

MacIntyre Care

MacIntyre Ampthill Support

Inspection report

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Date of inspection visit:
19 March 2019
27 March 2019
03 April 2019
16 April 2019

Date of publication:
12 July 2019

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

MacIntyre Ampthill Support provides care and support to adults with learning disabilities or autistic spectrum disorder in their own homes. They also had a Shared Lives Service that recruits, trains and supports self-employed Shared Lives Carers (SLCs) who provide placements and respite care for vulnerable adults within their own family homes in the community. The service supports people with learning disabilities and or autism.

Not everyone using the supported living and shared lives service receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'. This includes help with tasks related to personal hygiene and eating. In these circumstances we also take into account any wider social care provided. At this inspection there were 36 people using the service who received personal care.

People's experience of using this service

People told us they were very happy with the support they received from staff. They told us they were very happy with their housemates and the staff team allocated to support them.

People told us about what safeguarding meant for them and how staff supported them to learn how to be independent but safe from harm.

Staff were knowledgeable about people`s needs and how to manage any risk involved. Staff were well trained and skilled to support people safely and effectively.

People`s care plans were developed in partnership with them and evidenced their voice in terms of their likes and dislikes and what they wanted to achieve in their lives. People were given information in the format suitable for them to understand and feel involved in the care and support they received.

People lived an active life and were supported by staff to seek employment, attend college, socialise and develop new skills.

There was an effective management system in place with clear roles and responsibilities for managers and staff. This meant that systems and processes were effectively used across all the supported living sites and there were no differences in the quality of the care people received.

The registered managers were closely involved in the monitoring of the quality of the services provided to ensure these were effective and met people`s needs safely. There was effective partnership working with health and social care professionals involved in people`s care to ensure this was seamless and promoted people`s health and well-being.

Rating at last inspection

Good (Report published 24 June 2016)

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

MacIntyre Ampthill Support

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

MacIntyre Ampthill Support provides care and support to adults with learning disabilities or autism who are living in their own homes. They also operated a Shared Lives Service that recruits, trains and supports self-employed Shared Lives Carers (SLCs). They provide placements and respite care for vulnerable adults within their own family homes in the community.

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 visit to ensure that the registered managers, staff and people were available to talk to us.

Inspection site visit activity started on 19 March 2019 and ended on 16 April 2019. We visited the office location on 19 and 27 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We also visited a supported living location on 19 March 2019. Between 27 March 2019 and 16 April 2019, we received feedback from people, relatives and staff about the service.

What we did

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send

us. We received feedback from the local authority about their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with three people using the service, five staff members and the two registered managers. We received further feedback from two people, seven relatives and five shared lives carers via e-mail. We also received feedback from social care professionals regularly visiting the service.

We looked at three care plans and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they knew how to keep themselves safe. They were proud that they could be more independent because they learned how to stay safe. One person said, "I know not to talk to strangers and I can now come home alone from work." Another person said, "I can now be on my own in the house for an hour! I know not to open the door to strangers."
- The provider recognised how important it was for people to learn how to keep themselves safe from any form of abuse and had held a 'Safeguarding Drop In day' for people and staff to learn together. This was planned to take place annually. People using the service designed their own easy read and pictorial safeguarding poster which was displayed in each supported living service and discussed at meetings. People wrote, "I want to keep myself safe and know what abuse is" and "Listen to me when something bad has happened."
- People could attend regular 'My Voice' meetings as well as filled in questionnaires, to increase and improve their awareness of safeguarding issues, keeping safe and how to raise concerns.

Assessing risk, safety monitoring and management

- People told us they knew what risks were involved when they were out in the community or involved in different activities around the house. One person said, "I know about road safety and if I go out I have my mobile phone, so I can call staff." A relative said, "We do feel the service is safe. The staff act when there are problems in an appropriate way, so as to not cause [person] any anxieties."
- Risk assessments were in place for all identified risk to people's wellbeing, and these enabled people to be independent and were not restrictive. For example, where a risk was identified in people cooking their own meals, they were encouraged and supported by staff to learn safe ways of handling utensils and hot surfaces and not stopped from doing this activity.

Staffing and recruitment

- People told us there were enough staff to support them to live the life they wanted.
- Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references.

Using medicines safely

- People's medicines were managed by trained staff who had their competencies checked.
- Medicine checks were carried out daily, weekly and monthly by staff, area managers and front line managers and any issues promptly identified and addressed as per the provider's policy.

