

MacIntyre Care

MacIntyre Telfords Quay

Inspection report

Telfords Quay
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Date of inspection visit:
03 October 2016
06 October 2016

Date of publication:
09 November 2016

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

We carried out an announced inspection of MacIntyre Telfords Quay on the 3rd and 6th October 2016.

MacIntyre Telfords Quay supports people with a learning disability who live in communal accommodation with separate tenancy arrangements and require 24 hour care and support. They also support individuals who live independently in the community.

The service had two registered managers in post; one responsible for the Cheshire West and the other for the Wirral area.

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.

Our last visit to the service was on the 23rd of January 2013. The registered provider was compliant with the regulations that we used at that time.

People felt safe with the staff team and observations showed that people felt comfortable with the staff team at all times. Staff demonstrated a good understanding of the types of abuse and how these were reported and investigated. Staff also had good understanding of what external agencies they could contact if they had concerns about care practices used by the registered provider.

The registered provider looked at the risks faced by people in their support and took these into account. These assessments were up to date and agreed by the people who used the service.

Recruitment practices used by the registered provider were robust and ensured that people were protected. People were involved in the recruitment process by commenting on the qualities of prospective new members of staff through interactions.

Staff considered they received relevant and regular training in order to assist them to carry out their role. Staff told us that they received regular supervision and appraisals.

Staff had a good understanding of the Mental Capacity Act and associated safeguards. The registered provider included consideration of the capacity of individuals as part of the assessment and care planning process.

The nutritional needs of people were taken into account. Where support in preparing meals was provided, people told us that staff supported them in all aspects of eating and drinking. People felt involved in all aspects of menu planning including shopping and budgeting.

People told us that they felt staff cared about them and supported them in a dignified and respectful manner. People were provided with the information they needed in respect of what they could expect from the service they received. People's privacy was protected by the measures the registered provider had taken to ensure confidentiality.

Care plans were person centred and reflected the health and social needs of people. These were presented in a way which took the communication needs of people into account. Care plans were up to date and if changes were required; these had been identified. Where changes to people's health had been identified, care plans were reviewed and additional resources to assist the person were brought in.

People knew how to make a complaint and when concerns were raised, these were investigated in a timely and thorough manner.

People told us they thought the service they received was well led. They said that the registered manager maintained a presence within the service, and they knew who they were and that they were helpful, nice and approachable.

The registered provider had auditing systems in place to ensure that the registered manager and the management team were accountable. Staff told us that they felt supported by the registered manager and that the registered manager was open to suggestions that they had. The registered provider was aware of their responsibilities as a registered service.

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.

People told us they felt safe with the staff team.

The registered provider had robust systems in place to protect people who used the service from abuse.

The recruitment of new staff was thorough and protected people.

Risks faced by people during their support were taken into account and assessments were up to date.

Is the service effective?

Good ●

The service was effective.

People told us they thought that staff knew what they were doing and had the skills to support them.

Staff training was up to date and covered topics relating to health and safety as well as the needs of the people who used the service.

The capacity of people to make decisions for themselves was included within care plans.

The nutritional needs of people were taken into account.

Is the service caring?

Good ●

The service was caring

People told us that they felt as though the staff had their best interests at heart and carried out support in a respectful and dignified manner.

Observations of staff practice found support to be carried out in

a manner which promoted people's privacy.

People were involved in their support and people were able to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were aware of their care plan and told us they were able to contribute to it.

Care plans were personalised and presented in a format that people could understand.

People knew who to make a complaint to if necessary and were confident that any concerns would be dealt with thoroughly.

Is the service well-led?

Good ●

The service was well led.

People told us that they knew who the registered manager was and thought they were helpful.

Staff felt supported by the management team.

The registered provider had systems in place to audit the quality of care provided.

The registered provider was aware of their regulatory responsibilities.

MacIntyre Telfords Quay

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.

This inspection took place on 3rd and 6th of October 2016 and was announced. 48 hours' notice was given to the agency of our intention to visit so that we could be sure that the registered manager was available to support the inspection process.

The inspection was carried out by one adult social care inspector.

As part of our inspection, we ask registered providers to complete 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 did not request a PIR on this occasion.

We contacted local authority commissioning groups and the local safeguarding team about information they held in respect of the registered provider. We discussed issues in respect of financial audits that the service had carried out in response to safeguarding concerns.

We reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at four care plans and other records such as four staff recruitment files, training records, policies and procedures, quality assurance audits and complaints files.

