

MacIntyre Care

# MacIntyre Care Shrops Herefs and Powys 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

Macintyre Care Shropshire Herefordshire and Powys supported living provides supported living services to people with learning disabilities in their own homes. At the time of our inspection twelve people were receiving personal care from them.

The inspection of this service took place on 19 and 20 September 2016 and was announced.

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

People were supported by staff who knew how to keep them safe and free from harm. Staff knew how to recognise and report any risks, problems or potential signs of abuse.

People were supported to live independent lives. Risks were assessed prior to activities taking place with people's full involvement. Guidelines were in place to help people learn new skills safely. Regular reviews ensured risks were updated as people achieved their goals.

People who required support to take their medicines were protected by safe systems in place for administering, storing and recording medicines. Training was in place to enable staff to safely support people when required.

Overall people were supported by sufficient staff to meet their needs safely and effectively. However recruitment was problematic in one geographical area and this had impacted on the quality of life for one person who used the service. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

People were supported by staff who had the knowledge and skills to provide effective support. Staff received excellent training opportunities and training had been developed around the individual needs of the people who used the service.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met. People's rights were protected under the Mental Capacity Act 2005 and staff understood how to protect people's human rights. People were supported to make choices as to how they lived their lives and staff recognised the importance of people having the right information and support to enable them to make their own decisions

People received support to ensure they enjoyed a balanced and nutritious diet. Staff worked with healthcare

professionals to promote people's good health.

People were supported by staff who were caring and kind. Staff understood the importance of delivering person centre care that promoted and developed people's independence. People's privacy and dignity was respected. People were supported to maintain and develop positive relationships with people who were important to them.

People received a responsive service that was centred on their individual needs, preferences, likes and hobbies. People were supported to learn new life skills and enjoy active social lives.

People told us they were able to raise concerns and felt these would be acted on by the registered manager. The provider had an effective procedure in place to manage complaints.

People who used the service, and their relatives, had a good working relationship with the registered manager, who provided positive leadership. People were regularly asked if they were happy with the service provided. There were systems in place to ensure people's views and opinions were heard and their wishes acted upon. Surveys, questionnaires and audits all demonstrated that the service delivered support that was centred on people's individualised care and support needs.

## 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 were safe because staff knew how to protect them from the risk of potential abuse.

Most people were supported by sufficient staff to meet their needs flexibly.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust. Recruitment was sometimes slow and this impacted on the quality of service provided for some people and staff.

People were supported by staff to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to deliver effective care and support.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support.

People had access to on-going health care support. Staff worked effectively with healthcare professionals to promote and maintain people's good health.

### Is the service caring?

Good ●

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to make their own decisions and choices.

People's support was tailored to their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's individual needs.

Staff knew how to respond to people's changing needs and did so promptly and efficiently.

People had their care and support needs kept under review.

People enjoyed a range of activities, individually designed and planned to ensure they could lead full and active lives.

People were confident that their complaints would be listened to, taken seriously and acted on.

### Is the service well-led?

Good ●

The service was well-led.

The management of the service was open and transparent and clear about their roles and responsibilities.

People's views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service.

# MacIntyre Care Shrops Herefs and Powys 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 was 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 19 and 20 September 2016 and was announced. We gave the agency 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one inspector.

As part of the inspection we spoke with four people who used the service and three relatives. We spoke with the registered manager and four support staff. We also spoke with four health and social care professionals.

We looked in detail at the care of two people who received a service and reviewed records relating to their care. We also looked at a range of quality audits and three staff recruitment files.

# Is the service safe?

## Our findings

People were protected from harm because staff knew how to keep them safe and knew what to do if they had concerns about their safety or wellbeing. People told us that they felt safe in their home. All of the staff who spoke with us said that they would be confident to recognise the signs of abuse and report it. They told us they knew people well and would investigate any changes to people's moods or behaviours to find out what was the cause. Staff were confident the registered manager would then take swift action to protect any person at risk. The registered manager understood their responsibilities in relation to reporting concerns to external agencies. A relative told us, "I am impressed with their attitude to safeguarding. They report everything." We saw that people's contracts with the provider detailed, "What to do if someone is nasty to you." Staff told us that they explained this to people and checked they understood.

