MacIntyre Care

MacIntyre Leicester LifeLong Learning

Inspection report

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Date of inspection visit: 9 December 2015
Date of publication: 21/01/2016

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

Overall summary

This inspection took place on 9 December 2015 and was announced.

MacIntyre Leicester LifeLong Learning is registered to provide personal care and support for people with a learning disability and autism. At the time of our inspection there were three people using the service who resided within their own home. People's packages of care varied with some people receiving support over a period of 24 hours, whilst others received support for differing number of hours on different days.

People who used the service were unable to consent to our visiting and meeting with them to talk about the service. We were advised that our visiting some people

Summary of findings

within their own home may cause the people potential stress and anxiety, as people were not comfortable in the presence of people they did not know. We therefore spoke with people's relatives.

MacIntyre Leicester LifeLong Learning had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's relatives told us they felt people's safety was promoted and recognised by the support workers. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

People were supported by knowledgeable staff that had a good understanding as to people's needs. Staff provided tailored and individual support to keep people safe and to provide support when their behaviour became challenging. People were supported to take 'positive risks' to promote their independence in leading a lifestyle of their choosing.

People were supported to manage their medicine with the support of staff where required. People in some instances were able to indicate the need to take medicine to help keep them calm down. People's capacity to make informed decisions about taking some medicines had been assessed and best interest decisions had been made. This was to ensure people's needs were met when they themselves were not able to promote their own safety and welfare by making an informed decision.

People using the service had a dedicated team of staff that provided support to them within their own home and the wider community. People's views as to staff along with those of their relative were considered to ensure the staff that supported people had the appropriate skills and were able to develop a positive and trusting working relationship.

People received an effective service as people's support plans provided clear guidance about their needs which were monitored and reviewed by the management team and senior support worker through the supervision and appraisal of staff and meetings. Systems were in place to ensure they effectively communicated with each other to provide a continuous and consistent service to people.

People were provided and supported in line with legislation and guidance. Staff had received training on the Mental Capacity Act (MCA) 2005. We found that capacity assessments had been carried out on aspects of people's care and support. Where these assessments had identified that people did not have the capacity to make an informed decisions, then their relatives and others involved in their care had met and agreed a plan of action, referred to as a best interest meeting. The outcome of these meetings had been recorded and used to develop support plans which were regularly reviewed to ensure any decisions made on behalf of people remained in their best interest.

People were supported to with daily living tasks such as grocery shopping, meal preparation and cooking as part of their support packages. Staff encouraged people to eat a healthy diet and where necessary supported people in the eating of their meals. People's dietary requirements to support them along with their likes and dislikes with regards to food and drink were recorded within their records.

Records showed staff where support was required liaised with people's health care professionals to ensure that access the appropriate medical care and support.

People were supported by staff who knew them well and had developed positive and trusting relationships that been established between the people receiving a service, their relatives and staff. Staff told us that part of their role was to support people to access the wider community and to encourage social interaction and independence. Staff through discussion spoke of how they supported people's privacy and dignity within the wider community, through the support they provided with people's involvement and the promotion of their independence.

People were encouraged to influence the support they received through their own comments and that of their relatives. Meetings were held to ensure all interested parties, which included relatives, staff and external professionals regularly met to review the package of support people received to ensure it continued to meet their individual needs.

Summary of findings

People's support plans were tailored and individualised to meet their needs and reflected all aspects of their lives, including information and guidance as to the support they required within their own home and the wider community. People's preference as to their hobbies, interests, goals and aspirations were also reflected.

Support plans were comprehensive which focused on the views of the person and how they wanted their support to be provided. There was an emphasis on the need for good communication to ensure people's views were clearly understood.

People's relatives were confident to raise concerns and told us that the regular contact they had with staff meant any issues could be discussed and ideas shared for the benefit of those using the service.

Staff spoke positively of the registered and front line manager (who had recently been appointed to manage the day to day running of the service) in the support they provided to them and that any issues were effectively managed to ensure people received a good service. Staff said there were effective systems which enabled them to communicate well with their colleagues to ensure that people received the support they needed.

The registered manager and front line manager had a comprehensive understanding as to the needs of people and were able to detail how staff provided support.

The provider had a robust quality assurance system which assessed the quality of the service. Information gathered as part of the quality audits was used to continually develop the service and look for ways in which people using the service could achieve greater autonomy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely, whilst promoting people's choices and independence.

People received support from a dedicated team of staff. The level of support provided was reflective of the person's assessment of need.

