MacIntyre Care

MacIntyre Ampthill 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

We carried out an unannounced inspection of the service on 6 and 11 May 2016, and we made telephone calls to the relatives of the people who used the service for their feedback on 12 May 2016. When we last inspected this service in October 2014, we found that the provider did not meet the legal requirements in the areas of record keeping, staffing and supporting workers. We found that improvements had been made during this inspection.

MacIntyre Ampthill Support is a domiciliary care and supported living service providing personal care and support to people with learning disabilities, mental health conditions and autism. The service operated within Hertfordshire and Bedfordshire and at the time of this inspection, there were forty-three people using the service.

The service had three registered managers 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.

People were safe using the service as the provider had effective systems in place to protect them from avoidable harm. There was a sufficient amount of staff who had been trained on safeguarding and were aware of their roles and responsibilities in safeguarding people. Medicines were administered safely and people were supported to access other healthcare services and professionals to maintain their health and well-being. Each person had a personalised risk assessment and support plan in place to ensure they were as safe as possible and that the support they received from staff was consistent and appropriate.

People received care and support that was effective and met their needs. Staff had received training in order to carry out their job roles effectively, and they were knowledgeable about people's support needs. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and sought people's consent before they provided any care or support. People were supported to maintain their independence and encouraged to maintain their hobbies and interests.

The staff were kind, caring and supportive of people. They understood people's personal history, their likes and dislikes, and they interacted with people appropriately. The staff were respectful of people, their privacy and dignity and they understood the provider's vision and values.

People were aware of the provider's complaints system and information about this and other aspects of the service were made available to them. There was also an effective quality assurance system in place.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

The provider had robust policies and procedures in place for the safe recruitment of staff.

People's medicines were managed and stored appropriately.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's support needs and were trained to meet these needs.

People were supported to access other health and care services when required.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Is the service caring?

Good

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were supported to maintain family relationships.

Is the service responsive?

Good

The service was responsive.

People were encouraged and supported by the staff team to

follow their hobbies and interests.

People's health and care needs had been identified and plans put in place to meet these needs in a consistent way.

There was an effective system in place for handling complaints.

Is the service well-led?

Good

The service was well-led.

There were three registered managers in post who were supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

MacIntyre Ampthill 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.

This inspection took place over a three day period and was unannounced. It was carried out by two inspectors from the Care Quality Commission (CQC). We visited the provider's offices on 6 May 2016, and also the homes of two people who used the service. On 11 May 2016 we made visits to seven people's homes where we spoke with them and the staff who supported them to find out how they felt about the service.

Before the inspection we reviewed information that had been provided to us by the service in the Provider Information Return (PIR) form. 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 reviewed information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit.

During this inspection, we spoke with four people who used the service, three of their relatives, four members of the support staff, one of the administrators, three frontline managers and two of the registered managers of the service. We observed how care was delivered when we visited people in their homes and reviewed the care records and risk assessments of four people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We checked medicines administration records for three people and looked at five staff records. We also reviewed information on how the quality of the service was monitored and managed.

On 12 May 2016, we spoke with three relatives of people who used the service by telephone.

Good

Is the service safe?

Our findings

We found during our inspection of this service in October 2014 that the provider did not have sufficient staff with the necessary skills, experience and knowledge to safely meet the needs of people who used the service.

During this inspection we found that improvements had been made and there were sufficient staff to support people who used the service. People and their relatives told us they were happy with the staffing levels. One person said, "Yes there is staff, they look after me." A relative told us, "Yes, there is always enough staff on." A review of the staff roster confirmed that the number of staff on duty corresponded to the number of staff the managers told us were needed to meet people's support needs.

The provider had a robust recruitment policy in place which included checks with the Disclosure and Barring Service (DBS) to ensure that applicants were suitable to safely support people who used the service. Staff had completed health questionnaires to ensure they were fit for the role applied for. Previous employment references had also been obtained to ensure they were of good character. This supported the provider in ensuring the applicants were suitable for the roles they were being considered for. A member of staff we spoke with told us, "The recruitment process is very thorough." They further explained that they had not realised how prescriptive the recruitment policy was until they started working for the provider.