Preventing and controlling infection

- Staff received training in infection control and personal protective equipment was provided to them to use when they supported people with personal care.

Learning lessons when things go wrong

- Staff told us they had opportunities to discuss what and how they could improve the service so that people achieved better outcomes.
- There was an emphasis to constantly look to improve not just when things went wrong. Lessons were learnt at provider level as well as at staff team levels when issues were identified. For example, the provider identified that staff made mistakes at times when administering people`s medicines. Workshops were organised and the training for staff changed to ensure it was more detailed and gave staff a better understanding of safe medicine management practices.

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

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. 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.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.
- People were included in their care, their opinion mattered, and they were supported to live life being active part of their community.
- People's needs were assessed prior of them using the service. Staff told us they read the care plans and ensured the care they delivered was in line with what people wanted and needed.
- Care plans contained specific details which indicated that all aspects of people's care were discussed with them.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed that they received appropriate training and support to carry out their roles effectively. One staff member said, "Training is very good. We have the mandatory training like safeguarding but we can request training and we have workshops. Supervision is regular, and I am given the opportunity to tell them [management] how I feel. I can give ideas and they are listening."
- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised 'Care Certificate'. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff had regular supervisions and appraisals where they could discuss development opportunities.

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

- People were supported to understand what healthy eating meant so that they could take informed decisions about what they wanted to eat. One person told us, "I know about healthy eating. I lost one and half stone and I got an award. I can now wear dresses." This person told us how proud they were and more confident because staff supported them through a slimming programme.

- People were referred to dieticians when needed and healthy eating plans were in place for people to understand what was healthy for them to eat.
- People's ability to prepare food varied and staff adapted their support to people's abilities.

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

- People had annual health, dental and optical check-ups. Staff worked with people and developed a health action plan. This helped people and staff to discuss what was needed for people to maximise their health in addition to medicines and recommendations from health professionals.
- People told us staff supported them to attend their appointments and this helped them overcome their anxieties. One person said, "Staff comes with me to see my GP. I want them to come."
- Staff worked in partnership with other professionals involved in people's care. These included dieticians, social workers, day centre staff and others.

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

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

- Everyone we spoke with gave us very positive feedback about staff and the organisation as a whole. People told us staff were flexible and helped them to live the life they wanted. One person told us, "Staff are very nice to me and kind."
- Relatives praised staff for being kind and caring and supporting people to overcome their anxieties. One relative told us, "The staff are kind and caring, they give [person] the right level of support. When [person] is anxious staff are very good at calming them using different techniques, like giving them time, talking to them, and explaining why things have happened."
- People were supported and helped to develop and maintain relationships important to them. One person told us how happy they were with the flexible support they received from staff so that they could see their partner regularly. Their family member told us, "[Person] trusts and likes all staff supporting them and gets on very well with their key worker, who goes above and beyond to care for their needs. [Person's condition] can be a challenge and all staff know them well now, recognise and manage their anxieties in a very caring way."
- Every person and relative emphasized how pleased they were that the service recognised how important it was for people to have continuity of care and a stable staff team. The registered managers and front-line managers worked hard to keep staff motivated to achieve staff's retention and provide a stable staff team to each person using the service. One relative said, "[Person] is very happy and this can be attributed to the professional and continuity of carers provided by MacIntyre. We would like you to recognise the particular support provided by the lead carer, who through their dedication has helped [person] develop into an adult."
- People said staff respected their individuality and they provided support in a way that promoted good outcomes for them. Staff said that the aim of the service was to support people to live full and active lives. Staff and the managers told us how they had worked hard to ensure people become more independent, learnt to express their choices and sought employment.

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

- Staff identified people's information and communication needs by carrying out an assessment when they started using the service. People's communication needs were identified, recorded and highlighted in care plans. Where required, people had been given information in easy read format to help them to understand and be involved in their own care. This meant that the service was compliant with the Accessible Information Standard (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss.
- People told us staff always supported them to make decisions and choices about their care. They said they chose how they wanted to spend their time, including whether they wanted to spend time alone or with

other people they lived with. One person said, "I have meetings to do the plans and agree what we want to do, and I have a link worker. I trust staff I will tell them anything. I can plan for stuff and staff will help me do it. Team meetings include all of us. We plan things for next week or future plans I have."

- Where required and with people's consent where possible, their relatives and other professionals were involved in helping them to make decisions about some aspects of their care and in regular reviews. One relative wrote after their loved one`s yearly review, "We were delighted to attend [person`s] annual review and to learn of their achievements over the past year. We are indebted to the wonderful staff who care for [person] each and every day and make their life so enjoyable."