People were supported by staff to manage their medicines where required.

Is the service effective?
The service was effective.

Good

People were supported by staff that had the appropriate knowledge and skills to provider care and who understood the needs of people.

Staff had a good understanding of the Mental Capacity Act 2005. People's support plans and records showed the principles of the Act were used when assessing people's ability to make informed decisions about their care and support people's rights.

People were supported to manage their dietary needs with regards to their food and drink, which included support with eating, and the shopping, preparation and cooking of meals.

People where appropriate were supported by staff to maintain good health and to access and liaise with health care professionals.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Is the service caring?
The service was caring.

Good

People who used the service with the support of their relatives had developed positive and inclusive professional relationships by ensuring all people involved in people's lives were regularly consulted about the service being provided.

People's support plans detailed how people communicated their views about the service and the role of staff in promoting people's involvement in the service they received.

People's privacy and dignity was promoted by staff who promoted people's access to the wider community and their independence in accessing services.

Is the service responsive?
The service was responsive.

Outstanding

Summary of findings

People received a personalised and tailored service which met people's needs and enabled them to maximise their independence. People's views were sought to ensure the support they received was continually assessed to reflect any changes to people's needs.

People using the service and their relatives were confident to comment on the service provided and were positive that any issues were addressed.

Is the service well-led?

Good

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices that was both inclusive and empowering to those who used the service and their relatives.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider undertook audits to check the quality and safety of the service, which included seeking the views of external stakeholders.

MacIntyre Leicester LifeLong Learning

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 9 December 2015 and was announced. The inspection was carried out by one inspector.

The provider was given 48 hours' notice because the location provides a service for people within their own home and we needed to be sure that someone would be in. We also wanted the provider to have the opportunity to advise people who use the service.

The registered manager told us that people they supported did not have the capacity to make an informed decision about meeting with us or have the necessary skills to converse and share their views about the service with us. We were advised that our visiting some people may result in them becoming anxious. We therefore asked the registered manager to contact people's relatives. We spoke with three relatives.

We spoke with the registered manager, the front line manager (who was overseeing the day to day management of the service), one senior support worker and two support workers.

We reviewed the information that the provider had sent to us, which included notifications of significant events that affect the health and safety of people who used the service.

We looked at the records of the three people who used the service, which included their support plans, risk assessments and records about the care they received. We also looked at the recruitment files of three staff, a range of policies and procedures, maintenance records of the building and quality assurance audits.

Good

Is the service safe?

Our findings

People's relatives told us that they were confident that the staff kept their family member safe. They told us, "I don't trust any other service." The person told us their relative had been received care from other services prior to MacIntyre Leicester LifeLong Learning.

The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their induction so they knew how to protect people. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies.

The provider had a policy and procedure for the management of people's finances where staff were required to provide support. People's support plans included clear guidance for staff as to how people's finances were to be managed, which in some instances included the involvement of people's relatives who took an active part with financial matters. Systems were in place to ensure people's financial transactions were audited with receipts from transactions being kept to protect people from financial abuse.

Staff we spoke with explained the policy and procedure for supporting people with their finances and told us how they kept records and that audits were carried out to ensure people were protected. People's relatives confirmed when they spoke with us that they were involved with financial matters and worked with staff to ensure financial expenditures were managed safely.

People within their records had a copy of their support agreement, which outlined the terms and conditions of the service to be provided. This meant people had information as to their individual agreement with the service, which enabled them to challenge should the service they receive not be as agreed. The support agreements had been produced in 'easy read' format using large print and symbols to promote people's understanding of the document. In some instances the support agreement had been signed by the person's relative.

People's support plans and risk assessment were reflective of 'positive risk taking'; where by people's rights to make informed decisions about their lifestyle choices were supported by the service. People's relatives we spoke with told us how the staff provided support to promote their family member's independence and choice.

Potential risks to people's safety, health and welfare were assessed and regularly reviewed. The assessments recorded the potential risk and the action required to be undertaken by staff to minimise risk whilst ensuring people's choices were promoted and respected. The risk assessments were reflective of people's individual needs, which included the promotion of their independence, such as household chores and cooking, accessing activities, such as voluntary work, swimming, horse riding and accessing sports. Risk assessments were regularly reviewed and were used in the development of people's support plans that provided guidance for staff. This ensured people were supported in a consistent manner to minimise risk.

