

MacIntyre Care

MacIntyre Ampthill Support

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

MacIntyre Ampthill Support is a supported living service providing personal care to people in their own homes. It also operates a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes.

At the time of the inspection they were providing personal care to 36 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not fully able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care was designed to maximise people's choice, control and independence and the provider had strong systems in place to promote person centred care, dignity and human rights. However, these were not always acted on in some of the MacIntyre Ampthill support settings where people received support.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice but were not consistently used to achieve this. Some people had restrictions placed on them that were not rigorously assessed to be in their best interests.

Documentation relating to obtaining consent to care or assessing mental capacity and making decisions in people's best interest lacked detail and was inconsistent in some instances.

Some support plans and risk assessments lacked information to guide staff about how to safely meet people's needs. This was particularly in relation to their specific physical or mental health needs or where people required support to manage behaviours that challenge.

Documentation relating to the management and administration of as required (PRN) medicines was inconsistent and put people at risk of PRN medicines not being administered as intended by the prescribing doctor.

The provider had well documented values that put people at the heart of the service. Policies and systems

supported this but were not used effectively in all settings within the service. This meant some people did not consistently receive support which reflected the provider's values.

Systems to monitor the quality of the service were not always used effectively and did not identify issues found during this inspection.

People were supported by staff who understood how to keep them safe from abuse. Staff received training the provider considered essential to enable them to support people well, although some training in relation to people's specific support needs had not been provided to all relevant staff.

People were supported by staff who knew them well. Support plans contained clear information about people's preferences and matters that were important to them.

We have made a recommendation in relation to the administration and recording of PRN medicines.

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

Rating at last inspection

The last rating for this service was Good (published July 2019)

Why we inspected

We received concerns in relation to the management oversight and culture of the service. This included concerns about consent to care, and the oversight of systems to ensure people received safe care. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Enforcement

We have identified breaches in relation to management oversight, how people are supported to consent to care and how practices that restrict people's freedoms are agreed, monitored and reviewed. Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MacIntyre Ampthill Support on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Three inspectors carried out this inspection.

Service and service type

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

MacIntyre Ampthill support also provides a shared lives scheme. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes.

The service had a manager 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

This inspection was unannounced. Inspection activity started on 09 February 2021 and ended on 04 March 2021. We carried out a site visit to the registered office on 09 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report..

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the operations director, front line managers, senior support workers and support workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and training as well as records relating to training across the service. Documents relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Our findings - Is the service safe? = Requires Improvement

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not always detailed enough to guide staff on how to support the person safely. For example, by giving specific information about specific signs to look for that may indicate a relapse in a person's mental health condition, or details of how a particular medical condition presented.
- Where risk management impacted on people's freedoms, choice or control, the rationale for this was not always clear and a detailed review of these assessments not clearly documented. The provider had a Positive Behaviour Support policy which clearly stated the need for this but it was not followed in all instances.

Using medicines safely

- The recording of medicines prescribed to be administered 'as required' (PRN) were not always listed on Medicine Administration Records (MAR). This put people at risk of not receiving medicines as intended by the prescribing doctor.
- Guidance on the administration of PRN medicines to manage behaviour that challenges lacked detail regarding strategies to be tried before using medicine as a last resort, what to do if the person refused the medicine, and who within the organisation had authority to make the decision to administer the medicine.
- We found that some staff were not clear about good practice standards in relation to medicines administration recording, which increased the risk of mistakes being made and people being put at risk of harm.

We recommend the provider consider current guidance on safe management and recording of PRN medicines and take action to update their practice accordingly.

- Staff were trained in the administration of medicines and their competency was assessed annually.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding people from abuse and completed competency assessments annually to ensure their skills and knowledge were retained. Staff we spoke with understood internal processes for reporting concerns although some were less certain about external agencies and the processes to follow.
- People and their relatives told us they felt safe. One relative said their family member had, "Been there for many years and he has been kept safe and well and he seems, the vast majority of the time, to be happy."

- We saw examples of workbooks staff had completed with people to support them to understand how to keep themselves safe, and what to do if they were worried about anything that happened to them.

Staffing and recruitment

- People told us there were enough staff to support them; they and their relatives felt staff knew their needs and supported them well.
- Recruitment practices were safe, and all necessary pre employment checks were carried out to ensure only suitable staff were employed.

Preventing and controlling infection

- Staff received training and support in relation to infection prevention and control.
- This included training specific to COVID -19, such as instruction on the correct donning and doffing of Personal Protective Equipment (PPE).
- Staff said they had access to enough PPE.
- They confirmed that, where possible, they were working with people to support them to understand good hand hygiene and social distancing.

Learning lessons when things go wrong

- Staff confirmed they participated in de-briefings following incidents and discussed issues at team meetings which supported them to learn from when things went wrong.
- The registered manager confirmed there were systems in place to report concerns and to share learning from complaints and incidents across the organisation.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always support good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The recording of capacity assessments and best interest decisions was inconsistent across the different supported living settings. People who had been assessed to lack capacity to make basic day to day decisions, were then said to have given their consent to more complex issues relating to their care with no evidence to explain this.
- Where restrictive interventions were in place, there was a lack of evidence to show why this was the least restrictive option. This was for restrictions such as a locked kitchen, restrictions on diet or habits, freedom to go outside after a certain time of night, or searches of people's private space.
- This also applied to people who lived with a restriction in place as part of managing a risk to someone they lived with, rather than because of their own assessed needs.
- Staff showed a commitment to people having choice and control over their lives, but in some instances did not recognise where established practice impacted on people's freedoms.

