

MacIntyre Care

MacIntyre Milton Keynes Support

Inspection report

Seebeck House
Seebeck Place, Knowlhill
Milton Keynes
MK5 8FR

Tel: 01908968130
Website: www.macintyrecharity.org

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09 November 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MacIntyre Milton Keynes Support is a supported living and domiciliary service. The service provides the regulated activity Personal Care to people with a learning disability and / or autistic people living in supported living settings. At the time of our inspection 5 people were using the service.

People's experience of the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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.

People were fully involved in managing personal risks and in taking decisions about how to keep safe. Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.

Right Care

People's care was person-centred and promoted people's dignity, privacy and human rights. People had full access to healthcare services.

Right Culture

The provider promoted a culture of inclusion, diversity and equality. People were supported to express their individuality.

The ethos, values, attitudes and behaviours of managers and support staff ensured people using services lead inclusive and empowered lives. Staff placed people at the heart of everything they did.

People were supported to try new experiences, develop new skills, gain confidence and independence.

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 the service at the previous premises was Good (published 26 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for MacIntyre Milton Keynes Support on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

MacIntyre Milton Keynes 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 (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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 4 'supported living' and 'outreach' settings, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. An existing registered manager with MacIntyre Care had applied to add the location MacIntyre Milton Keynes Support to their registration. We are currently assessing the application.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection. We visited the office on 06 November and visited 3 people in their individual supported living settings on 09 November 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed other information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch Milton Keynes. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We visited 3 people using the service, we spoke with 2 relatives, 3 support workers, 3 front line managers, a learning disability nurse and the area manager who has applied to become the registered manager for the service. We reviewed the support plans, associated risk assessments and medicine records for 3 people using the service. We reviewed 3 staff recruitment files and a variety of other records relating to the management of the service, including the providers policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider safeguarded people from abuse and avoidable harm.
- People using the service told us they felt safe with the staff supporting them. Information was available for people to help them recognise any signs of abuse and what to do if they or others were placed at risk or experienced any form of abuse.
- Staff told us and records showed they received safeguarding training and knew how to recognise and report any concerns of abuse.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe.
- Information was available for people and their support staff to follow to reduce and mitigate any identified risks. For example, guidance was available from a speech and language therapist to support a person who had developed dysphagia, (swallowing problems) around certain foods and drinks.
- Personalised risk assessments gave clear instructions for people and their support staff to follow to keep safe, whilst enabling as much independence as possible. For example, keeping the home safe and secure, responding to the fire alarm and personal safety when out in the community.
- Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe. For example, reducing the risk of being in environments with loud noises, or large groups.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff empowered people to make their own decisions about their care and support. During the inspection we observed staff consistently asked people for their consent and supported them to make their own choices and decisions.

Staffing and recruitment

- The provider operated safe recruitment processes.

- People were involved in the recruitment process. For example, potential new staff were invited to meet people, so they could ask questions. Where possible staff were matched with each person using the service, and the final decision on who to appoint was made by people using the service.
- Records showed that Disclosure and Barring Service (DBS) checks were carried out on all staff. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff available to support people to carry out their choice of activities. Staff told us there were always enough staff deployed to support people's individual needs, wishes and goals. We observed during the inspection the numbers and skills of staff matched the support needs of people using the service.
- The provider promoted an environment in which the contributions of all employees were recognised and valued. We saw that staff took on additional roles, or join special interest groups, such as health and safety representatives, champions in dementia, safeguarding, and autism care. One staff member told us they had taken on a role of health and safety representative, that they attended meetings with other health and safety representatives within the organisation and how much they enjoyed this additional role.

Using medicines safely

- People were supported to receive their medicines safely.
- People were supported by staff who had received training on the safe administration of medicines and followed the systems to administer, record and store medicines safely.
- People received support from staff to make decisions about medicines wherever possible.
- Records showed that medicines administration records (MAR) were regularly checked to ensure they were completed correctly by staff.
- Staff understood and followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with the STOMP principles.

Preventing and controlling infection

- Risk assessments and control practices were in place to cover infection prevention and control, pandemic flu and Covid -19, as well as other risks of infection, such as food hygiene.
- The provider encouraged staff to take up annual flu and vaccinations against Covid.
- Staff supported people to carry out daily laundry and domestic cleaning tasks to keep their homes clean to an acceptable standard.
- Frontline managers completed infection prevention and control audits, which were collated and recorded as part of the manager's health & safety reporting duties.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents, incidents and near misses were monitored and action was taken to mitigate the risk of repeat incidents.
- Lessons learned were shared within the staff team and with appropriate healthcare professionals.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

- There was a positive and open culture at the service.
- The service was led by a manager and staff team that were committed to following the values of treating people and each other with 'Honesty, Respect, Kindness, Compassion and Fun'.
- The provider told us all staff are expected to promote MacIntyre's 'Values and DNA'
- One person told us the service had supported them to move into a new home. The person's relative said, "The move was very successful, [Family members] confidence had really improved. It's fantastic to see [Family member] now has a happy life, they are the best I've ever seen them."

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

- The manager understood their responsibilities under the duty of candour.
- Staff knew how to follow the safeguarding procedures, including how to whistle-blow if concerns raised with the provider were not listened to or acted upon.

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

- Since the last inspection the registered manager had left the service. An existing registered manager with MacIntyre Care had applied with CQC to add the service to their registration. At the time of the inspection the application was in progress.
- The manager had the specialist skills, knowledge and experience to perform their role and had a clear understanding of the needs of people using the service.
- Scheduled quality audits took place to continually monitor all aspects of the service.
- Meetings took place to cascade and share information with staff at all levels.
- Records showed statutory notifications of notifiable events were submitted promptly to CQC.

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

- People and staff were involved in the running of the service. The provider had introduced 'Here to Hear' sessions for staff to share what was going well, not going well, any problems or suggestions they may have.
- The provider had in consultation with the people they supported made information more accessible for

all, placing people at the centre of their support, focussing on the need for everyone to have a voice and be listened to. The accessible information was quality checked by 'MacIntyre Checkers' (a group of people using the service who review Easy Read documents, make suggestions and changes before approving for publication).

- One person spoke proudly of being involved in the 'best practice team' and MacIntyre's Dementia Project. The person told us they recently did a presentation at a conference about what it was like living with a learning disability and dementia.
- Relatives confirmed they had confidence in the manager and the staff team. One relative said, "I feel very lucky [Family member] is with MacIntyre. The staff support [Family member] to go on holidays, which they absolutely love, I have every confidence that [Family member's] lifestyle choices are being respected and fully met." Another relative said, "[Family member's] social life has really improved, they now go to a local disco for people with a learning disability and they really enjoy it, and meeting other people."
- Relatives confirmed that staff kept them informed on their family members care and support needs and they worked as a partnership. One relative said, "This is the best service [Family member] has ever used. [Frontline manager] keeps in regular contact with me, they phone me or send emails and are very responsive and open."

Continuous learning and improving care

- The provider had a learning culture at the service which continuously improved the care people received.
- The provider had arranged for regular face-to-face training sessions for all staff, including at evenings and weekends. For example, training on safeguarding and the Mental Capacity Act. The service had a dedicated learning disability nurse that had delivered training with a person using the service who had taken on the role of an 'expert by experience' on epilepsy and diabetes. This personalised training had a positive impact on the people using the service.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked in partnership with a wide range of specialist services, including physiotherapists, community nurses, speech & language therapists (to support with communication, nutrition & dysphagia), podiatrists, GP's, and hospitals.
- The service had their own learning disability nurse to support with health appointments and help advocate for people using the service in liaising with hospitals, GPs, and other health professionals.