

MacIntyre Care

MacIntyre Hertfordshire

Inspection report

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21 August 2023

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

MacIntyre Hertfordshire is a supported living service providing personal care to people in their own homes. At the time of the inspection, they were supporting 13 people.

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

Right Care:

Risk assessment and care plans needed further development to be clear on individual support needs. There were examples where in places they were not coordinated, which caused confusion with staff.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service worked well with other agencies to ensure people's health needs were met.

People who had individual ways of communicating, such as using body language and pictures, could interact with staff and others involved in their care and support because staff had the necessary skills to understand them. Further consideration needed to be taken with how to have meaningful conversations with people and gaining their views.

We have made a recommendation that the registered manager looks at different forms of communication to help people to express their views taking into consideration the resources readily available from the provider.

Right Support:

People's mental capacity assessments were not always clear as to whether the assessment and decision was in the person's best interest and if this was the least restrictive measure.

Staff supported people to keep a clean, well equipped, well-furnished and well-maintained environment that met their needs.

Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines and encouraged them to play an active role in maintaining their own health and

wellbeing.

Staff respected people's choices and supported them to make decisions about their day-to-day care.

Right Culture:

Governance systems were not always effective to ensure it provided quality oversight of the service. Staff were not supported to receive all of the training and development they required to fully understand their roles.

However, people received reliable care because staff placed people's wishes, needs and rights at the heart of everything they did. Staff knew and understood people well and were responsive. People and those important to them, were able to share their views about the care.

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

Rating at last inspection and update

This service was registered with us on 23 March 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

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 Hertfordshire

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Inspection team

This inspection was carried out by 1 inspector, 2 medicine inspectors, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 26 July 2023 and ended on 21 August 2023. We visited the location's service on 26 and 27 July 2023.

What we did before the inspection

We reviewed information we have received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with 4 people who used the service and 7 relatives about their experience of the care provided. In some cases people who used the service were unable to talk with us, so we used different ways of communicating including using Makaton (a type of sign language), pictures, photos, symbols, objects and their body language. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. For this inspection, we used this communication tool with 1 person to tell us about their experience. We spoke with 12 members of staff including the registered manager, managers and support workers. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Rotas showed they were not always developed in a person centred way to meet people's needs. Rotas showed not all commissioned hours were being provided to the individual people and as a direct result this meant people were restricted in the things, they were able to do with their day. One staff member said, "We have to plan to go out for people. If someone has to go to the hospital and someone wants to go out, we have to wait, but it is rare."

The provider had failed to ensure there staff were suitably qualified, competent and skilled in order to meet service user's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider had a recruitment process in place. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people, along with references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's risk assessments were not always clear or coordinated with the information stated in the care plans. Risks had been identified but records did not adequately demonstrate the support provided to people to mitigate these risks. One example being where a person had a risk of choking, their risk assessment did not detail how to support them in the event of choking. When speaking with staff they were unable to identify the correct modified food for the individual.
- Risk assessments relating to fire safety did not always take into consideration the appropriate action to keep people safe. In one service the management team had described in the event of a fire it is a stay put policy.

The provider did ensure there were effective systems in place to monitor the safety of people in the home. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The management team took immediate action to rectify this, however in one case the risk assessment still lacked the information required.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There was a policy in place where staff could contribute money to meals in the house. There was no evidence that this was in people's best interest or if this covered the financial cost of this. This put people and staff at risk of financial abuse.

This meant people were not always protected from potential abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager took immediate action following the feedback, on reflection the registered manager understood this could have been seen as financial gain and was not the intention. Since the inspection this practice had stopped and actions were taken.
- Staff were aware of how to raise safeguarding concerns. One staff member said, "My responsibility is the safety of the person. If there should be any situation, I would contact my line manager. If it should happen, that I was not listened to, I would ask for another manager to take over and make a complaint."
- People and relatives felt they were safe with the support they received. One relative said, "[Family member] is getting along lovely there. They are 100% safe there, in all respects."
- Where incidents and accidents and safeguarding occurred the senior management team reviewed these and looked at how they could prevent these happening again, as well as lessons learnt. They were then shared amongst staff.

