

MacIntyre Care

MacIntyre Telfords Quay

Inspection report

Telfords Quay
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29 May 2019

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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 Telfords Quay is a supported living service which is registered to provide personal care predominantly for people with learning disabilities who live in their own homes within the local community. The service was providing personal care to approximately 30 people at the time of the inspection.

People's experience of using this service:

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People either spoke to us verbally or used other communication methods to make their views known. People gave us an account of their lives and how the staff support had been positive for them. People told us that "[staff] are kind, helpful and good". Those who used other communication methods were relaxed and comfortable with the staff team and felt relaxed in this presence. People made their needs known and were able to direct staff to their needs.

People received safe and effective care from staff that were caring and focussed on upholding the rights of the people they supported. Care plans were person centred and covered all aspects of people's lives, needs, preferences and daily routines. People's needs had been fully assessed prior to the service providing support.

Staff had a detailed knowledge of the people they supported and had developed positive relationships with them. Staff received training relevant to the needs of the people supported ensuring that support was effective. Sufficient staff were employed to meet the needs of the people supported and these were regularly reviewed. Staff were supported through regular supervision and team meetings.

Risks that people faced in the support they received and from their wider living environment were recognised and mitigated. People were protected from abuse through staff training and robust policies and procedures. Medicines were safely managed.

People were supported by staff who were very familiar with their needs. People were encouraged to use appropriate methods of communication so that they could make their needs known. Care plans sought to

maximise people's independence in their lives. People were supported to pursue their chosen activities both within their homes and in the wider community. Appropriate support was provided for this. People who used the service received support that was well organised and subject to checks to ensure that the quality of support met people's needs.

Rating at last inspection: MacIntyre Telfords Quay was rated Good at our last inspection. The report of the last inspection was published on 9 November 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains good overall.

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

For more details, please see the full report which is on the CQC website at 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 remains safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led.

Details are in our Well -Led findings below.

MacIntyre Telfords Quay

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Service and service type: MacIntyre Care is registered as a domiciliary care service providing support and personal care to people in their own homes.

The service had two managers registered with the Care Quality Commission covering services in specific geographical areas: Wirral and Cheshire West. 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 24 hours' notice of the inspection visit to ensure that the registered managers would be available to assist us.

Inspection site visit activity started on 21 May 2019 and ended on 29 May 2019. We visited the office location on 21 May 2019 to see the managers and office staff; and to review care records and policies and procedures. We spoke to people who used the service on 29th May 2019.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We used all this information to plan our inspection.

During the inspection, we spoke with eight people who used the service.

We also spoke with the registered managers, front line manager, two senior support workers and three members of staff. We looked at six people's care records and a selection of medication and medication

administration (MARs). We looked at other records including quality monitoring records, five recruitment files and a training matrix for all staff.

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.

Staffing and recruitment

- One reference in a recruitment file was identified as not necessarily being reliable. Immediate steps were taken by one registered manager to ensure that this was addressed and that systems were in place for future recruiting of staff. Alternative references verified this person's suitability for their role.
- Other recruitment files contained appropriate checks and references in place to ensure that staff were suitable to support vulnerable people.
- People who used the service were able to meet potential new staff before they were employed as part of the recruitment process.
- Sufficient staff were employed by the service to ensure that people could be supported appropriately.
- Where people's needs had changed; staffing had increased to ensure that people received one to one support for as long as they needed.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the types of abuse that could occur and received regular training in this.
- The registered provider had systems in place for the reporting of any allegations of abuse and reported any care concerns to the local authority on a monthly basis.
- Staff were aware of other agencies they could contact to raise any care concerns.
- People who used the service told us they felt safe with the staff team. Others who could not verbally communicate appeared relaxed and comfortable when being supported by staff.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people had been assessed and provided detailed information around people's individual risks in order for staff to keep them safe. Risks to people were regularly reviewed and records updated to reflect any changes.
- Regular safety checks were completed on the environment and where people used equipment, this was checked to ensure it was safe and met people's needs.
- Medicines continued to be managed safely by appropriately trained staff who had their competency to manage medicines checked on a regular basis.
- Medicine administration records (MARs) were completed correctly.
- Where people preferred to manage their own medication, the staff team fully supported people to ensure that they could manage this safely.
- Medicines were safely stored within people's homes and were subject to regular checks and audits.