People told us that they were supported by staff to remain safe. One person told us, "They [the staff] help me to stay safe. For example I don't use the electric kettle in the kitchen in case I scald myself. We check out everything first." The registered manager told us how they taught people to carry out risk assessments along with the staff team. One person told us how they had recently looked at their risk assessment because their health needs had changed. They were aware of the possible implications of their changing condition. They were satisfied that safety measures were in place to ensure staff could offer them safe support during times where they were unwell. They told us the assessments meant they could continue to do things for themselves unless the risk became too great. They also knew when their health improved they could do the things that were too risky when they were unwell. We saw that it was written into people's contracts, "Risks will be assessed and we will agree with you the ways to keep you safe." Two other people who spoke with us said that staff would help them do this. They had agreed to action plans. Staff told us that plans and assessments were thorough and regularly reviewed. People were confident risk assessments supported activities and didn't restrict them. This meant that they could do the things they enjoyed.

People's assessments identified the numbers of staff required to support them. Some people received support twenty four hours a day, seven days a week. Others had support over a number of hours each day.

People were supported by staff who had been properly checked to ensure they had the right background and attributes to support people safely and effectively. We looked at the recruitment files of three staff who worked for the service. We saw the required information was available to demonstrate a safe recruitment process. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. Two of the staff we spoke with confirmed they had been through this process and understood the reasons why they must wait until all checks had been made before they could start work.

People who used the service were involved in the recruitment process. Two people told us how they had helped select staff with similar interests and values. This meant that people could develop positive working relationships with staff who could support them how they preferred.

Although there was an effective recruitment process in place for the service the registered manager told us that recruitment in one particular area had been problematic. A relative and three health and social care

professionals considered that the issues identified by the registered manager were impacting on the quality of service provided for the person. We saw an action plan which detailed how the registered manager was working to address the issues identified.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage them safely. People were supported to manage their own medicines independently as far as possible. One person who received support from staff told us, "They help me with my medicines. I take them in the morning and at night. Staff always give them to me on time."

One person told us that they kept their medicines at their house in a locked cupboard to keep them safe. They said they were happy with this arrangement. Staff told us that they helped this person to order and collect their medicines from the chemist. The person told us how they helped staff to count and check the medicines when they got them home to make sure that there had been no mistakes at the chemist.

Staff told us that they received training prior to supporting people with their medicines. One staff member told us, "We did some online learning and then some face to face. We were assessed by a trained staff member and signed off as competent before we could do it on our own." One staff member said, "We had to learn about medicines and their side effects to make sure that they could spot any problems." Staff thought the training was suitable for supporting people to manage their medicines in their own homes. A senior staff member told us that administration records were regularly checked to make sure people received the correct medicine at the right time. Any issues, such as gaps in the recording of medicines administered, were managed with the staff member as soon as they were identified.



## Is the service effective?

### Our findings

People told us the staff provided them with the support they needed. One person told us, "I have staff to help me. They're ok." Another person said, "Yes they know what I need. They know how to support me." A relative told us, "They [the staff] are all very good. They look after them [people who use the service] very well."

People said they thought staff were well trained. One person told us how they knew what training their staff team had received because they took an interest in it. The staff member told us that the person they supported, "Keeps a check on what I need to do. They look at my training schedule and we discuss it."

Staff told us they were well trained and that training opportunities were 'excellent'. They were confident that training provided them with the necessary knowledge and skills to do their jobs effectively. One staff member told us, "They are a good organisation to work for in terms of training and support." Another staff member said, "The training provided by Macintyre is very good. Some training is face to face and some is e learning. They've got the balance between the two right."

One staff member told us that the epilepsy training had been 'excellent'. They said, "The epilepsy training helps you understand it more, how people feel etc." They went on to reflect that, although the information was generic the detail of the training was specific for the person they supported. They said, "But it's an individual thing and so we take our learning and record how it is for each individual. We look for individual triggers. Everyone is an individual. It affects people differently."

