MacIntyre Care

MacIntyre Central England Support

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

MacIntyre Central England Support is a supported living and domiciliary care service that supports people with learning disabilities and Autism to live as independently as possible in their own homes. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People had a range of disabilities and included people with learning and physical disabilities. At the time of the inspection there were seven people
being supported with personal care.
This was the first inspection at this location. We found the service to be Good overall.

There was a registered manager in post; a registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Registered Manager had overall management responsibility for MacIntyre Central England Support, while each supported living service had a manager. The service was well-led by this management team who were committed to ensuring people lived fulfilling lives. The service had an ethos: 'MacIntyre DNA', which was a statement of the organisation's values and standards. This was embedded throughout the organisation and had a positive impact on people's day to day lives.

Without exception, people's relatives spoke positively about their experience of the service and the successes people had been supported to achieve.
People had access to a wide range of activities which took account of their personal preferences and were tailored to their individual needs.

The service was very successful in identifying the causes of behaviour that challenged, and in implementing proactive and reactive strategies to reduce them. There were many examples of people's lives being transformed through skilful behavioural support. The service had implemented a range of adaptive and creative methods of communicating for people, to overcome barriers they experienced due to their learning disability and/or Autism

There was an extremely caring culture that ensured people's privacy was protected and respected. Everyone spoke of the openness of the service and without exception, staff felt valued and listened to. Staff were highly motivated and committed to ensure people's individual needs were met.

Staff were supported to ensure they were skilled and knowledgeable in order to be able to meet people's needs. The staff we spoke with were confident that the support they received enabled them to do their jobs effectively.

The registered manager and staff we spoke to understood the requirements of the MCA, and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service also supported this practice. Staff consistently obtained people's consent before providing support and, if people were assessed as lacking capacity to make a decision, staff ensured they acted in the person's best interests to protect their human rights. Best interest decisions were recorded.

The service ensured people were supported to understand risks and where risks were identified people were supported to manage the risks. The service promoted positive risk taking and ensured that risks were assessed and reduced whilst still promoting people's independence.

We found that the service followed safe recruitment processes and completed additional steps to ensure that the staff employed by the service reflected its visions and values in the provision of quality care to people. Staff had completed regular training relevant to the needs of the people they supported. Staff we spoke to were knowledgeable about the people they worked with and the needs they had.

Medicines were managed safely and accurately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe
Where risks were identified there were management plans in place to support people to manage the risks.
Medicines were managed safely. People were supported to administer their own medicines where possible.
Staff had a clear understanding of their responsibilities to identify and report any safeguarding concerns.
Effective systems were in place to investigate when things went wrong and identify trends.

Is the service effective?

Good

The service was effective.
People's rights were protected in line with the principles of the MCA.
Detailed assessments were completed prior to using the service to ensure people were supported in ways to effectively meet their needs
The service used innovative ways to promote understanding and independence

Is the service caring?

Good

The service was caring
People were treated with kindness and respect
The service embedded a philosophy of positive and effective interactions throughout it's day to day work
People were supported with kindness and compassion and their dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.
People were supported to maintain relationships that were important to them.
People's care plans were detailed and person centred and written with the involvement of
families.
People and their families were involved in regular reviews and records were
updated to provide accurate guidance for staff.

Relatives were confident in raising any concerns they had.

Is the service well-led?

Good

The service was extremely well-led.
The management team were committed and passionate about ensuring a person-centred approach to the support people received.
All staff were committed to ensuring people were valued as unique individuals.
The culture and delivery of care was driven by a clear strartegy

MacIntyre Central England Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
We gave the service 5 days' notice of the inspection site visits to enable the service to arrange visits from an inspector to people living in their own homes. Inspection site visit activity started on 22 February 2018 and ended on 26 February 2018. We visited the office location on 22 and 26 February 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed people in their homes, spoke to five members of staff, looked at three care files, four staff files, and spoke to 3 relatives to obtain their feedback about the service. People at home when we visited were not able to communicate with us verbally.
The inspection was carried out by one inspector.

The inspection was informed by feedback from questionnaires completed by a number of people using services, staff and health and social care professionals. This complimented the management of the service and the significant support people received to ensure they lived their lives as independently as possible .

Good

Is the service safe?

Our findings

People's relatives told us that they were confident that the staff kept their family member safe. Comments included, "It is a very safe home, I don't have any concerns", and "[person] is always really happy to return to the home after [they] visit us, if they didn't feel safe they wouldn't do that"

People could not tell us if they felt safe, however, we observed people within their environment. One person, who due to Autism experienced high levels of anxiety, appeared relaxed and happy, interacting confidently with staff.