Preventing and controlling infection

- Staff received appropriate training to minimise the spread of infection.

- Staff supported people to ensure that their own homes were clean, tidy and free from infection.

Learning lessons when things go wrong

- Immediate steps were taken by the registered provider following our observations in respect of references.
- A record of incident and accidents that occurred were kept and reviewed regularly to identify any patterns or trends so that lessons could be learnt when things went wrong.

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 people's feedback confirmed this.

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

- People's needs, and choices were assessed and planned for. Expected outcomes were identified based on people's individual needs and choice. People had been involved and listened to throughout the assessment and care planning processes.
- The service worked closely with other health and social care professionals to complete assessments. Their professional guidance was used to help plan effective care and support for people.
- People were supported and encouraged to set and achieve their goals. We saw many examples where staff had consistently supported people in doing this.

Staff support: induction, training, skills and experience

- Staff received appropriate training and supervision on a regular basis in line with their role.
- Staff considered that training was varied and assisted them to carry out their work effectively.
- New staff completed induction training and all staff were provided with ongoing training in topics specific to their role and people's needs.
- Staff knowledge and competence was regularly checked to assess the effectiveness of their practice.
- Staff were given opportunities to discuss their work, learning and development needs. They told us they felt supported by managers and colleagues.

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

- The nutritional needs of people were met.
- People's individual preferences, likes and dislikes relating to food were recorded in care plans.
- People confirmed that they were involved in choosing meals, shopping and preparing meals with appropriate staff support. This was confirmed through observation as well as recent pictorial evidence
- The registered provider understood the risks people faced with eating and drinking and they followed guidance provided by health professionals.

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

- The registered provider supported people to liaise with housing associations and others to ensure that their houses were well maintained.
- Staff had identified issues with the environment in people's homes where refurbishment was needed in order to meet changing needs and had supported people appropriately with this.
- Where people had developed health needs affecting their mobility; staff had been proactive in identifying suitable equipment to assist with this.

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

- People confirmed that they were in good health. They told us that they were able to see a doctor or other health professional if they developed a health issue.
- People were also supported in having wellbeing checks with professional's to ensure that their health was promoted.
- Some people wished to attend health appointments independently with staff support available if required.
- Ongoing records of health appointments were available so that progression in people's health could be monitored.

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.

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.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. The registered provider was aware of those people who were subject to any of these orders and were able to identify those individuals.
- The management and staff had completed training in the MCA and had a good understanding of the need to gain lawful consent.
- Where people lacked capacity to give consent to their care and treatment the relevant people had been involved in making decisions in the persons best interest.

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; respecting equality and diversity

- People received good care and support from staff who clearly knew them well.
- From observations, staff had developed strong relationships with people. Staff were seen to be genuinely kind and compassionate when providing support.
- Many staff had supported people for a number of years and had been able to develop a good awareness of the individuals' needs and preferences in all aspects of their lives.
- People were positive about the care they received from staff. Comments included, " They [staff] are good" and "They [staff] are kind to me".
- People who used other non- verbal methods to communicate, indicated through facial expressions and gestures that they felt comfortable with the staff team and used them as a trusted point of reference when they needed support.
- Staff understood and supported people's communication needs and choices. Where people used other non-verbal ways to communicate; staff had introduced photographs, symbols and other objects so that people could communicate and express choices. Staff demonstrated empathy and patience in enabling people to express themselves.

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

- People were actively involved in their support. Staff worked in partnership with people and empowered them to have a voice and share their views through daily discussions, care reviews, regular house meetings and surveys.
- People made decisions about the support they received and the activities they wanted to pursue, and these were respected by the staff team.
- Where people wished to remain independent in managing their own medication, for instance, or preferring not to have a care plan, this was respected.
- Staff outlined the importance of ensuring people had access advocacy services and other support networks to enable them to be independently able to make choices and decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated they respected people's homes.
- Support was provided by staff to answer front doors and staff facilitated gaining permission from people for us to visit them in their own homes.
- Staff dealt with people who were anxious in a compassionate and caring manner. These interventions resulted in people being reassured.

