MacIntyre Care

MacIntyre Leicester LifeLong Learning

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

MacIntyre Leicester LifeLong Learning provides care and support for people living in their own houses and flats and for people living in a house of multi-occupation shared by other people in Leicester and Chesterfield. Houses in multiple occupation are properties where at least three people in more than one householder share toilet, bathroom or kitchen facilities. The Care Quality Commission does not regulate the premises where people live.

Not everyone using MacIntyre Leicester LifeLong Learning receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do so we also take into account any wider social care provided.

There were four people receiving a service and their packages of care varied with some people receiving support over a period of 24 hours, whilst others received support for differing number of hours on different days.

MacIntyre Leicester Life Long Learning was last inspected by the Care Quality Commission on 9 December 2015. The overall rating for the service was good. This inspection has found the service has improved its rating from good to outstanding.

Family members of people using the service spoke positively about the service and the inclusive approach of developing and meeting people's needs with their involvement. Family members commended and recognised a significant aspect of the service meeting their relative's needs was the consistency of staff and the induction of staff in supporting their relative.

People receiving support from MacIntyre Leicester Life Long Learning received highly individualised person centred care. Support plans contained detailed and personalised care plans and we saw that people had been supported to have a full and meaningful life enjoying interests, taking part in new experiences and being active members of the local community. There was an emphasis on the need for good communication with a range of documentation being provided in way to assist people in accessing information.

The provider, registered manager and staff actively promoted a positive, inclusive and open culture, this approach has a positive impact on the quality of the service people received. The service worked in conjunction with other organisations to improve care for people with a learning disability. There were robust quality assurance systems in place which monitored the service, identifying potential areas for improvement, and actions were taken to improve these.

Staff were highly motivated and worked as a team and shared a common ethos of providing high quality, compassionate care with regard to people's individual wishes and support needs. Staff were valued, well supported and supervised by the management team.

Staff knew how to keep people safe, and how to report any concerns or incidents. The registered manager was proactive in learning from incidents and events, and had brought about changes to practices. There were enough staff to keep people safe, both within their home and the wider community. The registered manager and other staff were involved in individual projects to support their understanding and awareness of specific issues, which affected people's well-being.

Risks to people were identified promptly and effective and robust plans were put in place to minimise these risks, involving relevant people, such as people's family members and other professionals. Comprehensive information was in place to guide staff, in the most effective approaches to use, which included Positive Behaviour Support, to enable staff to support people safely and reduce risk. Staff were knowledgeable about people's support and care and we observed staff putting into practice a consistent approach to their care.

People were supported to take their medicine by staff. People's capacity to make informed decisions about medicines had been assessed and best interest decisions had been made. People received their medicines as they had been prescribed. The provider had committed the service to reviewing people's medicine to decrease its use, in particular those used to manage people's behaviour and emotions.

People's needs were assessed and the assessment was used to develop comprehensive and individually tailored support plans. Staff took part in a robust induction programme with on-going training, which enabled them to provide effective care and support to people. Staff's performance was regularly reviewed through on-going assessment and supervision.

People were supported with daily living tasks such as grocery shopping, meal preparation and cooking as part of their support packages. Staff encouraged people to eat a healthy diet. People's dietary requirements along with their likes and dislikes with regards to food and drink were recorded within their records. People were supported to access a range of health care professionals and staff worked in partnership with external agencies to ensure and promote people's well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA). We observed staff treated people as equals and individuals, offering them options whenever they engaged with them. Staff always endeavoured to enable people to maintain their independence and to make their own decisions.

People were supported by a consistent group of staff, in some instances staff had been specifically recruited to reflect people's preferences, which included common areas of interest. Positive and caring relationships between people using the service and staff were evident, which had a positive impact on people's quality of lives. People's wishes and views were acted upon, and people were supported by family members and others involved in their lives to assist them in making decisions about their care.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding ☆

The service remains Outstanding.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

People received high quality care and support as the provider's vision and values were understood and applied across all areas of the service. The organisational structure provided staff with strong leadership and support.

The registered manager and staff were committed to the development of the service and the sharing of good practice to promote the quality of life of those they supported.

The provider, registered manager and staff had across the organisation systems and processes to involve people who use the service, their family members, staff and external agencies. Their feedback was used to develop and monitor the service.

