

MacIntyre Care

# MacIntyre Essex and Kent 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

About the service: MacIntyre Essex and Kent Support is a community based domiciliary adult social care service that offers shared lives and supported living services to people with learning disabilities and autism to live as independently as possible. Shared lives is an alternative to home care services and care homes for adults and older people with disabilities. Shared lives aims to enable people with a disability to experience ordinary life, rather than receive a service. Supported living is where people live independently in specifically designed or independent accommodation but need some help or support to do so. There were four supported living schemes with approximately 14 people that the service supported and approximately 50 people using the shared lives service at the time of our inspection. The accommodation is not registered with the CQC, the premises and related aspects were not inspected.

People's experience of using this service:

- The service applied the values and principles of CQC guidance 'Registering the Right Support' (RRS). People were enabled to make choices about their lives and were supported to be as independent as possible. RRS guidance works to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes including control, choice and independence.
- Relatives spoke positively about the service.
- The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe.
- People's needs and preferences were assessed and plans were in place to manage risks safely in the least restrictive way possible.
- There were safe arrangements in place to manage medicines and staff followed appropriate infection control practices to prevent the spread of infections.
- Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs.
- Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.
- People were supported to maintain a healthy balanced diet.
- 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 support this practice.

- Relatives told us they were fully involved in and consulted about their loved one's care and support needs.
- People had access to health and social care professionals when required.
- People were supported to access community services and to participate in activities of their choosing that met their needs.
- Staff worked with people to promote their rights and understood the Equality Act 2010 supporting people appropriately addressing any protected characteristics.
- There were systems in place to assess and monitor the quality of the service.
- The service worked in partnership with health and social care professionals and other organisations to plan and deliver an effective service.
- People knew how to make a complaint if they were unhappy with the service.
- The service took people, their relatives and staff's views into account through surveys and informal feedback to help drive service improvements.

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This was a planned inspection in line with CQC regulations. We found the service met the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

For more details, please see the full report which is on the website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Good ●

The service was 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 Essex and Kent Support

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: MacIntyre Essex and Kent Support is a community based domiciliary adult social care service that offers shared lives and supported living services to people with learning disabilities and autism to live as independently as possible. We checked the service was working in line with 'Registering the Right Support' which makes sure services for people with a learning disability and or autism receive services that are developed in line with national policy. For example, how the service ensures people's care is personalised, maintains their independence and supports links with people's community.

The service had a manager registered with the Care Quality Commission. 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: The inspection site visit took place on 15 March 2019 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present in the office.

What we did: Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection visit we met and spoke with the area manager who was also a registered manager, two front line managers and a shared lives carer. Following our visit, we spoke with two support workers and due to the nature of some people's communication needs we spoke with three relatives of people using the service by telephone to seek their feedback on the service. We reviewed a range of records including seven people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives of people using the service told us they felt their loved ones were well supported by staff who supported them appropriately to ensure their safety. One relative said, "Staff are very good and make sure [loved one's] needs are met. I know [loved one] is safe."
- People were supported and protected from the risk of abuse or harm. Staff understood their roles and responsibilities to protect people from abuse. Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- The area manager and registered manager were aware of their responsibilities to safeguard people. We saw that where people had been at risk or concerns were identified appropriate professionals were informed and investigations conducted.
- Staff worked with people to help them manage risks that could result in safeguarding concerns without limiting their rights or independence.
- Information was available to people and staff about safeguarding and was made available in alternative formats such as large print or easy to read if required.

