

MacIntyre Care

MacIntyre Welsh Marches

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MacIntyre Welsh Marches is a supported living service providing personal care to people with learning disabilities or autistic spectrum disorder living in their own home. At the time of our inspection there were 21 people receiving this type of care and support, living within 11 separate houses.

Between two and four people lived in each house. Each person had their own bedroom and shared the kitchen and living space with their housemates.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Everybody felt they received an excellent service. The outcomes for people using the service reflected the principles and values of Registering the Right Support. Communication within the service was excellent at all levels and encouraged mutual respect between staff and people. People received exceptionally responsive care. Staff worked with people and relatives to find out people's interests and needs so they could provide person-centred care. Staff developed people's daily living skills to boost their confidence and supported them where possible towards independent living.

There was a truly holistic approach to assessing, planning and delivering care and support. People's wishes and choices were recognised and valued. They received excellent support to achieve a full and satisfying way of life. People were at the heart of the service, which was organised to suit their individual needs and aspirations.

We received positive feedback from partner agencies about the management of the service and the dedication of the staff. The registered manager demonstrated a strong and supportive leadership style, seeking feedback to further improve the care and support provided. The registered manager and staff team used innovative, but safe practices to develop people's independence and create a vibrant, happy and thriving community. The values of the organisation of offering choice, inclusion and respect were embedded. This supported people to receive the positive service described.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence in every area of their life. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

Feedback from health and social care professionals was positive about the support given by staff. They said staff were proactive in managing people's behaviours and needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 10 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

MacIntyre Welsh Marches

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in 11 'supported living' houses, 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.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This gave the registered manager time to make arrangements with people and relatives for the inspector to carry out home visits. They also arranged for the inspector to speak with staff.

Inspection activity started on 24 June 2019 and ended on 25 June 2019. We visited the office location and people's homes on both dates.

What we did before the inspection

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, two front-line managers and four care staff.

We reviewed a range of records. This included three people's care records including medication administration records. We looked at two 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 reviewed.

After the inspection

We continued to seek clarification from the provider about the evidence we found. We received written feedback from a health care professional and from a relative, which has been included in the report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received training in this topic area.
- People felt safe being supported by members of staff. One person said, "I use my memory board to plan where I am going and staff help me get there safely."
- The provider's safeguarding policy was available to people in different formats such as 'easy-read' to empower them to understand how to raise concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans included detailed explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence. For one person this included taking a cycling proficiency test so they could safely cycle on their own to their workplace each day. They thoroughly enjoyed getting out and about on their own.
- The registered manager responded appropriately when accidents or incidents occurred. They used any incidents as a learning opportunity.

Staffing and recruitment

- Sufficient staff were on duty over a 24-hour period. There were enough staff to enable people to go out to activities of their choice during the day and in the evening.
- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Medicines were managed safely. People were encouraged to take their own medicines where they had those skills.
- People were happy with the support they received to take their medicines.

Preventing and controlling infection

- Staff followed good infection prevention and control practices and used personal protective equipment to help prevent the spread of health care related infections.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were assessed; care and support was delivered in line with legislation, standards and evidence-based practice.
- Care plans were regularly reviewed; they contained relevant, up-to-date information about people's protected characteristics under the Equality Act.
- Staff spoke about respecting difference and treating people equally; they knew to challenge discrimination when out in the community or receiving other services.
- Staff knew to contact appropriate specialists to reassess a person when needed. For example, one person had been assessed and diagnosed with dementia. This enabled them to access appropriate advice and support to manage their changing needs.

Staff support: induction, training, skills and experience

- A robust staff induction and training programme was in place. One member of staff said, "The induction, shadowing opportunities and training has meant my confidence in my ability to do a good job has grown since I started work. I have the support I need, when I need it most. I absolutely love this job."
- Staff had opportunity for supervision and appraisal. The registered manager understood which staff required training to be refreshed and who required supervision.

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

- People were supported to prevent ill health and promote good health. One person had been supported to look at their diet and staff helped them learn how to cook pasta, fresh vegetables, meat and soups. They were now able to prepare meals and had started to shop for more healthy options such as fruit and vegetables. This person had lost weight through education to understand a good diet.
- Support with their meals was carried out in a way which ensured people used their skills as much as possible to maintain independence. For example, one person had an adapted knife to help them cut and prepare food for cooking.

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

- Staff monitored people's physical and mental health and appropriate referrals were made to the relevant health care professionals.
- Staff worked closely with health and social care professionals to ensure people with complex needs received consistent care. One professional told us, "Staff are extremely good at meeting people's specific needs and providing flexible care. Staff are also very good at developing relationships with people and I feel

it is a very safe service. I am impressed with the work ethic and caring nature of all the staff including the manager."

- People were supported to access regular appointments to health professionals such as doctors and dentists; annual health checks were arranged with GPs in line with current best practice for supporting people with learning disabilities.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments had been completed to check people's ability to make decisions. Where people were unable to make decisions about their care, a best interest decision had been made. This included the views of family members, staff and health and social care professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- There were good relationships between people and staff. People in each supported living service got on well with each other.
- Staff understood people's personalities and engaged with them in an appropriate manner. For example, one person enjoyed sport and keeping fit and staff were able to engage in conversation with them about their interests and gave them support with losing weight.
- People were at ease and content with the staff. People with limited verbal communication smiled and used specialist sign language to support their speech whilst communicating. Staff told us, "We have training during our induction on Makaton signing and can request further training as needed."
- Staff supported people to see their families on a regular basis or keep in touch. They enabled families to spend time with people on holiday, have meals together and take part in activities. One family told us, "The service has been a godsend to us. They have given us much needed respite time and the staff have provided us with advice and invaluable support."