Respecting and promoting people's privacy, dignity and independence

- People told us and we observed that staff treated them with respect and in a dignified way. Staff asked people`s permission to talk to us about them in their presence and involved people in conversations.

- Relatives told us people`s care and support were dignifying. One relative said, "The care [person] receives is dignifying."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were very happy how staff supported them, and they wanted nothing to change. One person said, "I am very happy, and staff helps me when I need help, but they encourage me to do things on my own. I can now use the bus and do my own packed lunch."

- People's care plans were written in a person centred manner. These were detailed about people's needs and also about their likes, dislikes and preferences. Staff had clear guidance for how to recognise when people had a good or a bad day and also methods to manage people's behaviours.

- Staff talked to us about people and what their needs, likes and dislikes were without referring to the care plan. They told us how important it was for people with learning disabilities to be supported to gain confidence and independence so that they integrated in the community, sought employment and lived the life they wanted. This supported the principles of 'Registering the Right Support' and other best practice guidance.

- People told us they thoroughly enjoyed their life and the recreational and social activities they were doing. One person said, "I have a job and I like it. I also like going on holiday, shopping, swimming and meeting other people."

- Relatives told us they were very happy of how staff supported people to do the activities they liked. One relative said, "The way that [person] is supported to spend time with other people supported at [service name] is really good for him, inviting each other round to share meals and socialise together."

Improving care quality in response to complaints or concerns

- People told us they were confident to raise any complaints with staff or their named link workers. One person said, "I complain to [name of staff member] and they pass it on and if not, I know about the on-call [an on-call manager]. They sort it out."

- Relatives told us they could share and discuss any issues they had with staff and these were resolved before they had to complain.

- The provider's complaint policy and procedure was shared with people and relatives in the format they needed and staff discussed this with people in their meetings.

End of life care and support

- At the time of the inspection none of the people the service supported required end of life support. The majority of people supported by MacIntyre Ampthill Support were young, however staff and the registered manager planned to discuss with people their wishes for the future.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us the service was well led and provided personalised care and support to people. Staff worked closely with each individual to deliver outcome-focussed support, using person centred approaches to set goals, deliver learning, support and review, and record achievements. This led to people become more independent, seek employment, develop new relationships. One person told us, "I am proud of what I can do. I am working, and I am so busy." A relative wrote in a thank you letter, "Please rest assured that we do appreciate everything that is done for all the residents in your care and you can all be so proud of your achievements."

- MacIntyre Amphill support was a service entirely dedicated to empowering people with learning disabilities to live lives that make sense to them. The provider`s vision to achieve this through providing people with lifelong learning programmes and activities which included supported employment, independent living skills, arts and crafts, sports and many more were shared by every staff member and manager we spoke with. One relative told us, "My husband and I are very happy with the support MacIntyre Amphill provides for [person]. I consider staff are well trained, and they look for opportunities to stimulate [person] and to offer her a range of social activities which suit their interests and character."

- The provider`s systems and processes were caring and placed people in the centre of the service. The provider created opportunities and supported people to gain qualifications and seek employment. For example, people who were interested to become experts by experience and work together with the provider`s quality team they were given the opportunity to do so. This meant that when internal audits took place people who were experts in using a learning disability service went along and talked to people using the service to get their feedback about the service they received.

- Since the last inspection there was a drive from the whole staff team and management of the service to further improve on risk management, including and empowering people to lead their own support. People were supported to understand the risks involved in their daily lives and by learning to manage this people become independent and lived a purposeful life. Each and every person and staff we spoke with felt an active part of the organisation and told us their opinion mattered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt empowered, they were engaged, and their opinion mattered. For example, people using the service and staff jointly created a magazine for people using the service where important events, achievements, useful tips, recipes and competitions were presented for people in a pictorial and easy to read format. This also gave people an opportunity to share their success stories. A person described how they had a fear of dogs and how with staff`s help they were learning about the different dog types and also

got professional help to overcome their fear. They described how good it was for them to go to the library to do research and to meet new friends as well as doing voluntary work at the library as a way to say thank you for the received support.