Assessing risk, safety monitoring and management

- Risks to people were assessed, reviewed and managed safely by staff to avoid harm.
- Staff worked with people, their relatives where appropriate and health and social care professionals to monitor and assess risks and to develop plans and responses to ensure people's safety.
- The provider had a trained member of staff leading on their approach to behaviours of concern. This was based on positive behaviour support and treating people with compassion, dignity and kindness.
- The providers risk assessment approach focused on full involvement from people and supported them to do the things they wanted safely without limiting independence. Positive risk taking was supported and encouraged in line with the principles of RRS.
- Risk assessments were reflective of 'positive risk taking'; meaning individuals rights to make informed decisions about their lifestyle choices were supported by staff. Care plans documented identified risks and guidance for staff to ensure they acted correctly to manage them safely. For example, when managing health conditions such as epilepsy.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of supported living premises.
- People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency. There were fire risk and evacuation plans in place and staff knew how to respond in the event of an emergency.

Using medicines safely

- Medicines were managed, administered and stored safely.
- People's records confirmed they received their medicines safely. Individuals care plans documented the level of support they required and how their support to manage medicines should be delivered.
- Staff administering medicines had received up to date training, and regular competency assessments to ensure their skills and knowledge remained up to date with best practice.
- Medicines Administration Records (MARS) were kept in people's supported living schemes and were checked regularly by staff and senior management to ensure they were accurate and that people had received their medicines as prescribed.
- Medicine audits were conducted on a regular basis. Outcomes from audits were shared with staff and any areas for improvement were identified and acted upon.
- Health professionals reviewed people's medicines regularly to ensure they were effective.

#### Staffing and recruitment

- The service ensured there were enough staff to meet people's needs and the recruitment system worked to reduce risk.
- Staff told us there was enough staff within the service to meet people's needs and to support them with the things they wanted to do. The numbers of staff on duty matched the numbers planned for on the staffing rota.
- The service recruited staff safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Preventing and controlling infection

- Staff received training on infection control and food hygiene and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene.

#### Learning lessons when things go wrong

- Senior managers and staff understood the importance of reporting and recording accidents and incidents.
- The service ensured there were effective systems in place to learn from incidents, accidents, near misses and mistakes. Investigations were carried out when required and the providers electronic system helped to identify any trends or patterns, minimising the risk of reoccurrence which meant any changes to service provision required was timely.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.



# 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.

People's outcomes were consistently good, and a relative's feedback confirmed this.

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

- Assessments of people's needs and preferences were completed before they received services to ensure the service's suitability and that their needs and preferences could be met.
- Assessments included involvement from relatives and friends where appropriate, keyworkers, social workers and other professionals to ensure information was acquired to develop care and risk management plans.
- Assessments were used to produce individual support plans providing staff with detailed information and guidance to meet people's individual needs effectively.
- Assessments covered areas such as people's personal history, preferences, wishes, choice and control and supporting independence amongst others.
- Staff applied learning effectively in line with the law and best practice, which led to good outcomes for people.
- Care plans and risk assessments were kept under regular review.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

- The area manager and registered manager were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Staff had a good understanding of the mental capacity act and when it should be applied. People were encouraged and empowered to make decisions for themselves and were provided with suitable information to enable this in a format that met their needs. There was a strong emphasis on enabling people to make choices wherever possible, including considering the best time for them to do so.
- People's consent was regularly reviewed to ensure arrangements in place were appropriate.

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

- People were supported to have a balanced diet to ensure their well-being. Care plans documented people's nutritional needs, support required with meal preparation and shopping, known allergies and any nutritional risks such as weight loss or gain. One member of staff told us, "Our aim is to support people to be able to cook meals of their choice independently but to support them if required."
- Records were kept and maintained when required in relation to people's food and fluid intake and any concerns were monitored and referred to relevant healthcare professionals.
- Staff consulted with people on what types of food they preferred and any cultural requirements they had.

Supporting people to live healthier lives, access healthcare services and support

- People's physical, emotional and mental health needs were effectively assessed, documented and reviewed to ensure their needs were met.
- Records of health care appointments were retained documenting any treatment required or received so staff were informed.
- People had access to a range of healthcare services and professionals including GPs, dentists, opticians, community mental health teams, occupational therapists and psychiatrists amongst others.