People and their relatives told us that they felt safe using the service. One person said, "Yes, I feel safe because there are staff here all the time." Another person said, "I feel safe because this is not a big place." A relative of a person who used the service told us, "[Relative] is perfectly safe using the service because there are staff on duty night and day." Staff also told us people were safe. One member of staff said, "The service is safe absolutely, we have all been trained and we carry out all the checks that we are supposed to do to make sure they are safe."

Training records showed that staff had been trained on safeguarding and they understood how to protect people from potential risk of harm. One member of staff told us, "Safeguarding means protecting them from harm and abuse. If I had concerns about a person's safety I would report to a senior member of staff or the manager straight away and record what happened." Staff had a clear understanding of the processes that were put into place to safeguard people who used the service. They were able to tell us about the types of risks that could affect people they supported, the measures that were in place to minimise risks and the actions they would take if people were unsafe. The registered managers told us that they would report relevant incidents of concern to the relevant local authority and to the Care Quality Commission and our records showed that they had done so. There was a safeguarding policy put into place by the provider. It detailed both the provider's and staff's responsibilities in safeguarding people and gave guidance to staff on how to identify and report concerns.

The provider had also put into place a whistleblowing policy. Whistleblowing is a way in which staff could report misconduct or concerns within their workplace without the fear of consequences in doing so. Staff confidently spoke about the whistleblowing policy which they told us they had read and understood. One

member of staff said, "Yes, we have a whistleblowing policy, it is about reporting things that are not right like someone taking advantage of service users. Nothing has happened here but if it did, I would be happy to whistle blow." A review of staff records showed that they had signed to say they had read and understood the provider's whistleblowing policy.

People had individualised risk assessments and risk management plans put into place to safely manage all aspects of their support. Each assessment detailed possible risks to people, the severity of the risk and the measures that were in place to reduce risk. People's risk assessments covered areas such as; personal care, accessing the community and safeguarding. There were also assessments for behaviour that had a negative effect on others, where required. The assessment identified possible triggers for such behaviour and actions that staff should take to de-escalate such situations, such as suggesting an activity that would divert the person from the situation. Staff told us they kept up to date with the identified risks to people and how these were managed by reading risk assessments and talking to each other at shift handovers. Staff therefore had up to date information and were able to reduce the risk of harm.

The provider had carried out assessments to identify and address any risks posed to people by their home environment. These included assessments of infection control, fire safety and the use of vehicles. In addition, people had personal emergency evacuation plans (PEEP) which detailed how they could be supported if there was a requirement to evacuate their homes in emergency situations. This was accompanied by the service's emergency plans which detailed the steps the provider would take to ensure people's safety, in an event such as; fire, floods, absence of key staff, adverse weather or any other unforeseen circumstances.

Staff were trained and their competency assessed by the provider before they supported people with their medicines. People's medicines were administered as prescribed and stored in a locked cabinet in their bedrooms. We reviewed the medicine administration records (MAR) for three people and found that these had been completed correctly, with no unexplained gaps. There were protocols in place for people to receive medicines that had been prescribed on an 'as and when required' basis (PRN). Guidelines were in place for staff on how people liked to be supported with their medicines. We checked the stock of medicines held for three people against the records and found them to be correct.

Good

Is the service effective?

Our findings

We found during our inspection in October 2014 that staff were not fully supported in carrying out their roles because they did not have regular supervision. During this inspection we found that the provider had taken action to address this. Staff told us they were supported by way of six-weekly supervision sessions and annual appraisals of their performance. Staff told us that supervision was a two way conversation, during which they discussed the needs of the people they supported, their own training and development needs, and any new ideas they wished to suggest or any concerns they had. One member of staff said, "The supervision is useful to me, it is the time when we review my performance so I know how I am doing." A frontline manager we spoke with told us that there was a supervision schedule that they used to monitor and ensure all staff received supervision regularly. A review of records confirmed this.

People and their relatives told us that the care and support provided to them was effective because the staff were trained and able to perform their roles effectively. One person said, "Yes they know me, they know how to help me." A relative told us, "The staff are very good; they look after [Relative] exceedingly well."