A comprehensive and robust system to monitor and maintain the high levels of care and support provided to people was in place.

The provider was committed to the development of the service and worked with external providers to improve services for people with a learning disability.

MacIntyre Leicester LifeLong Learning

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.

The comprehensive inspection took place on 21 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit as this was a small service and we wanted to ensure members of the management team were available to speak with us.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We were advised that our visiting some people within their own home may cause the people potential stress and anxiety, as people were not comfortable in the presence of people they did not know. We therefore spoke with three family members of those using the service to ascertain their views about the service their relative received.

We spoke with the registered manager, two managers with line manager responsibility for specific staff and services and a senior support worker. We looked at the care plans and records, including medicine records

of two people. We looked at the recruitment records of three staff. We looked at staff training records and minutes of meetings for staff. We viewed records in quality monitoring audits.

Good

Is the service safe?

Our findings

Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents. Staff's competency as to their understanding of safeguarding was regularly assessed. The provider's Safeguarding Group with the involvement of an external advisor ensured consistent best practice across services. A newsletter entitled 'The Safeguardian' was published regularly and circulated across all services. This provided valuable information and information on latest publications and changes to practices.

Personalised risk assessments, reflected all areas of people's day to day lives, which took into account areas of potential abuse. The assessments identified potential risks and provided guidance for staff as to how these risks were to be minimised. People's risk assessments had a strong emphasis on the promotion of people's safety whilst recognising the balance in promoting people's independence and choices. A family member told us how staff had made environmental changes to their relatives' home to support and promote their safety.

Staff considered people's safety within their own home. For example, one person had an individualised escape plan in the case of a fire. A local fire officer had visited the person in their home and both spoken and shown them how to leave their home safety. The escape route had been illustrated using words and pictures to illustrate the evacuation plan. This had been laminated and put in the person's home for their reference.

When people behaved in a way that may challenge others, staff managed the situation in a positive way, protecting people's dignity and rights. Where necessary people had Positive Behaviour Support Plans (PBSP) in place. PBSP's identify, understand and reduce the causes of behaviour that may distress people and put themselves or others at risk of harm.

People were supported by a group of staff who they were familiar with, this promoted consistency of care and promoted people's safety and well-being. Staff had a comprehensive insight into people's needs and their role in providing safe care. People's care plans provided information on how staff could create a sense of safety for people. For example, one person's plan stated 'link arms to feel safe, when walking, when out'.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. A check with the Disclosure and Barring Service (DBS) had been carried out to check on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions. Staff received the training they required to promote and maintain people's safety and welfare, in an individualised and person centred way.

People received their medicine as prescribed. Staff's competency to manage people's medicine was regularly reviewed. Where people did not have the capacity to consent to the use of some medicines best interest decisions meetings had been held involving people who were involved in their care. The outcome of these meetings had identified staff would be responsible for the administration of people's medicine as being in the person's best interest.

People were supported to keep their homes clean and tidy, where this had been identified as an area a person required support with. Staff received training on the prevention of infection control and were provided with personal protective equipment (PPE) to wear when delivering personal care.

All incidents were reported, which included the nature of the incident, who was involved and the action taken by staff. Reports were sent through the managerial structure where they were reviewed and 'signed off'. Meetings were held involving the registered manager and managers from other services to enable them to discuss and where necessary make changes to reduce the potential of the incident happening again. Information of incidents was recorded on an internal system which was used to track all incidents and the action taken, which enabled the provider to be proactive in identifying any trends to incidents. For example, in recognition of report medicine errors, a medicine policy and procedure had been written specific to meet the needs of one person.

Good

Is the service effective?

Our findings

The provider ensured it was following best practice guidance for people with learning disabilities. For example, the British Institute of Learning Disabilities (BILD). People were involved in identifying the assistance they would like prior to support commencing including recognising any particular needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical and social needs.

A family member of a person using the service spoke positively about the services approach to introducing new staff to their relative. They told us new staff worked alongside experienced staff and that during this time their competence was assessed. They said staff induction provided valuable opportunities for new relationships to be developed, with an emphasis on staff having the right approach and knowledge to have a positive impact on their relatives' day to day life. Records showed staff were regularly supervised and had their competency assessed to undertake specific duties. Training in a wide range of subjects was available for staff to enable them to meet the needs of those they supported and cared for.