The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding so they knew how to protect people. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies.
People's support plans and risk assessments were reflective of 'positive risk taking'; where by people's rights to make informed decisions about their lifestyle choices were supported by the service. People's relatives we spoke with told us how the staff provided support to promote their family member's independence and choice. One relative told us, "Since he has lived [MacIntyre Central England Support home] he is more able to do things himself, [such as] cooking and cleaning".

Potential risks to people's safety, health and welfare were assessed and regularly reviewed, which enabled staff to be confident that their approach to reduce risk and safeguard people's safety was up to date.
The assessments recorded the potential risk and the action required to be undertaken by staff to minimise risk whilst ensuring people's choices were promoted and respected. The risk assessments were reflective of people's individual needs, which included the promotion of their independence, such as completing household chores, cooking, and accessing activities, such as swimming and shopping. Risk assessments were regularly reviewed and plans to provide guidance for staff.

People's support plans provided information as to the potential reasons that a person might display behaviour which challenges, and the proactive and reactive strategies that staff should employ to support them. Assessments for risk included guidance for staff in how to support people when their behaviour became challenging, examples included the style of communication, such as using key words and concise sentences, or to give someone time and space. This enabled staff to support people in a consistent manner by following the recommended guidance that was in place to promote their safety and the safety of others.
People's homes had been risk assessed to ensure that the care and support people required was provided within an environment that was safe for people and staff, and that any potential risks were minimised. Areas of consideration included trip hazards, slippery surfaces, fire hazards and the security of the property.
We found there were sufficient staff to meet people's needs and keep them safe, with people having a dedicated team of staff to provide their care. We also found that over the last year the provider had identified the need to have a consistent staff team, and had made staff recruitment and retention a priority. This had been successfully implemented and staff and relatives both stated that care had improved as a result of having this consistency.

Staff recruitment processes used by the provider ensured that the staff employed by the service reflected its visions and values in the provision of quality care to people. The recruitment process included staff completing a personality questionnaire, which provided guidance for the interview panel on suggested topics for questions. A record was kept of the interview including the person's responses, which included scenarios of possible situations which the person may be involved in or experience. These were additional processes to compliment the recruitment of staff to ensure staff employed were able to meet people's needs and provide the appropriate support.

The provider had systems in place to ensure staff employed in the service were suitable to work with vulnerable people. Pre-employment checks included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We found that medicines were managed and administered accurately and safely. Information about people's medicine was included within their support plan. This included the use of PRN (medicine that is prescribed for as and when it is required) and the protocol to ensure people received their medicine consistently and followed safe administration procedures. Staff records showed staff received training on the management of medicines and had their competency to manage medicine regularly assessed. The provider's medicine policy and procedure was up to date and reflected current guidance. Staff comments as to the support they provided was consistent with the contents of people's support plans, which showed staff were knowledgeable about people's needs.

People were supported to keep their homes clean and staff followed infection control procedures. People were supported to understand the importance of maintaining a clean environment and were encouraged to be involved in cleaning tasks. For example, one person's records showed they had been reluctant to assist in the cleaning of their room. Staff had built housework tasks into their weekly routines, using a pictorial schedule, and they now completed them more regularly. Where people were supported with food preparation and eating and drinking, staff followed good food hygiene practices.

Procedures were in place to protect people if there was an emergency. People had individual emergency evacuation plans which guided staff in what support each person required in the event of an evacuation from the building. The emergency plans included important information to guide staff in what action to take in different emergencies, such as the failure of the gas supply. Contact details of senior staff as well as staff who were on call and utilities companies were included in the plan.

We found that MacIntyre Central England Support had effective systems in place to investigate and analyse when things had gone wrong. For instance we found that medicine errors were effectively managed and the lessons learnt shared within the organisation.

Good

Is the service effective?

Our findings

Prior to admission to the service staff completed a thorough assessment of people's needs to ensure that the placement was appropriate for their care and social needs. The provider ensured that assessments were carried out in line with current guidance. People's relatives told us that staff met with them both before the placement started, and regularly thereafter, to discuss their relative's needs.

Where people had behavioural needs these were assessed and support delivered through Positive Behaviour Support (PBS). PBS is a person-centred approach for people with a learning disability and/ or autism who display, or are at risk of displaying, behaviours which challenge. It involves understanding the reasons for the behaviour and considering the person as a whole - including their life history, physical health and emotional needs - to implement ways of supporting the person.

People's relatives told us that the support provided had made many positive changes to the lives of people using the service. The relative of one person who had severe autism and learning disabilities, who had displayed a high level of behaviours which challenge, told us about the improvements they felt the service had achieved. "[Person] has leapt forward, [their] understanding, communication, skills. Their world has opened up" and "Their development has been remarkable",

Staff explained how initially this person's complex needs had challenged the service. However, through developing an understanding of why the behaviours happened, implementing strategies and providing a consistent staff team, they had seen positive changes. One member of staff told us, "[Person] sat at the table with others to eat last week; [they] would have never done that before".