- People were directly involved in the management of the service. They took part in meetings where they could give feedback on the service they received directly to staff.
- People were invited to regular workshops held by health and social care professionals to develop their understanding about safeguarding, dementia and healthy eating. They were also consulted about what services for people with learning disabilities they felt were missing from their local community.
- The provider regularly organised events for people to get together and socialise like dance evenings, pub nights and other events people were looking forward to attending. One person told us, "I like meeting everyone and have fun."
- Staff told us they felt valued and listened to. They told us it felt good to be recognised for their achievements which motivated them even more to go over and beyond what was expected from them. One staff member said, "I do feel valued by my manager. I receive feedback and thank you for everything I do. This makes me feel good and do things in my own time for people."
- The provider introduced an Employee of the Year Award scheme for staff to be put forward for an award by people, families and other stakeholders. One person proudly told us, "I nominated the whole team. They are so good, and they help us a lot."
- There had been regular audits to monitor the quality and effectiveness of the service. These were carried out by the managers and the provider's quality teams. Any actions needed to improve the service were promptly actioned. For example, a more in-depth medicine training for staff was developed due to some errors identified by managers when staff administered people's medicines.
- The managers appropriately reported relevant issues to CQC and the local authorities that commissioned the service.

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

- The provider had an effective management structure in place. This structure was set up by listening to people and family members who gave feedback about how much people benefitted from a stable staff team. As a result, there were two registered managers sharing the responsibility of overseeing all the supported living and shared lives services as well as front line managers responsible for a small number of services. The front-line managers set up a team of staff for each service which provided the much-needed continuity of care people needed. People told us they had a link worker from the team of staff supporting them who they developed a closer relationship with and they helped them lead the care they received. One person said, "I like my link worker. I consider all of them [staff] my friends."

Continuous learning and improving care

- There was a drive from the provider of continuous learning through reflection of what went well and what needed improving and also to influence how future services develop for people with learning disabilities.
- The registered managers held quarterly 'My Voice' meetings for people using their services. In these meetings people gave feedback to the management on what they wanted to learn about and how the management of the service can help them achieve what they wanted. The managers gave feedback to the local authority on people's views so these could be taken into account when a commissioning plan for learning in disability services was agreed. In response to people's requests the provider arranged several Dementia talks as people were interested to learn about Dementia. A MacIntyre Memory Café commenced once a month each month having a different theme and special activities for people and guest speakers. A parent of a person using the service volunteered at this Café and they gave feedback to the management about their experience. They wrote, "The very first time we went I chatted to [a person using the service] and

they said they were very nervous as it was their first time. It has been wonderful to see [person`s] confidence flourish and see them walking about talking to people."

Working in partnership with others

- The provider worked in partnership with self-employed care staff who provided the shared life scheme and commissioners from the local authority to ensure people referred to this service received care and support in a safe environment and their needs could be met in the carer's own homes.
- The registered managers carried out a range of assessments of the environment a person needing a service under shared life scheme was moving into, carried out criminal records checks and provided training for self-employed staff. If they were satisfied that the person`s needs could be met they put together a case which was assessed by a panel formed by members of the local authority, independent social workers and management so that an agreement could be reached.
- The feedback we received from relatives of people using this service and self-employed care staff was very positive. They told us this service was a success and offered people a real home and personalised care and support. A relative said, "In sum, [person] is very content with the support they receive from [shared life carers], MacIntyre and the [day] Centre. The Shared Lives Arrangement works very well for them and provides all the necessary support for [person], and [shared life carers]. Speaking personally, we couldn't be happier with the support that [person] receives from the team around him - the Shared Lives Arrangement has proved very successful for them." A shared life carer told us, "The main benefits of living in a shared lives household are a greater level of consistency, no staff turnover and no inconsistencies of different staff coming on and off shift. Greater level of independence because of the level of support that our people receive they are able and enabled to enjoy a wide range of experiences. People who live in families tend to be more independent because of the support that they receive from other family members. Our people are not isolated or lonely. An advantage of the shared lives model is that our people can access the family network of friends and extended family. From a management point of view, I am very happy with the level of support that we receive from the scheme worker and manager. We find that we are left to get on with things, but that management is very responsive when support is required. I have found that MacIntyre listen to their shared lives carers and I feel valued by them."
- The service worked in partnership with Herts Care Providers association (HCPA) and Hertfordshire and Bedfordshire County Councils. The registered managers attended forums organised by HCPA where they had updates about new legislations and information about recognised good practise across the county.
- They also joined forces with other organisations supporting people with similar needs to create more opportunities for people to socialise. They organised for guest speakers, health and social care professionals to deliver various workshops for people to learn about safeguarding, healthy eating, Dementia and other topics.
- Local authorities that commissioned the service also inspected it regularly. This ensured everyone could check that people consistently received the support they required and expected.