People's dietary needs were documented within a support plan, which included any specific requirements the person had. People were supported to undertake grocery shopping and prepare and cook meals where the person had identified these as a goal and aspiration in order for them to gain greater independence.

A family member spoke of the positive relationships developed with staff and its positive impact on the health and wellbeing of their relative when working with and sharing information with other health and social care professionals. Records showed a collaborative approach to ensuring people's needs were monitored and any changes referred to the appropriate health care professional.

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. Where 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. We checked whether the service was working within the principles of the MCA to ensure any restrictive practices had been referred to the local authority to ensure these were authorised by the Court of Protection.

Assessments to determine people's capacity to make informed decisions and choices were used to develop people's support plans and risk assessments. This ensured people's needs were met in a range of areas which included management of their finances, medicine, personal care, which included behaviour that could be challenging and accessing the wider community.

Good

Is the service caring?

Our findings

Family members of those using the service spoke positively of the care and support provided by staff. A family member told us, "The staff are very good, they all support [person's name] well." A second family member said. "They (staff) monitor and do things right, after ten years my view of the service is that it is brilliant."

Family members said a key factor in the staff being able to provide the appropriate care and support was as a direct result of having a consistent group of staff. Consistency in staff had enabled their relative to develop positive relationships, built on trust and understanding. Regular reviews of people's need took place, which involved the person using the service, their family member and relevant health and social care professionals.

There was a pro-active approach to people's views and needs being taken into account when staff were recruited. The registered manager considered people's hobbies and interests when recruiting staff to ensure people were supported by staff that had similar interests, promoting positive relationships based on mutual interests. People were encouraged to meet prospective staff as part of the recruitment process to ensure they were involved in decisions as to who would provide their support and care.

Family members spoke of the collaborative approach staff had, working with them to provide good quality care based on their relatives' best interests. Family members told us staff actively involved them by seeking their views about their relatives' care, which included any proposed changes to their care and support. A family member expressed this by telling us. "I'm actively involved in decisions, we work together through agreed protocols to help staff in a collaborative approach through the development of an in-depth profile, which details all [person's name] needs."

A member of the management team carried out 'observed practice' with regards to staff, which meant staff were observed providing support to people and received feedback as to their approach. This included whether they had appropriately considered people's equality and diversity, their privacy and dignity had been maintained and their rights and choices in all aspects of the support they had provided.

The registered manager was aware of changes to legislation with regards to the storage and accessibility of people's information, covered by The General Data Protection Legislation. Information as to its impact had been shared with staff via the provider's newsletter. The provider's policy and procedure on the management of storage of information was being reviewed in order to accurately reflect the required changes.

Outstanding ☆

Is the service responsive?

Our findings

The registered manager and staff continued to provide a service to people that was extremely personalised and responsive and focussed on making people's quality of life as positive as possible. All staff were fully engaged in this process. We heard and read how the support people had received had enabled them to achieve their goals. People's support plans considered people's diverse needs, including those related to disability, gender and other protected characteristics.

People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans provided guidance about individual goals for people to work towards and recognised their wish to be an active member of their local community, by taking part in voluntary work which had a direct impact on other people's welfare. For example, one person worked voluntarily at the 'Real Junk Food Project', preparing, cooking and serving meals. A staff member we spoke with told us the person was a valued member of the team of volunteers and had gained confidence through meeting different people.

The commitment of staff to continually review the care provided and to make changes to how people were supported had a positive impact on them. For example through the implementation of Positive Behaviour Support (PBS) for one person, in conjunction with other changes to the person's support meant medicine prescribed to support them when they became anxious had ceased.

Support plans were tailored to reflect people's individual needs, which included their daily routines. For example, the daily routine of one person had significant importance to them in supporting their well-being. The guidance for staff was specific, for example. It stated the time between a person getting up and staff providing support with personal care was to be 10 minutes. People's communication style and needs were included in their support plans. For example, one person's records stated they would express their being 'sorry', by touching staff on the shoulder.

People's independence was supported and involved professionals from specialist services, who worked with staff to develop and support people. For example, an occupational therapist had assessed and supported a person to develop the skills they needed to use an iron and food processor.