People's support plans provided information as to the potential triggers which may cause a person to display behaviour which challenges and how staff were to react to help prevent any behaviours from escalating. Assessments for risk included guidance for staff as to how to support people when their behaviour became challenging, examples included the style of communication, such as using clear words and short sentences, or the need to write questions in order that the person had time to consider a response this supported the person's communication. This enabled staff to support people in a consistent manner by following the recommended guidance that was in place to promote their safety and the safety of others. Peoples' plans of care and risk assessments were regularly reviewed, which enabled staff to be confident that their approach to reduce risk and safeguard people's safety was up to date.

Staff spoke with us about the individual people they supported and how they kept them safe. The information provided was consistent with the guidance recorded within people's support plans. Staff told us how they promoted one person's safety by ensuring they walked alongside them when they were out and about, and how they provided support and guidance when supporting them to prepare and cook meals. A second member of staff told us how a physiotherapist had been involved in designing a safe system, which included the use of equipment to

Good

Is the service safe?

support someone to improve their walking and support their general mobility and welfare. Staff told us this had helped the person with their mobility which had increased their independence.

People's homes had been risk assessed to ensure that the care and support people required was provided within an environment that was safe for people and staff, and that any potential risks were minimised. Areas of consideration included trip hazards, slippery surfaces, fire hazards and the security of the property.

There were effective systems in place for the maintenance of the building where the service operated from. Its equipment and records confirmed this, which meant people should they wish to visit the provider's office would have access to a well maintained building with equipment that was checked for its safety.

Staff recruitment processes used by the provider ensured that the staff employed by the service reflected its visions and values in the provision of quality care to people. The recruitment process included staff completing a personality questionnaire, which provided guidance for the interview panel on suggested topics for questions. A record was kept of the interview including the person's responses, which included scenarios of possible situations which the person may be involved in or experience. These were additional processes to compliment the recruitment of staff to ensure staff employed were able to meet people's needs and provide the appropriate support.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked at the service, which meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them. People had the opportunity to meet with potential new staff to see if a positive and professional relationship could be developed to ensure people's needs were met by staff that they had confidence in and liked. In some instances people's relatives were involved in the recruitment of staff.

We found there were sufficient staff to meet people's needs and keep them safe, with people having a dedicated team of staff to provide their care. People in some instances received 24 hour support, whilst others received support for an allocated number of hours each day dependent upon their needs. People were provided with the support as identified by the person's assessment, which included support with personal care, daily living activities and accessing community resources.

People in some instances were supported by their relative to manage their medicine. Whilst other people were supported by staff to take their medicine with staff keeping an overview of medicines to ensure people's safety and welfare was promoted. Information about people's medicine was included within their support plan, with clear guidance for staff as to their role, which included the use of PRN (medicine that is prescribed for as and when it is required) and the protocol to ensure people received their medicine consistently and followed safe administration procedures. A member of staff told us how the person they supported would hold out their hand if they wanted prn medicine. This showed that people were involved in decisions about their health.

Where people did not have the capacity to consent to the use of some medicines best interest decisions meetings had been held involving them and a range of people involved in their care, including their relative. The outcome of these meetings had identified in some instances that staff would be responsible for the administration of people's medicine in specific circumstances as being in the person's best interest.

We spoke with a relative who confirmed they were in regular contact with the team of staff who provided support, to ensure that the best interest decisions about medicines were regularly reviewed with the service, relevant professionals and the agency.

Staff records showed staff received training on the management of medicines and had their competency to managed medicine regularly assessed.

The provider's medicine policy and procedure was up to date and reflected current guidance. Staff we spoke with who supported people with aspects of their medicine were confident as to their role in providing support. Their comments as to the support they provided was consistent with the contents of people's support plans, which showed staff were knowledge about people's needs.

Good

Is the service effective?

Our findings

The relatives of people who used the service told us that their views were sought when staff were being recruited to support their relative. One relative told us, "Potential staff visit our home and meet [person's name], who is able to express his views as to whether he feels comfortable with people." They went onto say that they liaised with the registered manager and senior support worker and provided feedback on potential new staff. This meant people were matched with staff, to make sure they were compatible and provide good quality support.

A second relative told us how new staff worked alongside existing staff 'shadowing'. They told us that new staff had their competency to work with people assessed for each activity they undertook, which included voluntary work, household chores and cooking, accessing the wider community for shopping and social interaction. This ensured that staff were competent to support the person in all aspects of their lives and that the person was confident with the member of staff.