We spoke with two staff who were relatively new to the organisation. They told us they had been very satisfied with the information they had been given and the support they had received. One staff member had signed up to the care certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff told us that they felt well supported. One staff member said, "I've always had good support I can't fault them." Another staff member said, "Any worries or concerns there is always someone to turn to. Support is good at all levels." Staff also told us that communication was effective which meant they could provide continuity and consistency for people. One staff member said, "Communication is good through the whole team. We speak directly or use the communication book to share information and make sure people's needs are met."

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. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and made sure staff received training to enhance their understanding. The registered manager had made two DoLS applications to support two people who used the service. They were currently waiting for them to be reviewed by the Court of Protection. Until then they were keeping people safe by acting in their best interests.

Staff shared examples with us of how they helped people to make informed decisions. For example one person wanted to purchase something for their home but also wanted a holiday. The member of staff told them how much the cost would be and discussed budgeting for it. The person made their decision based on this information.

Staff told us everyone they supported had capacity to make everyday decisions about their care and support. They said that some people used different communication methods but could still make their wishes known. One staff member told us that one person could make decisions but could not cope when 'bombarded' with choices. They told us how they helped the person in stages in order to be more effective.

One person had an appointee and an advocate to help them with more complex decisions. The registered manager was actively looking to develop a 'community circle' to support one person who used the service. This is a group of people who would meet with the individual to discuss issues and make decisions with the person's best interests at heart. The registered manager told us that this had been successfully implemented in other services. One person's relative told us that they were supportive of the idea and would be involved.

People were supported to eat a healthy and balanced diet. One person told us staff had helped them to make healthy choices about what they ate. One person told us how they helped staff prepare meals. They told us that due to their medical condition they were limited as to what they could do but said that they loved to help with meal preparation and always decided what they ate.

People were supported to have their health needs met and remain in good health. Everyone we spoke with felt well supported by their staff team to do this. One person who spoke with us was very knowledgeable about their medical conditions. They told us that they saw the GP regularly and also met with other health care professionals who offered them specific support to remain well. A staff member confirmed that they had a close working relationship with a health care specialist as they were currently reviewing one person's condition. A health professional told us that staff worked effectively with them to ensure people's health needs were met. They told us, "They try their utmost. They take on board my suggestions."

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring. One person told us, "Staff are all nice to me. They are all really good." Another person said, "Staff are alright. They treat me well." A relative told us that staff were kind and pleasant. Health care professional also said staff were kind and caring. We heard staff speak with people quietly and respectfully. They enabled people to share their views without leading them and one staff member gently prompted the person they were supporting to share their story. Interactions were positive and discreet.

People received individualised care and support to enable them to become more independent. One person told us how they liked to be independent in the shower. They told us how staff helped them prepare but gave them privacy to enjoy their shower before returning to offer support to get dressed. The staff member confirmed how they did this. They said, "We only offer additional support if [person's name] asks."

People told us that staff always listened to them, and included them in decisions about their care. One person told us, "Staff have time to sit with me and listen to me. They ask me what help I need and help me to get it." Another person told us, "They always listen. I have a folder all about me and I helped with it. I told them what they need to know about me. Staff have read it and help me as I said." One staff member told us, "[Person's name] has a voice and this is the most important thing." It was documented in one person's care plan that they wanted to be listened to when asked what they wanted from the staff supporting them.

People told us that staff knew them well. In discussions staff demonstrated a good knowledge of people's history, likes, needs and preferences. Staff we spoke with told us they took time to listen to how they wanted things done.

Staff told us that the needs and wishes of the people they supported were their priority and that the organisation's values reflected this. The registered manager told us, "Macintyre has a clear vision and value base, based on kindness, compassion, dignity, empowerment, equality and respect, which we call our DNA." One staff member told us, "I really like working for them. They always put the guys first." Staff told us that training promoted the organisation's values and these underpin everything they did. Staff told us that people were at the centre of their support. When speaking with one person it was evident that this was happening. They told us that they directed their care and support and made decisions and choices that staff respected and helped them to meet.