Adapting service, design, decoration to meet people's needs

- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met, for example, walking aids and wheelchairs.
- Care plans contained guidance for staff on the use of specialist equipment which were subject to regular checks and routine servicing.

Staff support: induction, training, skills and experience

- There were effective processes in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- One member of staff told us, "I had a very good induction when I started. I met people using the service, worked with experienced staff and did lots of training."
- Staff were knowledgeable about the people they supported and had the necessary skills to meet their needs appropriately. We saw staff received training in a range of topics including safeguarding, moving and handling, positive behaviour support, epilepsy with rescue medication, MCA and DoLS and emergency first aid amongst others.
- The provider had a personal development system in place which enabled staff to undertake City and Guilds training in health and social care.

Staff working with other agencies to provide consistent, effective, timely care

- People's physical, mental and emotional health and well-being needs were assessed and documented in their plan of care. Staff monitored people's well-being to ensure their needs continued to be met appropriately.
- Staff worked in partnership with health and social care professionals to plan, review, monitor and deliver an effective service. One member of staff said, "We work closely with a lot of professionals to ensure people receive the best treatment possible. We also support people to access treatment for example, one person has regular hydrotherapy."
- Guidance from health care professionals such as physiotherapists was in place to ensure people received the appropriate care and support to meet their needs.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff had built trusting respectful relationships with them and their loved ones.
- One relative told us, "The staff are marvellous and we couldn't wish for better. They are so lovely and caring and really support [loved one] well."
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had, in line with the Equality Act 2010. A relative commented, "They [staff] are so caring, they treat everyone fairly and so well."
- People were supported to access and attend community services of their choice including places of worship.

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

- People were involved in making decisions about their daily needs and support.
- Relatives told us they were consulted about their loved one's care and support options and were involved in making decisions where appropriate. One relative said, "They [staff] always call and let us know what's happening with [loved one]. They hold reviews so we can discuss how things are and if there needs to be any changes."
- Relatives told us staff communicated with them effectively and people's communication needs were assessed and documented within their plan of care.
- Staff understood the Accessible Information Standard [AIS] and had received training in areas of communication such as Makaton to enhance effective communication for those people who chose this form of interacting. The AIS sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- The service had produced an array of information in a format that met people's needs, for example easy to read versions of the service user guide and policies and procedures such as safeguarding and complaints.

Respecting and promoting people's privacy, dignity and independence

- Following the principles of RRS, relatives told us staff supported and encouraged their loved ones to be as independent as possible. One relative said, "Staff are very good at supporting [loved one] to attend local clubs of their choice."
- Care plans contained information on what people could do for themselves and areas they felt they needed support with. A member of staff told us they had developed a 'boast board' which was displayed within one of the supported living schemes. When someone had achieved something that they wanted to

this was displayed on the board. They said, "One person had always wanted to make a pie which we helped them to achieve. We took a picture and put it on the board. They were very pleased they had managed to do it."

- Positive risk taking was also safely encouraged with staff support where required for example, when accessing community amenities or attending social clubs and events.
- People were supported to maintain relationships that were important to them. For example, regularly visiting family members and attending work or social clubs.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support needs were assessed, personalised and reviewed to meet individual needs and wishes appropriately. Regular meetings took place to monitor people's progress and to ensure that care arrangements remained appropriate.
- Person centred care plans documented information regarding people's physical, emotional and mental health needs, life histories and things that are important to them.
- People's care plans documented their health care needs and included guidance for staff on how to best support them. For example, actions to take to support people to manage their long-term health conditions such as epilepsy and how to respond in the event of medical emergencies.
- People's communication needs were identified, assessed and recorded in their care plans. For example, clear guidance was documented for staff on the use and style of non-verbal communication such as gestures and Makaton.
- People were supported by staff who knew them well, were knowledgeable about their individual interests and who supported them to plan for things they wanted to do.
- In line with the principles of RRS, the service had a strong focus on maintaining and enhancing people's independence. Staff told us how they supported people to maximise and maintain their independence. For example, the extensive work undertaken by a shared lives worker with one person to support them to establish and practice routines for completing household tasks and parenting skills.
- People were supported to achieve good outcomes and to access community services. They were supported to access work opportunities and to follow their interests. For example, volunteering work at a local farm and library, paid employment in local hospitals and attending wheelchair dance classes, swimming and a local drama group.