A member of staff spoke passionately about MacIntyre Cares' commitment and recognition that people change and evolve and that staff and the service needed to adapt to meet people's changing needs. A staff member spoke of how they had contacted a range of voluntary services working with animals to identify an appropriate organisation as a person they supported wanted to work with dogs. The person attained their wish, volunteering at a dog rescue facility for greyhounds. The member of staff said this was part of supporting the person towards their end goal which was to own a dog of their own.

A family member spoke about how they worked with staff to pre-empt identifiable changes to ensure their relative was supported as they found it difficult to accept sudden change. For example, the person was being introduced to other shops accompanied by staff for grocery shopping, as opposed to a set grocery

shop, where they were usually accompanied by staff and a family member. The family member told us this was to help prepare their relative for a time when they would no longer be able to accompany them shopping.

A family member spoke of the range of activities their relative took part in. They told us. "[Person's name] enjoys going into Leicester, visiting the space centre, museums and the library. Staff support [person's name] to go on trips with the support of two staff." A second family member spoke of staff supporting their relative in going on holiday, and supporting them to access recreational activities, which included swimming.

People's achievements were celebrated with others who use the service and staff. People's achievements were published in an internal newsletter, 'The Mag'. For example, a person's trip to a local centre where they had been supported by staff to cycle on adapted equipment. People's increasing independence was noted in people's records. For example, one person was now making their hot chocolate drink without staff support.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and a communication passport put into place.

People's views about the quality of care were sought in a survey, which asked 'Are we keeping the MacIntyre Promises. The survey was in an 'easy read' format, using clear words and phrases, supported by pictorial images to support the written word. People received an individual response, in an easy read format to their completed survey. The response identified what the service and staff would do in response to the person's feedback.

Key policies and procedures, including how to raise a complaint had been produced in an 'easy read' Documents, including support plans and health action plans were also produced in this format.

People were provided with the opportunity to discuss and record their views about their wishes with regards to their end of life care, entitled 'This is my Plan for the Future'. Records we looked at showed people had not made any decisions in relation to end of life care.

Family members told us any concerns they raised were proactively managed. One family member told us the registered manager and another member of staff had visited them at their home to discuss concerns. They said. "If something is not right, they change it."

Complaints and concerns when received were recorded and escalated through the management structure. The Provider Information Return (PIR) recorded there had been no complaints within the last 12 months. They had received four concerns, within the same time period. Concerns raised had included staff conduct and staffing levels. In response the service had focused on an inclusive recruitment drive, involving a person's family member. A concern was received from a member of the public as to the approach of staff towards a person. The concern was investigated and the outcome showed that the member of staff had supported the person consistent with their support plan and the person had received the appropriate care and support.

Outstanding ☆

Is the service well-led?

Our findings

A registered manager was in post. 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.

A family member summarised their views of MacIntyre Leicester LifeLong Learning, they told us "MacIntyre is the best service." A second family member when asked for their views of the service said. "Brilliant." The provider had a strongly defined mission statement and purpose which was integral to the delivery of care provided by the staff of MacIntyre Leicester LifeLong Learning. This was evident throughout our inspection in the documents we read about people's care, our discussions with staff and our conversations with family members of those using the service. All of which reflected the commitment of staff to support people to ensure their diversity was celebrated and potential obstacles due to their disabilities were overcome.

We found the provider's mission statement to be fully implemented and endorsed which had had a positive impact on people who used the service. The mission statement outlined the organisations commitment to celebrate each person's unique gifts, talents and contributions, the quality of relationships and promotion of real opportunities to connect with others was evident. For example, people using the service had been involved in specific projects, which included a person taking part in a video, and was shared across social media, to celebrate their involvement as part of the Autism special interest group.

The provider had links with a range of specialist advisors both internal and external to MacIntyre whose role was to keep up to date with good practice. External advisors had been central to the development and reviewing of key working practices, which included safeguarding and supporting people with specific needs, such as autism and dementia. The advisors and departments then cascaded information to staff working with those using the service, via e-mail, staff bulletins and newsletters.

A member of staff vocalised how newsletters and information reflecting specialist interest group information had been of benefit. They spoke of the Autism specialist interest group that had provided information and useful insights in supporting people with Autism and that discussions with people associated with the group had enabled them as a member of staff to develop new ways of working to support the person.