These changes had impacted the person and his family. Their relatives told us, "[Person] has learnt so many skills and increased [their] independence" and "We're ecstatic to see how [person] has come along, our whole family life has changed".

Assessments were used to develop personalised support plans that included detailed guidance around people's medical conditions. For example, where people were diagnosed with Epilepsy support plans detailed the types of seizures the person experienced and the action staff should take to the support the person. Support plans followed best practice guidance and were completed in line with the National Institute for Health and Care Excellence (NICE) quality standard for Epilepsy in adults. For example, Epilepsy care plans included: details of regular medication; emergency contacts; description of seizures; use of rescue medication; other care needs during a seizure; seizure management plan and post seizure care.

The staff were trained regularly and this was demonstrated by the records shown to us by the registered manager, and corroborated by the staff we spoke to. The registered manager told us that training was dictated by the needs of the people each team supported. The records were audited so it was clear when staff needed refresher training. Staff told us that they regularly received training and had been trained in all the areas required in order to meet people's needs safely. One member of staff told us, "MacIntyre have brilliant training, [both] in-house and externally".

We saw that people had a range of different dietary needs. These varied from self-restricted diets to healthy eating plans. Staff demonstrated that they were very aware of these individual needs and made sure that people were supported in the way that they needed to eat and drink safely. We found that innovative methods had been used to support people to eat healthily. Visual support aids such as a 'choice plate' with colour coded segments, enabled people to choose healthy amounts of each food group. These supported people's understanding and encouraged independence. Photos and symbols were also used to support

people to plan menus and participate in shopping. Menus were individualised and based around each person's likes, dislikes and dietary needs.
We saw that people had regular access to health care and their care files showed that people's health was closely monitored. We saw that the staff knew the people well and knew how to identify quickly when something was wrong and get them the support that they needed, for example, psychiatric reviews, opticians and dentists.
People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met>."

We spoke with the registered manager and found that they had a clear understanding of the MCA and DoLS. We saw that wherever possible they championed people's choices at all times. DoLS applications had been made for people living in the home who needed them. Staff were able to demonstrate that they understood the process and the application of the principles of the MCA. We saw clear evidence of mental capacity assessments having been completed when they were needed and minutes of best interest meetings.
The home we visited was on a pleasant street in a residential area. The building was decorated in a homely style and had been adapted to meet the needs of the people living at the home. It was a large house which allowed each person to have their own space. One person found communal living challenging due to his social and emotional needs, and therefore lived in a separate part of the house. We found that multiple features in the home supported people's communication needs. For example, in the kitchen drawers were labelled with symbols to help people to use them and their contents with minimal support. This promoted people's understanding and independence.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring. Comments included, "Staff are very caring, absolutely", "They should be very proud of the care [they give]", and "They are so friendly".

People's relatives also told us how the staff provided support to promote their family member's independence and choice. One relative told us, "Since he has lived [Macintyre home] he is more able to do things himself, [such as] cooking and cleaning".

There was a strong, person centred culture within the home. People had personalised bedrooms with things that were important to them, such as photographs and mementos. Photos of holidays and outings were also displayed in communal areas.
The atmosphere in the home was friendly and relaxed. Staff consistently supported people in a calm, positive and respectful manner and provided reassurance when required, for example, explaining why we were in their home, and supporting them to introduce themselves to us.
Staff knew people well and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. We consistently saw that staff engaged people in conversation and choices about what activities they wanted to do, or what they wanted to eat or drink. Staff spoke with people in a friendly and courteous manner, depending on the method of communication the person responded to, which included communicating by using hand gestures, pictures and symbols. Staff spoke kindly with people, smiled, encouraged and promoted independence by enabling them to do as much for themselves as possible.

Staff were highly motivated and inspired to provide excellent care. There were "Think bubbles" posters on the walls around the home with key works relating to the Great Interactions training staff had completed. For example; Listen; Eye contact; Warmth; Positioning and Communication. Staff talked to us about this throughout the inspection and referred to it regularly. It was clear from our observations that the philosophy was embedded in their day to day work, and that staff took pride in the impact the care they delivered had on the people they supported. One staff member told us, "It's been fantastic for me to see [person's relatives] anxiety lower", and "It's great to see that change for [person] and his [relatives]".
We saw examples of how people were included in decisions about their care and support. For example, in one home, each person had completed a guide to [how] "I like my staff to be", which explained the characteristics required of people that supported them. These included: "Fun", "Happy", "Want to spend time with me", and "I like people to be young at heart".