Staff told us they had received a full induction at the start of their employment with the service. A member of staff we spoke with told us, "Yes I received an induction, it was good." The service's induction programme gave new staff the opportunity to familiarise themselves with the people who used the service and their needs, and to work alongside experienced members of staff, until they became confident to take up their full job roles.

Staff were trained in the form of online – learning and face to face training. They told us they completed regular refresher training in all areas thought to be essential by the provider. These areas of training included safeguarding people, fire safety, food hygiene, infection control, medicines administration, autism and the Mental Capacity Act 2005. One member of staff told us, "The training they offer is useful, it teaches you the job and reminds you of what you need to do and look out for." Staff told us that training was discussed at supervision meetings, and they were reminded when refresher training was due. The service's managers also monitored staff training records to ensure training was all up to date.

The service met the requirements of the Mental Capacity Act 2005 (MCA). The 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. Staff had been trained and they understood the principles of the MCA. They were clear about their responsibilities within the act to gain people's consent before providing any care or support. One member of staff told us, "Yes, I have done the MCA training. I understand that we always deem people to have capacity [to make decisions] unless proven otherwise, and if people have capacity we respect their decisions even if we feel they are unwise." We reviewed people's records and found that mental capacity assessments had been carried out where required, and best interest decisions made with the involvement of their relatives and professionals involved in their care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home had provided the staff with information to help them understand these legislations, and all staff had received training in the MCA.

People and their relatives told us that people's consent was sought before any care and support was given by staff. A relative said, "They always ask [Relative] before doing anything." We observed staffs' interactions with people and saw they asked people's permission before they supported people.

Records showed that people were supported to maintain their health and well-being through regular contact with health care professionals and services. Where required, staff arranged and supported people to attend their healthcare appointments. Records of people's interactions with healthcare professionals were detailed in each person's health folder. Staff told us that they made appointments for people to attend healthcare services, such as GPs, community nurses, therapists, dentists and opticians. They also monitored people's well-being closely and if they noticed anything of concern they supported people to access the right healthcare service.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were caring. One person said, "Yes, I like it here, staff are all right. They come and see me and spend time with me." We spoke with one relative who told us, "It is a good team, they are really caring yes."

Staff told us they were motivated in their roles by the people they supported. One member of staff said, "I enjoy working here because [people] are put first. We really look after them." We observed the interactions between staff and people who used the service and found these to be kind and supportive. People appeared to be at ease in the presence of staff. The majority of staff had worked with people they supported for a long period of time so they were knowledgeable about people's likes and dislikes.

People's support records included a section titled 'About Me', which provided information about their preferences, their life histories and things that were important to them. It also detailed how they would like to be supported with different elements of their care and support and their preferred daily routines. Staff were able to tell us of people's personal histories and who and what was important to each person they supported. They were able to explain the different ways in which they supported people for the support to be effective. We observed that staff spoke with people in ways that were appropriate and used their preferred names.

People were supported to maintain relationships with their relatives. One person told us that they were supported by staff to visit their late mother's grave regularly to lay flowers. Relatives also told us that they were able to visit people and that there were no restrictions on when they could visit. One relative said, "Yes we can visit anytime, there is no problem with that."

People were supported to express their views and be actively involved in decision making about their care and support. They were provided with information that was in 'easy read' format so that they could make informed choices and decisions. People had access to independent advocacy services if this was needed.

Staff told us they protected people's privacy by always knocking on their door and asking permission before they entered people's rooms. One member of staff said, "We always knock on the door and wait for a reply, if [they] say 'not now' then we will come back later." Staff also told us that they promoted people's dignity by making sure they asked permission before they provided any care or support and making sure that doors and curtains were closed during personal care. They also maintained confidentiality. One member of staff said, "We never discuss people's care needs with those who do not need to know."

Information about the provider and the services they offered was available to people who used the service. This included the 'Service Agreement' that set out the roles and responsibilities of the provider and the people who used the service. It included information about the provider and the processes for making concerns or complaints known to the managers and provider.

Good

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to their needs. A relative we spoke with said, "Yes, they know [Relative's] needs very well and when things change they take the necessary step to address it."