We discussed our concerns with the registered manager who told us they were taking immediate action to address this. However, these issues had not been identified before the inspection.

Due to poor documentation of consent, capacity assessment and the rationale and review of restrictive practice people were at risk of harm. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider made deprivation of liberty applications to the court of protection as necessary.

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

- The provider's support planning system encouraged people to identify goals they wished to work towards but this was not always carried out well. For example, one person's goals for the whole year were to open their Christmas presents, and buy a fish tank for their living room.
- Some support plans lacked clear information about people's physical or mental health needs. This could prevent staff from responding effectively to these needs. For example, although one person's support plan mentioned a recent diagnosis, there was no support plan in place to guide staff about how the condition affected the person, and how to support them in relation to this.
- Some staff we spoke with were able to tell us about people's specific health needs in more detail. While this is positive, the information held by individuals would be accessible to all staff supporting people if it were recorded. This would reduce the risk of the person receiving inappropriate support.
- Support plans we reviewed contained clear information about people's likes, dislikes and preferences. There was clear evidence of people's involvement in the development of their own support plans.

Staff support: induction, training, skills and experience

- Although staff told us they received formal supervision meetings, records we looked at showed the frequency of this varied from setting to setting. The provider told us the frequency of supervision was agreed between frontline managers and individual support workers. However, we noted some staff had not had formal supervision since April 2020. Records did not indicate the agreed frequency for each member of staff, so it was not possible to ascertain whether staff received the agreed amount of supervision over this period.
- Staff undertook a wide range of training the provider considered essential. However, there were some gaps in training about the specific needs of people, such as mental health conditions, or in positive behaviour support. The registered manager confirmed the provider was in the process of offering this training to all staff who required it.
- New staff confirmed they received a full induction and completed the nationally recognised 'care certificate'. Induction included the opportunity to shadow experienced staff before working alone. New staff told us they received good support from their colleagues as well as management to learn their role.

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

- Support plans indicated where people had assistance in relation to eating a healthy diet.
- People told us they had good support to eat and drink enough.
- Support plans identified people's preferences in relation to food and drink and described the level of support they required.

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

- There was a lack of clarity about what records needed to be completed at the end of each shift. For example, staff referred to an observation record in one setting that was used to document signs of mental health relapse. However, other staff from the same setting were not aware of this practice.
- Systems to support staff to work well as a team, such as daily logs and handover records varied in quality from one setting to another. Some were detailed and related to the person being supported. Others focussed on a list of chores to be ticked off when completed and the opportunity was missed to put the person at the centre of how staff planned their work.
- The registered manager confirmed they were planning to address this and had asked some frontline managers to carry out some work to improve the quality of daily notes across the service.
- There was evidence that external professionals were consulted and involved in people's support.

- Health calendars were used to help identify any changes in people's needs and to serve as a reminder for routine health checks to be completed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff were all familiar with the provider's values (the 'MacIntyre DNA') and showed a commitment to working in line with these. However, some established practices that did not fit with these values were not recognised or challenged.
- The COVID -19 pandemic has meant people were not able to take part in many of their usual activities away from home, such as going to day services, clubs and classes or going out to the local pub. Some records showed people had not participated in any activities beyond watching television and looking at magazines throughout this time.
- The registered manager said staff had not always recorded activities that were offered to people but refused. They confirmed they were looking to address this shortfall in documentation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- This inspection identified gaps in the detail of support plans and risk assessments, incomplete documentation of consent or capacity, or to show that restrictions on people's freedoms were rigorously interrogated to ensure they are the least restrictive option.
- Some audits were not done frequently enough to ensure shortfalls in people's support were identified and acted on in a timely way.
- Some quality audits lacked details and evidence to support the conclusions with no input from the registered manager or provider. The operations director told us they had been considering implementing a peer auditing process which would help to address this issue and support the development of frontline managers.

The registered manager told us they were taking action to address the issues we identified. However, systems in place to monitor the quality of the service had not picked up these shortfalls. This placed people at risk of harm or of receiving support that was not appropriate to their needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Relatives told us they had mixed experiences of communication with the registered manager and frontline

managers. One relative said, "[Name of frontline manager] seems ok. We really liked the previous manager as [they were] very proactive and came up with lots of great ideas to keep [family member] stimulated. Communication with [name of frontline manager] is more difficult as I don't often get replies." However, another relative said, "They [managers] are at the end of the phone if we need them."

- Staff said they felt very well supported by their frontline manager, the registered manager and the senior managers within the wider organisation.
- They told us the registered manager was very approachable and had maintained contact with them throughout the COVID -19 pandemic through visits and phone calls to the service where possible, but also by using digital communication, secure social media groups and newsletters.
- Staff told us that people using the service had also been able to join online calls and meetings with staff, managers and family to make sure their voice was heard during the pandemic.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to review incidents, accidents, near misses and complaints and to support the service to learn and improve.
- The provider was responsive to feedback and worked well with other health and social care providers, care commissioners and the Care Quality Commission to ensure the service was continuously developing and improving. This was evident in our discussions throughout the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent, capacity assessments and best interest decisions were not completed in enough detail to show how outcomes had been reached. The rationale for and monitoring and review of restrictive practices were not clearly identified.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not been used effectively to identify issues found at the inspection