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people consistently demonstrated a high regard for their dignity and respect. The staffs' approach was professional, but friendly and caring.
- Staff did not talk about personal things in public areas of the supported living settings.
- People appeared comfortable and their personal care needs were met. One person said, "All of the staff are lovely and help me every day. That's what I like about them."
- One person was very independent and their wishes and choices about their daily life were respected by the staff. They told us, "I am very happy with the service and I get on with all the staff. I cannot read very well so staff talk to me about my care and help me with any letters or bills that I get."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was a truly holistic approach to assessing, planning and delivering care and support. One family said, "The admission process was extremely well thought out and gradual, it put us and our children at ease. I cannot praise the staff highly enough for their thoughtfulness and compassion."
- Professionals said the service was focused on providing person-centred care and achieved exceptional results. One told us, "The staff are exceptional in the way they offer care and support. It is so much more than a job for them, but they manage to give this care and support within the realms of all professional boundaries. They are still meticulous in their procedures and record everything required."
- The people were confident with a keen interest in their future. Their care and support were planned with them so they felt consulted, empowered, listened to and valued.
- The service was excellent in providing person-centred care based on best practice. One professional told us, "We work so closely with MacIntyre staff that we feel we are all part of the same team providing a complete and joined up package of care for people both in the community and at home - just how it should be."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was exceptional at helping people to express their opinions so they understood things from their points of view. They used creative ways to make sure people were able to understand complex medical and social information. For one person this helped them to make an informed decision about a relationship with their partner. They were confident, safe and empowered to continue the relationship.
- Staff use creative and individual ways of involving people so that they felt consulted, listened to and valued. For one person, staff used small pads to draw pictures of tasks they had done for them. The person then ticked it to confirm it was done.
- People used memory boards to help their interactions with others. Two people had picture boards with information about activities such as planned holidays and day-to-day social events. One relative told us, "[Name of person] likes a routine and order with reassurance of the next task or outing that is taking place. The daily chart clarifies this clearly for them."

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

- The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. For one person, support to build their confidence and self esteem meant they could re-establish contact with long term friends and build a new circle of friends within the community.
- The service took a key role in the local community and people were encouraged and supported to engage with services and events outside of the service. For example, people attended social groups and participated in arts and crafts and trips out to places such as a safari park. Other hobbies included dancing and visiting local attractions. One family told us, "[Name] has such a good time, they cannot wait to get back home when they come to visit us."
- Staff had an excellent understanding of people's needs and made suggestions to people around how they could develop their skills and independence. For example, one person had received training and support around managing their own medicines as they wished to move on to independent living. One relative told us, "Staff have provided [Name of person] with the means to become independent, which has boosted their confidence; from the start they have given [Name] personalised care and support."
- Staff helped people find voluntary work and jobs. One person had a job at a local charity shop and spoke about the huge impact this had building their confidence and self-esteem. Through work, they were being supported to understand money. This was the first step in financial independence.

End of life care and support

- The service provided outstanding end of life care. People were cared for by exceptional staff who were compassionate and who had distinctive skills in this aspect of care. Staff also cared for and supported the people that mattered to the person who was dying with empathy and understanding. One family told us, "Support from staff and management has been superb. They are considerate and caring."

Improving care quality in response to complaints or concerns

- People were actively encouraged to give their views and raise concerns or complaints. The provider saw concerns and complaints as part of driving improvement. One relative said, "Absolutely no complaints about the service. I feel grateful every day that my family is so well looked after."
- People's feedback was valued and they felt that the responses to the matters they raised were dealt with in an open and honest way. One person said, "If I am upset about anything then I talk to the staff and they sort things out straight away."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service.
- People and their relatives were involved in day to day discussions about their care. One person told us, "They let me know about changes in plenty of time."
- Engaging and involving people and staff had led to a skilled workforce; it empowered them to speak up freely, raise concerns and discuss ideas.

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

- People had completed a survey of their views and met frequently to discuss the service they received. The feedback had been used to continuously improve the service. For example, people were involved in discussing group activities they wanted to take part in and health and safety improvements to their homes.
- Staff felt listened to and said the management team was approachable. Staff understood the provider's vision for the service and worked as a team to deliver high standards. One member of staff told us, "The induction and training I completed gave me the confidence and skills I need to do my job. The managers give me the support I need, they are fair and listen to any problems I may have."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and of a high quality.
- Regular checks helped make sure people were safe and that they were happy with the service they received.
- The registered manager had communicated all relevant incidents or concerns both internally to the provider, and externally to the local authority or CQC as required by law.
- All the feedback or issues found during checks had been used to continuously improve the service.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. One professional told us, "The communication within and beyond the

team is exceptional but it is also the flexibility and the support they receive from the management which makes everything work so smoothly. I can personally say I have never seen such good care and support given from such a dedicated team and it is a pleasure to work with MacIntyre."