People within their records had a copy of their support agreement, which outlined the terms and conditions of the service to be provided. This meant people had information as to their individual agreement with the service, which enabled them to challenge should the service they receive not be as agreed. The support agreements had been produced in 'easy read' format using large print and symbols to promote people's understanding of the document. In some instances the support agreement had been signed by the person's relative, where they had the legal authority to do so.

Staff treated people with dignity and respected their privacy. We observed staff knocking on doors and waiting for an answer before entering. People were addressed by their preferred names and were acknowledged as individuals.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs. Comments included "I can't stress enough how much thought is put into every aspect of [person's] care."
People's needs had been assessed to see whether the service could provide the care and support the person required. The registered manager told us they visited people and their relatives as part of their assessment process. The assessment of need had been used to develop support plans. We found people's support plans to be comprehensive, person centred, and provided clear guidance for staff as to how they should support people.
Staff supported one person to develop their own timetable, which ensured that all aspects of their lives were catered for, including shopping, household chores, and social activities, such as visiting their relatives. This showed that people were supported to receive a tailored package of support, which was reflective of their wishes and needs.
People's care plans showed that regular reviews had taken place, with changes made to care plans as necessary. Relatives told us, "We have regular meetings to discuss [person's] care and what activities he would like to do". People's support plans included their preferred daily routine, which included information as to what time they wished to get up, what they preferred to eat, how they wished for staff to interact with them and guidance for staff as to how they should interpret people's behaviour as a form of communication to enable them to provide the appropriate support.
We saw that the people led busy, varied lives of their choice. Activities included train rides, holidays, gardening and swimming. We observed how staff used a range of methods, including photos, symbols and writing, to support people to make choices about the activities they participated in.
People's personal relationships were encouraged. For example one person regularly went to stay with their relatives, and other relatives were encouraged and welcomed in to the home to visit. One relative told us, "We can visit at any time, they are very friendly and welcoming".

A member of staff told us that additional staffing had been provided to support a person to attend college and to go out in the community. This shows how the service had been responsive to the person's changing needs and helped them to improve their quality of live.
Relatives told us they were confident to raise concerns with the staff team and felt that any comments they made were listened to. This meant they felt that they were actively involved in the service provided. They said, "[Staff] have put things right, and should be very proud of the service [they] are offering. For that, me and my family would always be grateful".

Good

Is the service well-led?

Our findings

Everyone we spoke with was positive about the management of the service. Relative's comments included, "I have not got enough words of praise for [MacIntyre Central England Support]. The leadership of [home manager] and the wonderful work [registered manager] did with recruitment meant [person] is thriving", "[Home manager] is a very special person, [they] put a lot of thought into every bit of [the service]", and "They're very capable, [they] know what they need and how to get it".
The provider had a clear strategy; 'MacIntyre's DNA', which was shared at all levels. This defined the organisation's mission and vision, and comprised MacIntyre's Philosophy, MacIntyre's Promises, Outcomes, Person Centred Approaches and Great Interactions. The strategy showed a commitment to inclusivity and engagement. For example, MacIntyre's Promises, which includes 'To always listen to me' and 'To support me to learn new things that are important to me', are developed in conjunction with people with learning disabilities. Staff told us that this strategy was embedded in training and the supervision process, "From day one MacIntyre's DNA is promoted; what it is, how you do it", "It's a constant thing, it's brilliant", and "Quality should be across the board [in] everything we do".
There was an experienced registered manager in post, who along with home managers spoke enthusiastically about the service and the people they supported. They were proud of everything the service had encouraged people to achieve. Their positivity about the achievements was shared throughout the service both by people and staff.

Staff were also very positive, they told us, "When I started [registered manager] supported me every step of the way, it's been fantastic", and "[Managers] are very good, very supportive, with a real open door policy".
There was an open culture that encouraged the inclusiveness of people, relatives and staff. Staff told us, "Our ideas are always listened to, [they] may not be able to use them, but they always listen to them, and I do feel valued" and "Ideas are welcomed, and when I have questions, I always get a response, I feel listened to".
Staff were supported by a management team and there were clear of the lines of accountability for all staff. Everyone spoke enthusiastically and positively about the communication throughout and from the organisation. One relative told us, "[Home manager] is responsible for [person's] care, and gives us a report on every issue as they happen, or on a weekly basis, so we're up to date".
The provider had a range of quality assurance systems in place to ensure the service looked for ways to continuously improve. For example, monthly audits were completed in a range of areas including, staff supervisions, health and safety, medicines and safeguarding. The registered manager then used these monthly audits to ensure they had an overview of the quality of the service, and produced a yearly report to complete a longer term analysis. We saw that this process then led to the implementation of actions to raise standards. For example, the Safeguarding Annual Review identified an increase in medicine administration errors, and as a result new training was implemented.