Using medicines safely

- Medicine risk assessments did not always detail medicines that have associated risks to them and what side effects staff should look out for. They took steps to rectify this during the inspection and the appropriate risk assessment was in place by the end of the inspection process.
- 'When required medicines' (PRN) protocols were in place for prescribed medicines. These explained what a medicine was to be used for and what the outcome should be. For medicines used to manage agitation and anxiety the PRN protocols sometimes lacked the details for de-escalation techniques to try before using medicines. However, this information was included in detailed Positive Behavioural Support (PBS) plans.
- People received their medicines as prescribed. Medicines were administered at set times of the day using a paper-based system which supported staff to follow the prescriber's intentions. We found one record where it appeared a prescribed medicine was no longer included on the MAR chart and asked the service to review if it needed to be.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) were followed. We saw evidence of use of antipsychotics being reviewed and reduced where appropriate. People using the service or their advocates, staff and specialists were all involved in decisions made about the treatment given to a person.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had received the necessary training to support them. We found a number of examples where people with epilepsy were supported by staff who did not have the appropriate skills and training to support them.
- We found that not all staff knew the guidance on what was required when people needed their food modified. This meant we could not be assured people were being supported safely. The registered manager took immediate action to mitigate these risks.

The provider had failed to ensure their staff were suitably qualified, competent and skilled in order to meet service user's needs. This was further evidence of a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Despite the findings in relation to staff training, relatives and staff felt they had the right skills to support people. One relative said, "I think they all seem well trained. They are all caring, I have no complaints".
- Staff said they felt supported by their line management and that they had regular supervisions. One staff member said, "I think my manager is always really supportive, always checking up and will pop in and say hello."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- The provider's systems for obtaining consent from people was not effective. Restrictions were imposed in the service. Staff were not always knowledgeable about the rationale for these and if this was in the person's best interest. For example, the front door was locked and people were unable to leave freely and had to ask for staff permission. Staff said this had been in place for years.
- Mental capacity assessments were completed, however, the assessments required improvement. In some cases, the content of the assessment indicated the person did not have capacity, however the outcome suggested the person had capacity to make the decision and as a result restrictions were imposed.

The provider was not obtaining consent for care and treatment from people using the service and was not acting in accordance with the MCA in relation to people who did not have capacity. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager worked with people, their relatives and various health and social care professionals to assess people's needs prior to receiving care. This information was then used to develop their care plans. Care and support plans did not always reflect people's aspirations and future goals or focus on people's quality of life outcomes. This was evident when observing staff taking an active role in people's day to day life and not encouraging independence.
- People said they were able to speak about what they wanted to do. In some cases, people had one to one support which allowed them to be spontaneous with their day. Other people did not have that opportunity. One person shared what they would have enjoyed doing with their day, however their daily records, showed they did not experience these activities.
- Relatives gave mixed views about being involved in assessing their family member's care, some said they were able to contribute, whereas others said they had not had an opportunity recently to make any comments. The management team were starting to do the yearly reviews which meant they were starting to engage with the relatives to give their views.

We recommend the provider speaks with the people they support to understand their aspirations and goals and to clearly document this to help achieve these goals.

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

- Where people had to have their food modified, appropriate health professionals were involved and provided guidance as to how to support the person, at the time of the inspection this was not clearly documented in the care plans with conflicting information present. Food records were not comprehensive which meant the registered manager could not be assured people were getting the correct food. The registered manager took immediate action to change the care plans and food diary.
- People were involved in developing menus for their meals. People were able to eat at a time that was suitable for them.

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

- The registered manager told us they had developed a good relationship with the local GP practice and had regular meetings to discuss people's care.
- Care plans demonstrated that referrals were made to external services when required.
- The provider had their own internal team that provided support with positive behaviour support. This was offered to individuals to develop their support plans and to help guide staff to provide support to meet people's needs.

- Relatives told us they were confident that people received support from outside agencies such as GPs, speech and language and occupational therapy.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt valued by staff who showed genuine interest in their well-being. People told us staff treated them well and were friendly. One person told us, "I am happy the staff are fine, they are easy to talk to. I get on with [Staff] we have a laugh."
- Relatives also felt staff treated their family members with respect and kindness. A relative told us, "Staff are kind and caring. [Person] always looks well presented in appropriate clothing."
- People's care plans contained information about what was important to them as individuals, including any cultural or religious beliefs and practices.

