management

- Risks to individuals and staff were identified and risk assessments were detailed and person centred. They gave clear guidance to staff on what needed to happen to keep people safe. They also identified what the benefits to the person of doing a specific activity was and how the person had been involved in the decisions.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- Health and safety checks and regular monitoring had been carried out.

Staffing and recruitment

- There was a safe system of staff recruitment in place.
- Relatives of people who used the service were involved in the recruitment of staff.
- Each person had a small team of staff specifically arranged around their individual needs and interests. This helped provide continuity of support to people. Staffing was provided at consistent levels and we saw that additional staffing was provided if people's needs changed or specific activities were taking place. Where agency staffing was used it was from a pool of staff who knew people well.

Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.
- The service proactively worked to reduce the use of medicines prescribed for the control of behaviours

that might challenge others. For one person we saw that with the involvement of health care professionals and relatives, a medication reduction plan enabled the person to stop taking all such medicines in under 10 months.

Preventing and controlling infection

- There were robust systems in place to prevent the spread of infection or disease.
- Staff had received training in infection control and prevention.
- Staff wore personal protective equipment, such as disposable gloves, when needed.

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- Managers of the service reviewed the action taken to identify any patterns or lessons that could be learned to prevent future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records included a very detailed pre-admission assessment. This was part of a detailed process of transition into the service. This ensured people were suitably placed and that staff knew about people's needs and goals before they started to use the service. Assessments included people's likes, dislikes and ambitions. They detailed the person's support needs and things they were good at.
- Where people had behaviours that at times challenged the service, managers and staff were proactive in ensuring people received the support they needed. Very detailed assessments were completed in line with positive behaviour support (PBS) principles. These identified what might upset the person and how they might show they were upset or angry. They guided staff on how they could help deescalate situations. We saw staff always had an opportunity to talk with a manager after any incidents and detailed records were kept of any incidents. Staff and managers looked in depth at what happened and what could be done to try to prevent future incidents.
- We saw that if physical intervention was identified as possibly needed, it was identified as being part of a staged approach and was clearly identified as only to be used as a last resort. We saw there was continuous monitoring and evaluation of this by the registered managers as well as the providers' behaviour specialists. We saw that the British Institute of Learning Disabilities (BILD) had given the service an award for Inclusive practice. This recognised the MacIntyre team, together with a Behaviour Support training organisation and with lots of involvement from the person's family, reduced the use of restraints and self-injurious behaviour of the person being supported. All the staff and relatives we spoke with were confident that staff followed PBS principles and always used the least restrictive option when supporting people who used the service. A relative said, "Yes, I am definitely 100% confident."

Staff support: induction, training, skills and experience

- Staff received the induction, training and supervision they needed to carry out their roles effectively. Records showed staff completed a detailed induction and a range of training the provider considered mandatory. Specific training was also provided that related to specific individuals that used the service; such as Asperger's awareness. Staff were very positive about the training they received. Staff told us, "It's very good training", "The training and the induction were great. It was unbelievable."
- Staff received in-depth training in PBS. This included in-depth face to face and online training. Relatives told us they were also invited to attend the training.
- Staff had regular supervision and told us they felt supported and were always able to speak with a manager. Staff said, "There is always someone to talk to, you can talk anything through. Yes, I feel

supported", "[managers name] is great. Everything is about [persons who used the service] and us."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Where needed people's weights were monitored. Staff had received training in food hygiene.
- People's likes and dislikes were identified in their care records. Meals were planned according to each person's preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs and had access to a range of health care professionals. Staff worked proactively to plan how people could access health care in a way that suited their needs. Where people were not able to receive all the treatment at a health care facility, as this would be too distressing for them, staff worked with health care professionals to ensure treatment was delivered in a way that didn't cause the person upset.
- Staff ensured people had access to a range of regular health check-ups.

Adapting service, design, decoration to meet people's needs

- People's homes had been chosen, furnished and decorated specifically to meet their needs and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the provider was working within the principles of the MCA. Where required applications had been made to the court of protection. Records showed where appropriate people's representatives had been involved in decisions about their care.
- People who used the service were at the heart of all decisions that affected them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples life history's and preferences were valued and respected.
- During our inspection we observed the registered managers and staff all knew people really well. Interactions were respectful, patient and responsive to the persons wishes. Staff spoke about people with fondness, compassion and a genuine pride in the achievements people who used the service had made. Relatives told us, "[Person who used the service] has got the most lovely staff. They are kind, gentle and friendly. [Person] has got some close relationships there" and "The staff are gentle. They discuss things and involve us. They have common sense." A staff member told us, "We love the people we support."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered managers, staff and relatives demonstrated that people's individuality was celebrated. Discrimination was not a feature of the service. The service had a positive approach to supporting people as individuals.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. Care records included very detailed information about how people and those who were important to them had been involved in decisions about their care.
- Where a person did not use words to communicate staff had used their knowledge of the person's non-verbal communication to help them understand how the person wanted to be supported. One care record stated it was; 'Written by support staff in consultation with others but also, we have listened and observed carefully to what [person] has communicated.' During our observation we saw staff understood and responded well to people expressing their views using gestures and actions.
- A relative said, "Staff respect [person who used the service]. If [person] doesn't want to go out, they respect that."