Staff knew how people liked to be supported. They told us that they followed detailed support guidelines to ensure that support was given consistently and how the person preferred. Staff took individual needs, choices and preferences into account and in discussions with us were very knowledgeable about these.

The registered manager told us, "Our staff know and understand people's history, preferences, needs and goals. This is reflected in their person centred plan." We saw two plans which identified needs preferences likes, dislikes as well as cultural and spiritual needs. Plans also detailed how people expressed their individuality.

People were supported by staff who understood the importance of treating people with dignity and respect. People and their relatives told us staff always treated them and their property with respect. One staff member told us, "We are all respectful. That's the thing. We always consider this. We respect that we are working in [person's names] house. I even ask if I can use the bathroom." We saw how one staff member had completed a module on dignity as part of their induction and all staff were required to attend training on diversity, which covered anti discriminatory practice.

People told us how staff supported them to take part in activities that they enjoyed within the local community. They had been supported to make and develop friendships and visit or stay in touch with relatives and people who were important in their lives. This meant that they were less likely to be socially isolated.

## Is the service responsive?

### Our findings

People told us they made plans as to what they did each day and that if they changed their mind then they were able to do so. One person told us, "I go out but if I don't feel like it I stay at home and staff support me." Another person said that their plans depended on how they felt on the day. They said that staff supported them to change their plans depending on how they were feeling. They told us, "If I don't feel like it then I don't do it." Staff told us that they had the flexibility to support people. One staff member said, "It's all about what they want. We can be flexible."

One person told us that staff helped them to manage their money and that sometimes they had to change their plans depending on how much money they had left. Staff told us that they supported people with budgeting.

Staff told us people with limited verbal communication were supported to make decisions about what they did. Staff told us that if the person did not want to do something they would express their views through their behaviour. Staff knew people well enough to know what individual behaviours meant. This enabled them to offer a responsive and individualised service.

One person told us that they had had their support needs assessed by the service prior to them moving in to their home and before they received support. Three people said they had given a lot of information to the registered manager including information about their personal history and lifestyle. Relatives told us that they had also been involved in the assessment process. One relative said, "We shared a lot of information about [family member's name]. It was reassuring that they wanted to know. They developed the care plan from this information." Some relatives continued to take an active role in ensuring that their family member received the support they required. They told us how staff worked well with them and could respond to the person's changing needs.

People's support plans were developed from their initial assessment information. One person told us that they had a plan which informed staff how to support them. They told us, "I know all about my care plan. I helped to write it." They went on to say that the care plan was regularly reviewed. They told us, "Things can change so I am involved in reviewing it. We review it annually. We go through everything." Other people told us that they were also involved in the review of their service.

Staff responded creatively when looking to meet people's needs. For example, they told us how they had introduced a holistic therapy for one person in an attempt to naturally reduce their anxiety. They told us that this has been successful and had given the person some coping strategies. The support had had a positive impact on their life as they were more relaxed. The person's family member confirmed that this had happened and was also positive about the outcomes. They complimented the staff for being creative to support the person.

We asked people what they would do if they had a worry or a complaint about the service provided. People said they would tell staff or the managers. Everyone felt confident to do this. One person said, "I phone the

office when I am worried about anything. They help me." Another person said, "I would talk to them at the office if I had any worries. Staff from the office visit now and again to see if things are ok." People were confident that their concerns and worries would be addressed.

One person we spoke with knew the service had a formal complaints procedure. All of the staff we spoke with were also aware of this procedure. They said that they would support a person to raise a complaint or share a concern. They said initially they would always sit and talk with the person to see if the concerns could be resolved quickly and informally. The complaints procedure was seen to have been made available in an easy to read format using pictures to explain the process. A relative told us that they were aware of the complaints procedure and had used it effectively in the past. They told us that the complaint had been resolved to their satisfaction. One relative told us that although they had not made a complaint they were aware of the process.

We saw completed complaints forms. The detail of the complaint was recorded and then actions taken and responses were recorded. We saw two complaints. One had been resolved to the complainant's satisfaction and the other was ongoing.