Improving care quality in response to complaints or concerns

- There were robust arrangements in place to respond to people's concerns and complaints. The complaints procedure was available in different formats to meet people's needs including an easy to read format which was made accessible to people and their relatives.
- Relatives told us they were aware of the complaints procedure and knew how to make a complaint. One relative said, "I am fully aware of the complaints process but have absolutely nothing to complain about. We are very happy with the support [Loved one] receives."
- Complaints records we looked at showed that when complaints were received these were responded to in a timely way and appropriately in line with the provider's policy.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life care and support. However, the area manager told us that if end of life care was required they would work with health and social care

professionals including local hospices to provide people with appropriate support when required.

- People were supported to make decisions about their preferences for end of life care where appropriate and these were retained in care plans for reference.
- We were provided with an example of the positive work a shared lives worker did with one person to support them to overcome their grief at the loss of a parent figure. They also offered extensive emotional and practical support to the person to manage their own long-term health condition.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were established processes and procedures in place to ensure people received the care and support they wanted.
- It was evident during our inspection that people benefitted from receiving a service that was continually seeking to provide good care and support. During the visit we met with the area manager and service line managers. They all demonstrated good leadership skills within their roles and a commitment to the service and the people they supported.
- Relatives spoke positively about the service and the care and support their loved ones received. Comments included, "Very happy with the service", "Staff are wonderful and very caring", "Staff are good and very knowledgeable on how to support people", and, "The service is marvellous."
- Staff and management continually monitored and reviewed individual's progress to ensure their needs were met.
- The service and staff encouraged, motivated and supported people to achieve good outcomes.
- Staff spoke positively about management support and how the service was run. One member of staff said, "The service is very good and the staff are all lovely. Management support has always been great. The service has such good values and we all strive to support people to reach their potential and maintain their independence."

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

- The service had an experienced registered manager in post and area manager. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The area and registered manager was very knowledgeable about the types of needs and people the service supported. They worked hard to keep up to date with best practice and with the needs of the staffing team.
- The service had a clear vision and value base, built on kindness, compassion, dignity, empowerment, equality and respect and this was evident from the work and support they did with people and their relatives.
- The provider had achieved a gold status accreditation in 'Investors in people' scheme. This meant the service drew on people's diverse skills and expertise and developed a good staff culture that aimed to

deliver their values and objectives.

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

- People and their relatives were regularly asked for their views about the care and support provided to check they remained happy or if changes were required.
- There were formal systems in place to ensure the service sought the views of people through regular reviews, meetings and frequent surveys.
- The service produced several publications for people, relatives, staff and the public. These included supported living schemes seasonal newsletters, monthly staff news booklets and monthly messengers for senior staff and a provider magazine which provided people with information on all provider's services.

Continuous learning and improving care

- The service recognised the importance of regularly monitoring the quality of the service to help drive improvements.
- There were robust processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out on a regular basis in areas such as medicines management, care plans and records, staff records and training and health and safety of equipment and supported living environments. Where required, action plans were developed to address any issues or concerns raised.
- Managers of shared lives and supported living schemes completed audits and checks of the service on a regular basis. Senior managers also completed regular checks on the service to ensure good safe service delivery.
- Staff meetings and senior managers meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the service and to help drive and deliver service improvements.

Working in partnership with others

- The service and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, local authorities, service commissioners, mental health professionals, GPs, physiotherapists, occupational therapists, nurses and speech and language therapists.
- The area manager told us the service worked in partnership with many local organisations to ensure the most appropriate services were available to provide appropriate support to individuals if required. For example, local clubs and colleges.