Respecting and promoting people's privacy, dignity and independence

- The managers and staff placed great importance on promoting people's privacy, dignity and independence. Care records gave very good detail about what people could do for themselves and how the persons independence could be supported and promoted by staff. A relative said, "They [staff] treat people with respect." Staff told us, "It's been really good, involving [person who used the service] more. Like [person] choosing cereal, running a bath, bringing washing down. It's all about promoting [persons]

independence."

- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records and support were based on the needs and preferences of individuals. Care records included very detailed person-centred risk assessments and care plans. They included information about the person, who and what is important to and for them and how they can be supported with choice and control. They were written very respectfully and covered all aspects of the care and support people needed.
- Care records gave sufficient detail to guide staff on how to provide the support people wanted and needed. They included routines that were important to the person, such as how they liked to get up in the morning. Care records were reviewed regularly and updated when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the AIS. They had a wide range of information available in pictorial and easy read formats. We saw these documents had been checked by 'The checkers group'. This was a group of people who used the providers other services. The group of people check all accessible information to make sure it can be understood. When this has been completed the document gets a 'Checkers badge'.
- Care records included very detailed information about how people communicated. They included information about what people's sounds, facial expressions, gestures and actions might mean. They also guided staff on how they should respond and how to check out they were understanding correctly what the person meant.
- Individual communication styles and methods were respected and encouraged. Staff had a very good understanding of people's communication systems and were able to tell us about how people who didn't use words communicated their wishes. One staff member said, "It's about communication that makes sense to the person. Everyone has individual communication profiles."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were based around people's individual interests, hobbies and ambitions. People took part in a wide range of activities both at their homes and in the wider community. Staff placed great importance on

people building confidence and experiences. One staff member said, "A lot of planning goes into each activity and you have to be flexible." A relative described how they had arrived unexpectedly and observed staff interacting in a fun and friendly way with the person who used the service. Another relative said, "Staff are great. They do dummy runs to hospital and activities."

- People's families were very involved in the service and told us staff made them feel welcome. One relative said, "They [staff] make us feel so welcome."
- Records were reviewed regularly and included reviews of whether people had achieved the goals they wanted to.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. Complaints were handled in the correct way and a response was sent in a timely manner.
- Relatives told us they were listened to and could raise any concerns they had.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. We saw that people's religious and cultural preferences were respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service were at the heart of the service. We found the registered managers were enthusiastic and shared a passionate commitment to providing responsive, person centred, individualised support to people.
- Staff we spoke with, and our observations during the inspection, showed that staff were highly motivated and shared the enthusiasm, commitment and passion of the registered managers. A relative said, "The compassion and love they have really shows."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff had a clear understanding of their roles. Everyone spoke positively about the registered managers and the way the service was organised and run. Relatives said, "They are wonderfully approachable, friendly and person centred. [Registered managers] are great, committed and professional", "[Registered manager] is lovely. They [registered managers] are both very professional." Staff said, "The support [from both registered managers] has been unbelievable. They are phenomenal" and "Both managers are extremely reflective."
- There was a range of governance systems in place to support the service to evaluate the support provided and continually improve. There were very good systems of daily, weekly, monthly and annual quality assurance checks and audits in place. We saw evidence that where issues were found, action was taken promptly to ensure improvements were made.
- People spoke very positively about the service. Relatives said of the service, "They go out of there way, they will do anything. They are a nice bunch of people", "They are all very professional. There is a lot more training now" and "I couldn't have asked for better. It's the best thing that could have happened [using the service]." Staff told us, "MacIntyre are good. They are very much for the person. Very person centred", "They look after you, they support your progression" and "Absolutely I would recommend them, yes definitely."

Continuous learning and improving care

- Our discussions with staff and the registered managers showed us that the service had a positive approach to improving the support they provided. The service used reflective practice to see how situations could be dealt with differently or peoples experiences and opportunities improved.

- The provider had a range of staff rewards in place. This included recognition of good practice and achievement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a service user guide and a statement of purpose. These gave people details of the facilities provided by the service. These were available in pictorial and easy read formats and explained the service's aims, values, objectives and services provided.
- There were regular staff meetings. Staff told us they were listened to and were able to put forward ideas and suggestions. One staff member said, "We have a lot of team meetings. They [managers] are very open to ideas." Relatives told us they were involved in the service. One relative said, "They listen to families. They are very close to us and support us. We have regular meetings with managers, social workers and the housing association."
- The provider produced regular magazines for people who used the service, their families and staff. These gave information on events that were happening and new developments.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were aware of their responsibilities under duty of candour. They kept an overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned.
- The registered managers had notified CQC of significant events such as safeguarding concerns.
- It is a requirement that the rating from the last inspection is displayed. We saw the rating was displayed in the office and on the providers web site.