We spoke to five people who used the service. Discussions were held by visiting people in their homes with their consent. During these visits we were able to observe interactions between staff and people who used the service. We spoke to four members of staff as well as the registered manager and two other members of the management team.

Is the service safe?

Our findings

People told us they felt safe when being supported. "Yes I do feel safe with the staff", "I have no worries" and "Staff help me to deal with my monies and I feel safe with them doing that". People who had limited communication appeared relaxed and at ease with the staff team. People told us "I rely on staff to help with my tablets, I always get them and they never miss me out".

Staff demonstrated a good understanding of the types of abuse that could occur. They knew which other agencies to speak with to raise concerns and confirmed that they had all the information they needed to report concerns. Training records confirmed that staff had received training in safeguarding and that this was up to date. Our records showed that the registered provider always informed us of all safeguarding concerns that had been raised and returned details of low level concerns to the safeguarding authorities on a monthly basis. Low level concerns are those issues that can be addressed quickly before people come to more significant harm.

Staff were aware of the whistleblowing procedure. This provided them with information on what agencies could be contacted to raise concerns about the registered provider's practice. They understood that they could contact the Care Quality Commission and had our telephone number.

The risks faced by people in their everyday lives were taken into account by the registered provider. These included risks posed by the environment as well as specific risks unique to each person while being supported. The risks to people's finances were taken into account with steps to ensure that their interests were safeguarded. All these assessments were up to date and were reviewed periodically through the year. Emergency plans were in place for each person. This included plans on how to best support people safely if they needed to be evacuated from their homes.

Our records indicated that there had been concerns about the finances of people who used the service. Steps had been introduced for a full financial audit to be undertaken with recommendations raised.

Staff rotas were available which indicated the level of staff needed in line with the support required by each person. People told us that there were always staff available to meet their needs. Recruitment files showed that there was a robust process for recruiting new staff. This process included disclosure and barring checks (known as a DBS). These assist registered providers in identifying whether people had been convicted of offences which could pose a risk to people who are supported by the agency. Other information in files included references, health declarations, application forms and information confirming the identity of each person.

Care plans showed the level of support required by people with medication. In some cases, no support was required although checks were in place for people to tell staff when they had taken any medication, such as painkillers, to ensure that dosages were taken at safe levels. Where support was required care plans gave a detailed account of the support people needed. This included where medication was to be stored, the dosage and how frequently it should be taken. Medication administration records were appropriately

signed. Information was also present outlining how people preferred to take their medication as well the side effects of each medication prescribed.

Records showed us that staff had received training in medication and as well had their competency to do this checked by their line manager on a regular basis. Staff confirmed this was the case. In turn, managers who assessed medication competency had received more in depth training with pharmacy suppliers enabling them to undertake this assessment.

Accident and incident records were in place. These included reference to the nature of each accident/incident and what action had been taken. In all cases, actions had been appropriate and had ensured the safety of people could be minimised in future. Each registered manager received a summary of all accidents which were passed on to the registered provider's compliance team for analysis.

Is the service effective?

Our findings

People told us "The staff know what they are doing" and "They support me well". They told us "I need help with cooking meals and they are good at it, I am learning from them what to do "and "When they help me they always wash their hands and leave my kitchen tidy".

All care plans included information on how best to communicate with people. Some people needed assistance in understanding information and the preferred staff approach was included. This involved speaking clearly to people, sitting at the same level as people or using key words to ensure their understanding. Communication plans were up to date and were reviewed regularly.

Included in communication plans was an approach that the registered provider had introduced into staff practice . This was referred to as "Great Interactions". This approach included ten steps to be taken into consideration when talking to people in order to achieve a positive outcome for them. It included a way of working involving practice, feedback and reflection. The great interactions featured as a main part of care plans and their review. Training had been received by staff on this and they considered it to be helpful.

Consent to provide support to people was gained either through people signing documents or through verbal consent. People had signed care plans, risk assessments and other documents confirming their consent to the support they were provided with. During our observations, we saw that consent to provide support to people was also done verbally. Staff approached people asking if they needed support in preparing meals or in budgeting finances. People told us that staff always asked them for their consent prior to providing support.

Training records showed a summary of training that had been provided to staff. All training was up to date. Topics included health and safety, infection control, first aid, manual handling as well as safeguarding and medication training. Staff considered that the range of training was good and helped them to meet the needs of people. Where people had developed health needs, training had been arranged to ensure that staff had a better understanding of how their practice should be tailored to meet people's needs.