When staff were recruited they had an initial induction period, which required them to complete a range of training. Staff worked alongside experienced members of staff, referred to as 'shadowing', to enable the person who used the service and the newly recruited staff member to become acquainted, to ensure that all parties worked well together. The senior support worker or member of the management team assessed the competence of the newly recruited staff member to support people and completed records detailing their competence.

We looked at the records of three members of staff and found that they were regularly supervised and had their work appraised. These took place to ensure that the care staff provided met the needs of the people and met the expectations of the provider. Staff records showed that staff were supported to continually develop and learn by the setting and reviewing of objectives, which included their personal development through training, which included gaining qualifications in caring and supporting people with a learning disability. Records showed that staff had the opportunity to talk about the people they supported to ensure that any issues could be effectively managed to promote people's care.

Meetings involving relevant and interested parties, which included the person receiving a service, their relative, staff providing support and external professionals were regularly held. Meetings took place to discuss people's packages of care and where appropriate to make agreed changes for the purpose of improving the person's life. Minutes of meetings included recommendations from health care professionals as to the literature and training for staff to access to assist them when supporting people. This included for one person accessing information on autism. The registered manager told us that the recommendations recently suggested meant that reading materials would be purchased and shared with all staff that provided support, to enhance the support the person received.

Staff talked to us about their training and the supervision they received both practically and through meetings. Staff comments included, "I can't praise MacIntyre enough, they've supported me with all my training." And, "Training is brilliant with MacIntyre both in quality and quantity."

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 particularly decisions, any made on their behalf must in their best interest and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found within people's records that assessments as to people's capacity to make informed decisions about specific areas of their care had been carried out where appropriate. Where it had identified that a person did not have the capacity to make an informed decision then a best interest meeting had taken place. The best interest meetings held had involved the person, their relative and where appropriate health and social care professionals. The outcome of the best interest meeting were recorded and signed by all those involved.

The best interest decisions agreed upon in relation to people's medicine and personal care had been used to develop people's support plans, which provided clear guidance for staff to follow to ensure the care and support people received promoted their rights. The best interest decisions were regularly reviewed to ensure people received care and promoted their rights and choices.

Good

Is the service effective?

We asked a member of staff how they practically supported people to make decisions with regards to the MCA. They told us, "We offer choices in all things; if people makes choices which are not in their best interest we support them, for example with choices about food, we encourage healthy eating, but the decision is theirs'.

A relative told us how staff supported a family member in menu planning, to ensure that a healthy diet was encouraged. They told us staff provided support in writing a shopping list by checking what food was already in the home and therefore, what items needed to be purchased so that they could fulfil their weekly menu plan.

People were supported to shop for groceries, and to prepare and cook meals where the support plan identified that the person required support. People's support plans provided clear guidance for staff as to how people were to be supported, which included providing guidance on healthy eating and assisting people to eat where required. People's support plans included information as to people's dietary requirements, which included their likes and dislikes.

Staff supported people to liaise with health care professionals by making and attending appointments with them when this had been identified as an area the person required support with. People's records contained information about their health. Staff we spoke with told us how they worked with health care professionals to improve people's quality of life, which included occupational therapists, physiotherapist and behavioural psychologists.

It has been recommended by the government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. We found these had been completed and included information as to people's health care needs, their medication, information as to their likes and dislikes and communication needs. The 'health action plan' would be taken with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of the person's care and support.

Good

Is the service caring?

Our findings

We asked people's relative's for their views as to the attitude and approach of staff and they told us, "My [person's name] goes to the door and greets them (staff)." They went onto say "I have a good team, they are lovely. I listen to them and they listen to me."

People were supported by a consistent group of staff and who had been introduced to them before they provided care and support. This meant people received support from people they had met and considered suitable to provide their care and whom they felt comfortable with.

Information has been produced in an 'easy read' format, using pictorial symbols and large print to help promote people's understanding of important issues. This included people's support plans and service agreements.

People were encouraged and supported by staff to contribute to the development and reviewing of the support they received. Support plans identified how staff could promote people's communication to enable them to comment on their care. We found people's relatives' views were sought and that they were involved in decisions made about their care.

People's support plans identified how people should be encouraged to express their views and opinions, which was supported by guidance as to how people communicated. For example, how staff were to phrase questions and interpret people's responses where verbal communication was not always possible.

A member of staff we spoke with told us how they had supported someone who had moved into their own home to become a part of the community and establish friendships. They told us they had supported the person to bake cakes which they took to their neighbours and how they supported them in writing and delivering Christmas cards to the neighbourhood.