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

- People were confident to give feedback about the support they received. One person told us, "I shout out if I need help, and they do come sometimes I have to wait a little bit, but they listen to me."
- The registered manager ensured there were opportunities for people to be involved in discussions. For example, people had regular meetings with staff to share their views about the support and what they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People told us how staff always ensured their privacy while still encouraging them to do what they could for themselves. We saw staff knocking on doors and asking for permission to provide support for them.
- When speaking with staff, they demonstrated compassion and kindness when describing the reasons why they supported people. One staff member said, "There is no reward like helping vulnerable people. I love to help people. I choose to support people." Another staff member said, "We are like a family here, I have been here for so long and the people here mean a lot to me."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met through good organisation and delivery.

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

- People's preferences were identified in the care plans. Staff knew people well and offered them choices.
- In some instances, further development needed to be considered when shaping people's individual support to ensure they received the support commissioned, this would allow people to have more time to get involved in their local community and be supported with doing things that interest them.
- Relatives felt that on the whole people were able to have choice about their day but felt that due to the lack of transport this may impact people getting out. A relative said, "They are trying to get a van at the moment- they used to have a van but government cutbacks meant they had to get rid of it. This means they can't get out and about now so easily." The provider stated that although they do not have a car, but people do have access to a van that can be used if they require it.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff supported people to express their views using their preferred method of communication. The provider has various resources to help communicate views for example, talking mats. However, this was not readily used with people being supported. We used this as part of the inspection, and this was welcomed by some people.

We recommend the registered manager looks at different forms of communication to help people to express their views taking into consideration the resources readily available from the provider.

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

- People were supported to maintain relationships with relatives.
- Where people lived together, they said they enjoyed each other's company. One relative spoke about how they would have yearly parties where people would get together and socialise. Other people attended external groups where they were able to meet their friends.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and policy.

- Where complaints were raised the registered manager responded to their complaints and concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Governance processes were not always effective. Audits had not identified the concerns found during this inspection. Quality assurance records did not always document outcomes and impact to people. Care records had inconsistent and or missing information about risks and people's conditions.
- There was a lack of managerial oversight about gaps in staff knowledge, training and competence. Staff were not supported to fully understand the requirements of their role and struggled to describe risks to people and how people's conditions impacted their daily life.

This meant governance systems were not robust enough to demonstrate the service was consistently managed well. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- There was a detailed improvement plan for the service which the registered manager told us they had developed with the provider. This identified areas for improvement and actions to be taken with timescales.
- Following on from the inspection visit the registered manager was responsive to our feedback and had started to implement systems and update care plans.
- Relatives felt management were responsive to any comments they had. One relative said, "It is well run. [Manager] does the best they can. They are always on hand and always replies to my messages."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives felt they were able to approach management to share their views on the service, they felt the management team were responsive.
- Staff spoke highly of their line manager and felt they went above and beyond to offer the support and guidance.
- The provider had developed a strategic plan to transform the support people received to ensure that people were at the centre. This was described as "the big plan" for the organisation. This was introduced in 2022, however was in its infancy within the service. Further development was needed to embed this in the service being provided.

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; Continuous learning and improving care

- Information following incidents and accidents was reviewed for any trends and outcomes used as part of continuous learning. Learning was shared across the provider's services.
- The registered manager ensured all incidents were notified to the appropriate agencies such as the local authority safeguarding team, as well as CQC.

Working in partnership with others

- The registered manager gave examples where they had worked with key organisations to support the care provider and service development.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to demonstrate they had considered the "least restrictive" option when making best interest decisions, in line with the Mental Capacity Act 2005. This placed people at risk of harm. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did ensure there were effective systems in place to monitor the safety of people in the home. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>This meant people were not always protected from potential abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

This meant governance systems were not robust enough to demonstrate the service was consistently managed well. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity	Regulation
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Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure there were enough staff to meet people's needs, and have robust recruitment processes to ensure there were suitably qualified, competent and skilled staff where recruited. This put people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.