Assessments of people's support needs had been carried out by the provider before they started using the service. These assessments identified the level of support people needed to determine whether or not they could be met safely. These assessments formed the basis upon which people's support plans were developed alongside information provided by people and their representatives. A member of staff we spoke with told us, "Yes, each person's needs were assessed before we started supporting them."

People, their relatives and staff told us that people were supported in ways that were personalised to them. A relative said, "Yes, [Relative] lives with another person but [their] care is personalised." A member of staff we spoke with told us, "Of course we are a person-centred service. We support [people] in the way they want to be supported." We saw that people had support plans that were personalised to them. These support plans detailed information about their history, their preferences, interests and hobbies. They also contained relevant information that was necessary to support people appropriately. There was evidence that showed that people's care and support plans had been reviewed regularly with involvement from their relatives, staff and other professionals involved in their care.

People told us they were supported to pursue their hobbies or to take part in activities that were of interest to them. One person enjoyed building structures with their 'Lego blocks' which they then displayed in their bedroom. They told us, "I have 'Lego dates' with staff. They sit with me to work on what I am building." Staff told us they planned specific times to support the person in this activity and these times where what was called the 'Lego dates'. Another person we spoke with told us they enjoyed visiting their local pub regularly, where they socialised with friends and they were supported by staff in doing this.

The provider had a robust complaints policy and procedure in place. People and their relatives told us they were aware of the complaints policy and knew who they could raise concerns with if they were not satisfied with their support. One person said, "I will speak to [Staff] or [Frontline Manager] if I have a complaint. A relative told us, "We are very happy, very satisfied about everything. I will talk to the manager if we were unhappy about anything." An easy read version of the complaints procedure was available to people. This made it easier for people who used the service to understand how to make complaints if they needed to. We reviewed the complaints that had been received by the provider and saw that they had all been resolved to the complainants' satisfaction.

Good

Is the service well-led?

Our findings

We found during our inspection in October 2014 that staff's records held at the provider's offices were not always up to date. This meant that they did not accurately reflect the training the staff had completed, and whether they had regular supervisions and appraisals. During this inspection we found that the provider had taken steps to address this. Staff's training, supervision and appraisal records were accurate and up to date.

The service had three registered managers in post, each with responsibilities for managing the support of people living in Bedfordshire or Hertfordshire. We found each area also had an identified frontline manager who had overall responsibility for coordinating people's care, and provided leadership to the staff. People who used the service, their relatives and members of staff told us the managers were visible, approachable and effective in their roles. One person said, "Yes [Name] is the manager. She is nice. She stops round to say hello." A relative told us, "[Manager] is approachable, yes. We can always talk to her if needed."

Staff told us the service had a culture of openness and transparency, and that the management team was supportive of them. One member of staff said, "There is always a manager that you can talk to if you needed support." Another member of staff said, "We have an open culture and anyone can raise concerns for example at team meetings."

Staff team meetings took place on a monthly basis. This enabled the provider and the registered managers to keep staff up to date with issues that affected the service. It also gave staff the opportunity to take part in the development of the service. Staff told us that the provider's 'visions and values' were included in the training that they did and were discussed at each team meeting. One member of staff told us, "Our vision is for all people with a learning disability to live a life that makes sense to them. The e-learning for the visions and values is in the MacIntyre library."

There was evidence that the provider engaged with people and their relatives in gaining feedback about the service in order for them to identify areas for improvement. We saw that the provider had supported people in developing an advocacy group called 'my voice'. This group was headed by people who used the service. They arranged regular meetings and events such as Christmas bazaars, picnic at the park and seaside trips, to gain people's feedback and suggestions which was feedback to the provider to ensure people's voices were heard. Annual survey questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of care provided.

The provider had a robust quality monitoring programme in place. This required the frontline managers to complete monthly audits of the areas of the service they were responsible for. The frontline managers' audits fed into the audits carried out on a quarterly basis by the three registered managers. We saw that the audits carried out covered areas such as health and safety, accident and incidents, people's medicines and emergency plans. The reports of the monthly audits by the provider's regional managers were provided to the registered managers and the provider's governance team. Action plans were developed as a result of these audits to address any improvements that were required, and to ensure continued improvement of the service.