As part of the provider's commitment to safeguarding a group of staff who work for MacIntyre had been established to promote safeguarding practices. The provider is a member of the Ann Craft Trust and the Chief Executive Officer of the Ann Craft Trust is part of the Macintyre's safeguarding group and provides advice and support. The Ann Craft Trust, a national registered charity committed to safeguarding. The registered manager had produced a report of safeguarding specific to MacIntyre Leicester LifeLong Learning. The significant knowledge of staff in relation to the topic of safeguarding had been identified and as a result had been shared with colleagues in other areas to share best practice. The registered manager spoke of their planned involvement and that of people who use the service in Safeguarding Awareness Week in November 2018.

A commitment by the registered manager to monitor all aspects of the service, to learn and share good practice was evident. The registered manager had analysed the effectiveness of Positive Behaviour Support on people supported by MacIntyre Leicester LifeLong Learning. The report evidence the positive impact PBS had on people using the service and the continued commitment to train staff in becoming PBS mentors and coaches.

The provider kept under review the day to day culture of the service, which included the monitoring of staff to ensure the mission statement and priorities of MacIntyre Care were embedded into staff's every day practices. The registered manager and staff had organisational and individual goals and objectives, which were aligned to the provider's mission statement.

There was a strong organisational commitment and effective action towards ensuring there was equality and inclusion across the workforce. The registered manager, management team and staff demonstrated a commitment to continuously improving the service people received. The provider encouraged staff to attend meetings at all levels, to discuss developments and the quality of the support they provided.

Staff achievements were recognised and celebrated. MacIntyre Care has a number of internal awards, for which staff can be nominated for, with staff receiving a reward in acknowledgement for being nominated. The registered manager shared with us that staff of MacIntyre Leicester LifeLong Learning had been nominated for three awards. Which were 'outstanding team', 'inspirational leader' and 'newcomer to MacIntyre.' The registered manager being awarded the 'inspirational leader' award.

The registered manager had a thorough overview of the quality of the service. This was enabled by high quality auditing of all areas of the service to identify where areas of improvement were required and to identify any potential risks that may affect quality of the service. The registered manager and members of the management team ensured a visible presence by visiting people who used the service, observing the support provided and completing audits in respect of the compliance and quality of support being provided. The governance of the service was therefore fully effective and overseen at a national level to assess the quality of the service.

A report conducted by commissioners of the service had concluded that the service was complaint with their contractual agreements, across all areas of the service. This included people's care, the ability of the people using the service to develop the service, the commitment to safeguarding and safety, staffing practices, quality and safety and management of the service.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. The registered manager was up to date with recent changes to the key lines of enquiry and staff had been made aware of these. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints.

Opportunities for people who use the service and their relatives to comment on the wider organisation of MacIntyre through open day events, newsletters and magazines, which include information from services located across England. The magazines were produced in easy read format, including large print, photographs and symbols to help people understand what services provided.

The provider's commitment to transparency and sharing of information was evident. There website provided information to people using the service, their family members and the wider public on a range of topics, which included information in easy read format. The website displays the rating awarded by CQC

inspections.

The quality assurance system operated by the provider looks to regularly carry out audits to ensure that the service being provided is reflective of a 'person centred approach to ensure each person achieves the outcomes of a life that make sense, support the way they want it and increased choice and control'. This is known as 'the great interactions audit'. The audit looks at whether communication between people using the service and staff is effective, which includes the availability of written information, signs, symbols and objects of reference to promote communication. The audit considers whether a person's home support them with their independence and lifestyle choices.

The provider had attained the Investors in People Gold Award for 2016. This is an external accreditation awarded, which looks at what it takes to lead, support and manage people well and to bring about sustainable results.

MacIntyre Care took part in national initiatives and research and were active in the learning disability sector. For example, the service had an awareness of current guidance and developments and had signed up to a campaign called STOMP (STop The Over Medication of People). The provider also had links with VODG (Voluntary Organisation Disability Group). The purpose of this link was to look at recommendations to improve the health and well-being of people with learning disabilities and to improve their quality of life. A working group had been set up to make recommendations to improve the health and wellbeing of people with a learning disability and information was shared in newsletters produced by MacIntyre Care.