Supervision on a one to one basis took place every six weeks. Staff told us that they received supervision regularly but that the opportunity was available for any issues they had to be discussed with their line manager in between more formal supervision sessions. Staff had received appraisals on an annual basis. Supervision records focused on what they considered had gone well since their last supervision and what needed to be better, Supervision records gave staff the opportunity to comment on their own performance and goals.

The registered provider had a structured approach for inducting new staff into their role. Once recruitment checks were undertaken, new staff received training in health and safety topics as well as safeguarding and the values of the registered provider and their service. This training was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers work towards in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care

workers. In addition to this, new staff shadowed an existing member of staff. During the first months of new staff commencing, they are assessed firstly as being safe to perform their role and then competent. Supervision of staff assisted the registered provider to assess new staff in their role.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The management team understood the process. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The mental capacity of people was taken into account in the assessment process for people who had been referred to the agency as well as in local authority assessment documents. Staff confirmed that they had received mental capacity act training and were able to give an account of the main principles of the legislation. The delivery of staff training in this was confirmed through training records.

Care plans noted that there were instances where people had the potential to display behaviours that could challenge the service. The registered provider had staff whose role was to provide positive behavioural support in those instances. This role was either used proactively to support people in this or in response to the changing needs of individuals.

Included in care plans were the nutritional needs of people. These included any risks of malnutrition faced by people as well as their likes and dislikes in respect of food or any health needs that impacted on their diet. The level of support people needed was also included in their plan of care. We observed staff supporting people individually to prepare meals. People were involved in all aspects of the preparation of the meal with an emphasis on ensuring that meals were prepared hygienically. People did their own shopping with staff support. This way they were able to choose their preferred meals.

Is the service caring?

Our findings

People told us "Staff care about me", and "They are good and I can go to them". They told us "I feel involved- they ask me about the policies they have to make sure that others can understand what they mean", "They never come into my room unless I tell them they can" and "If I am not well, they always make sure I get the right help".

Staff approach with people was informal, friendly and relaxed. Staff took the time to determine what people wanted and gave them the opportunity to make choices. People had keys to their own private living space within their homes. Staff knocked on doors if they needed to speak with people and waited to be invited in. Staff told us that they understood that they were present in people's own homes and that was uppermost in their minds. We were able to speak with people in private so they could comment freely on their experiences of the support they received.

Care plans outlined the health needs of people. The level of support people required in attending appointments to various health professionals was in place. Information on health needs was presented in a way to help people understand in what was needed to keep them healthy. Where health needs changed, pathways to assist people had been developed. For specific health needs, the registered provider had set up specialist groups which focussed on these health needs to provide support and advice to individuals and support staff.

Where the needs of people had changed, care plans were changed accordingly. One person had developed a health issue. This was reflected in their care plan and in their communication profile given that this health condition affected this person's ability to communicate. A "pathway" was available for this devised by the registered provider and a pictorial booklet was available for the person to understand how the condition would affect them and others.

Information was provided to people wither verbally or through documentation. Documentation was present in easy read formats enabling people to make choices or decisions about how they could further be supported. Documents were readily available for people to refer to. One person had been involved in commenting on how effective the information was and whether it could be readily understood. Planners were in place for each person with symbols outlining the preferred activities of people during any week. A magazine had been introduced by the registered provider run by those who used the service. Individuals supported in the Cheshire West and Wirral area had contributed to this magazine and the views of people could be expressed independently of the registered provider. Other examples of involvement included candidates coming to work for the registered provider meeting with people they could potentially support so that the registered provider could assess interactions and people could comment on the qualities each candidate possessed.

Staff had signed a confidentiality policy. This outlined a commitment from the registered provider to ensure that personal details or views of people were kept within the agency. Information relating to people's personal details was held on computer. Only office staff had password access to such sensitive information. Staff supervision records evidenced the need to keep personal information secure was reinforced to the staff

team.

Care plans outlined the main support that people needed in their daily lives. Where people were able to maintain independence, this was promoted. Some people were able to access the local community independently while others needed more support. This included support with finances, maintaining health appointments and dealing with medication.

Is the service responsive?

Our findings

People told us "I have seen my care plan", "yes I have a care plan and I can look at it whenever I want. They told us "I have not made a complaint but I know who to speak to if I did", "they would sort it out" and "I am happy with the staff helping me". People told us that they felt like they were supported as individuals and had their needs met.