- Records relating to people's care were kept confidential.

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

- Care plans were person- centred and contained detailed information on how people preferred to be supported in all aspects of their lives.
- People were given the choice as to whether they wanted a care plan or not. In those instances, where people had preferred not to have one; they had agreed for staff to maintain ongoing records about how the support given to the person had been successful in maintaining their independence and ensuring a good quality of life for them.
- Care plans were regularly reviewed. People took ownership of this process by inviting key people to the review through written invitations.
- Reviews were personalised with an emphasis being placed on them being a celebration of people's lives and achievements. If preferred, reviews were visually recorded and given to people personally on a computer memory stick so that they could watch them at any time.
- People were supported with individual activities within their home or in the wider community. People were supported to pursue hobbies either independently or with some staff support. People had gained paid employment and were encouraged to maintain this.
- People told us about holidays that they had been on and their plans for the future. It was clear that people had enjoyed these experiences and had felt supported by the staff team.
- Information provided to people met Accessible Information Standards (AIS) in that they ensured that information was provided in an accessible format to them.
- People who used the service were regularly involved in commenting as to whether formats for information met people's communication needs.

Improving care quality in response to complaints or concerns

- People told us that they did not have concerns about the service they received.
- A complaints procedure was in place. The procedure was available in formats which best meet the communication needs of people. These included symbols and photographs to relay how people could express any concerns they had.
- A record of complaints was maintained. These demonstrated that the registered provider had responded appropriately to any concerns raised.

End of life care and support

- No one was receiving end of life support during our visit.
- The registered manager had established links with a local hospice so that considerations when people reached the end of their lives could be incorporated within their support.

- Staff supported those people who had experienced the loss of loved ones and supported people to commemorate their memory.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered managers and management team demonstrated a commitment to ensure that the rights of people they supported were upheld and promoted.
- This ethos was also demonstrated by the staff team whose practice ensured people had meaningful choice and were provided with new opportunities and experiences in their lives.
- Staff felt supported by each of their respective managers. They considered them to be supportive and approachable and felt that the service was run with the interests of people in mind.
- There was an emphasis on providing good quality and consistent support that put the needs, wishes and preferences of people first.
- The management team were open and transparent and sought to promote good practice as well as recognise when lessons needed to be learnt.
- People who were able to, told us that they were happy with the approach of the staff team and "they [staff] are very kind" and "they look after me well". Those who used other ways of communicating appeared relaxed and happy with the support they received.

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

- The registered managers had become registered since our last visit to the service. Both had worked within MacIntyre Care and were fully aware of the ethos of the service and the needs of individuals.
- The registered managers were clear about their roles and responsibilities as registered persons and always informed CQC of any events that adversely affected the people who were supported by the service.
- The registered provider had ensured that the ratings from our previous visit was displayed, available and in a format to assist people's understanding of them. This demonstrated a transparent approach in line with regulations.
- Staff were clear about their responsibilities and reported any concerns, errors or changes to management without delay.
- Quality assurance systems and processes were in place to ensure people received safe, effective and high-quality support from a staff team very familiar with their needs.
- Staff demonstrated the need to keep up with new initiatives and current good practice to enable effective support of people.

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

- Observations of practice found that people were fully involved in the support they received. People were actively encouraged to express choices and the unique communication needs of people were fully taken into account by staff.
- There were clear processes in place to obtain the views and opinions of people, relatives and staff about the service. This information was used for future service development.

Working in partnership with others

- The service worked effectively in partnership with other stakeholders, including a variety of commissioners and health professionals.
- Where health needs of people had changed; other professionals had been contacted to ensure that aids and equipment suited to people had been identified and staff support levels adjusted.
- Other agencies were contacted to explore employment opportunities for people.
- We read compliments from other agencies the service worked with, about their professionalism and dedication.