The registered manager maintained an electronic complaints log that detailed complaints and their outcomes. We saw the majority received had been resolved to people's satisfaction. The registered manager stated that the compliance team who worked for the provider monitored complaints and outcomes as part of their quality assurance program.

## Is the service well-led?

### Our findings

People who used the service spoke positively about the registered manager and staff who supported them. People said that they saw them regularly and could speak with them whenever they needed to. They considered them to be approachable. Relatives told us that when they spoke with the registered manager they found them to be approachable. One relative said "I am very happy with the way the service is managed." Another relative said they did not speak with managers very often but were satisfied that they had regular contact with senior staff.

Staff told us the registered manager was very supportive and that Macintyre was a good organisation to work for. One staff member told us the registered manager was a, "Brilliant manager." Others reflected this. Staff told us how they attended regular meetings to discuss the running of the service and also spoke regularly on the phone to give updates. As lone workers staff valued this opportunity and it ensured that the registered manager knew quality was being maintained. A relative told us, "The care staff seem to take their lead well from the managers, and there is a feeling of teamwork between relatives and care staff and also between us all and the management team."

Staff told us that there was an open culture within the agency and they felt confident to approach the registered manager about anything. They told us the registered manager encouraged this. The registered manager told us, "We have an open door policy when it comes to contact with managers to encourage open and honest communication, face to face, text, phone or emails."

We saw that the provider's values were reflected in all of its publications and paperwork. Staff said "Macintyre is excellent." Some for people who received a service had been involved in developing the publications and the paperwork. For example, we saw some people's success stories had been recently published in a newsletter. Macintyre make a number of promises to the people they support. Each promise reflects the values of providing quality care to people in personalised ways.

Staff knew and understood their roles and responsibilities. They had a job description which reflected the work they did. This reflected the ethos of the service as detailed by the registered manager. Staff attended meetings and discussed practice issues, developments and improvements. They had regular appraisals of their work. Staff told us that they would be confident to raise concerns. Staff knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

Policies and procedures had been developed in a format that was easy to read. Macintyre had employed people who used the service as 'checkers'. They were responsible for reviewing documents and ensuring they were accessible and easy to read. One person told us the information they had received was easy to understand and set out information clearly to them.

The registered manager learnt from practice and used experiences to reflect upon practice and continually improve. For example they reviewed accidents and incidents. They told us how they learnt from these as an

organisation and made the service safer.

People were involved in the development of the service because their views were listened to and acted upon. The registered manager organised meetings to discuss developments and changes. The service used experts by experience to review the service they provided. The experts were people who used services provided by Macintyre. They used their experiences and knowledge to assess quality and satisfaction. We saw the job description of these experts and also outcomes of audits that they had carried out.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any such notifications but the registered manager was aware of their responsibilities in relation to this. Prior to the inspection the registered manager provided us with detailed information which accurately reflected what we found during the inspection. This suggests that the registered manager was aware of how the service was performing and what they could do to improve it.

People told us that they had completed questionnaires about the running of the service and we saw some completed ones. We saw that they had been developed in an easy read format (pictures and signs). The person we spoke with about the questionnaires told us that they were easy to follow and they had been supported to complete them by family members. Feedback identified that some people could not complete the questionnaires so easily. In response to this the registered manager had developed a working party of people who used the service to look at various aspects of the running of the service. For example a group of people looked at the questionnaires that were used during staff interviews. They made recommendations which were implemented.

The service was regularly audited by the senior staff. A senior staff member told us they regularly visited each house supported by the service and checked on paperwork and people's satisfaction about the service provided. We saw the latest compliance audit action plan. It reflected issues were addressed within agreed timescales depending on the urgency of the issue. We saw how the registered manager monitored audits and action plans. We saw the latest audits that had been carried out by a senior manager who worked for the provider. Issues and areas of good practice were identified and required improvements were documented as actioned. The registered manager regularly visited houses and audited processes themselves. They fed back to staff directly or via communication records. The registered manager spoke of the value of audits and was keen to ensure continuous learning and improvement. Audits seen reviewed areas such as health and safety, medicines, care plans and the input from external agencies. They reflected that the service was well led.