Care plans were person centred and outlined the main needs of people in their daily lives. Each plan went into detail of the support required by each person in all aspects of their daily lives. This included things that were important to each person and their aspirations for the future. Each plan was presented in symbols and pictures making it easier for people to understand. All people we spoke with had a care plan and had easy access to it. Some preferred to keep their plan locked away with only them able to access it when needed. While people had received support for a number of years, a process for assessing new people was in place. This included a "Getting to know me " document which enabled the registered provider, individuals and significant others to build up a picture of people's needs. All care plans showed evidence of being reviewed and were updated where necessary, this had been identified. People had signed or consented to the updates to their care plan and were fully involved in the review process.

Care plans included reference to activities that people pursued. Some people had preferred social activities that they were supported with and details of these were included on weekly planner for the person to refer to. Others had been supported to find and pursue paid and voluntary work by the registered provider. The risk of social isolation had been minimised with care plans outlining the maintaining of community links or family relationships for each person.

Where the needs of people had changed, care plans were changed accordingly. One person had developed a health issue. This was reflected in their care plan and in their communication profile given that this health condition affected this person's ability to communicate. A "pathway" was available for this devised by the registered provider and a pictorial booklet was available for the person to understand how the condition would affect them and others.

The person centred nature of care plans reflected the approach staff used to view each person as individuals. Observations of staff interactions noted that the way people were spoken to was in line with their individual needs. Individual planners had been devised with the agreement of each person in line with their individual preferences and routines. The rights of individuals to access their own personal space and retain documents personal to them were upheld by staff.

A complaints procedure had been devised. This was presented in an easy to read format to cater for people's communication needs. The complaints procedure was readily available for those who used the service. The complaints procedure provided the information people needed to report any concerns they had.

The registered provider maintained records of those complaints and concerns that had been raised. These demonstrated that most complaints were dealt with at a local level before the need for them to become more formal. Records indicated the type of complaint, how it had been investigated and whether the

complaint had been looked at to the satisfaction of the complainant. Our records showed that no complaints had been received in connection with the registered provider.

Is the service well-led?

Our findings

People told us "I know who the manager is", "We see the manager from time to time" and "She is very nice and helpful". People thought that the service was well organised and that they were able to express their views about the quality of the support they received on a regular basis.

The registered provider had employed two registered managers at this location. One managed staff that supported people in West Cheshire and the other manager for the Wirral area. In addition to this there was another management team in place for overseeing staff working in a cluster of people's homes. Staff considered that the management team at all levels were supportive. They felt that their line manager could be contacted at any time and that any issues they had could be discussed in between formal supervision sessions. An on call rota was in place to enable staff to gain advice about any issues at any time.

The registered provider was part of a national organisation that specialised in supporting people with a learning disability both within residential care and domiciliary care. A business plan had been introduced including reference to the "MacIntyre DNA" setting out goals for the people supported and its commitment to them. A number of key headings in the business plan had been used as a guide for staff supervision. In addition to this; the communication tool "Great Interactions" had become a key part of the registered providers work with people who used the service. Systems such as audits enabled the registered provider to demonstrate accountability in managing the service.

Our contact with one Local Authority demonstrated that the registered provider co-operated when issues which adversely affected people. A safeguarding issue had arisen and this had resulted in the need for a financial audit to be completed on a regular basis within the service. . The registered provider was able to demonstrate that they had also conducted financial audits at the same time with appropriate investigations being undertaken.

The registered provider had audits in place to monitor the quality of the service it provided. As well as staff supervision and appraisals, arrangements were in place to monitor the number of accidents/incidents that had occurred as well as training required and complaints. The management team conducted a series of audits which looked at risk assessments, health and safety, the general standard of support provided and finances. All these reports were available to us and highlighted any matters arising from these and required actions. The frequency of these audits was determined by the number of issues that had been identified. The registered provider also employed a compliance team for this location who monitored all aspects of quality assurance as well as the overall performance of the service in line with CQC regulations.

The views of people who used the service were sought. People were asked periodically about their experiences in relation to aspects of the support they received. The results were fed back to people who used the service with points of action identified when necessary. People were provided with a questionnaire which was tailored to their communication needs and was clear in its questioning. Views were positive about the support they received.

Our records demonstrated that the registered provider was aware of its regulatory responsibilities. We were always informed of any adverse incidents that affected people who used the service. A certificate of registration was on display in the main office.