Staff told us how they promoted people's privacy and dignity. One member of staff told us that when they were out in the wider community, should the person they were supporting display behaviours that challenged then they would sensitively try to divert the person in order that their behaviour went unnoticed by the public. They told us that if appropriate, they supported the person to a quieter area to ensure their privacy and dignity was maintained.

A second member of staff told us. "When supporting people in public we look to encourage [person's name] to interact and articulate for himself, we often find that people do not always speak with the person we're supporting but look and talk to us." The staff member told us part of their role was to support people so that they were not discriminated against.

A member of the management team carried out 'observed practice' with regards to staff, which meant staff were observed providing support to people and received feedback as to their approach. This included whether they had appropriately considered people's equality and diversity and their rights and choices in all aspects of the support they had provided.

Outstanding ☆

Is the service responsive?

Our findings

People's needs had been assessed by a representative of the local authority and then shared with the provider to see whether MacIntyre Leicester LifeLong Learning could provide the care and support the person required. People's records showed that people's needs were re-assessed where changes to people's support had been identified to ensure that the person received the appropriate support required.

The registered manager told us they visited people and their relatives as part of their assessment process. This was to ensure that the service had a clear understanding as to the person's expectations of the support they needed so that the person could be confident that the service was the right one for them. The assessment of need had been used to develop support plans. We found people's support plans to be comprehensive.

We found people's support plans were personalised and provided clear guidance and instruction for staff as to how they should support people. This included guidance on people's night time routines, with regards to the available of snacks and drink during the night. In addition it provided instructions for staff as to the phrases to be used to reassure the person.

We asked people's relative's whether they felt the care their family member received was individual to their needs. They told us, "I trust them to take [person's name] out. They go swimming; today they have gone to Milton Keynes for the open day."

A relative told us how the staff team along with themselves had provided support which had enabled someone to move out of the family home into their own home. They told us the person's independence within the home and the wider community was evident, which had brought about an improvement to the person's quality of life. The relative told us how they and the staff had liaised with the local authority to adapt the person's own home to enable them to continue to live independently.

The relative told us how they had, and continued to work the team of staff who provided support and how this collaborative working relationship had had a significant impact on the person which had resulted in the person's quality of life being significantly improved, as the person now lived within their own home and had developed skills which promoted their independence. The relative told us, "We work well together, through shared practice."

One person developed each week a timetable of activities for themselves, which included all aspects of their lives. Staff supported the person in the development of their timetable, which they wrote themselves to ensure that all aspects of their lives were catered for, which included shopping, household chores, voluntary work and social activities, including visiting their relatives. This showed that people were supported to receive a tailored package of support, which was reflective of their wishes and needs.

The person's support plan recorded how they preferred to communicate dependent upon their well-being, with reference to the support they required when their behaviour became challenging. The support plan recorded the responses the person would make to questions if they did not wish to answer or communicate verbally, this indicated that the person would prefer to have questions written or staff to withdraw from them to give them time to consider their response. This reduced the anxiety of the person and reduced the likelihood of their behaviour becoming challenging.

The person's records contained comprehensive information as to how the person's anxiety could be reduced by a consistent approach to their daily and night time routine and the actions and phrases staff should use when the person retired to their room for the evening. This included guidance as to the use of drinks and snacks to promote the person's comfort.

A member of staff told us when we asked about the person's communication and how they supported them, "We communicate in different ways, within his ability dependent upon his level of focus. We switch from words to prompts." For example staff used the written word instead of speaking with the person directly or themselves began the tasks, offering encouragement for the person to join in, which reduced the person's anxiety whilst encouraging their independence and participation in activities.

We found the service had used an innovative method to support one person. Their support plan recorded that they understood two languages and that they communicated through the use of specific sounds and words and recorded what these meant. The support plan also stated that the

Is the service responsive?

person used gestures to communicate. The support plan identified how staff were to approach the person and position themselves to promote communication. We spoke with staff who supported the person and they told us, "I have a good relationship with [person's name] he can communicate well and we are supporting him by introducing 'objects of reference' to assist with his independence in communicating what he wants."

People's support plans included their preferred daily routine, which included information as to what time they wished to get up, what they preferred to eat, how they wished for staff to interact with them and guidance for staff as to how they should interpret people's behaviour as a form of communication to enable them to provide the appropriate support.

Another relative told us how they worked with the service and the staff team to support them during periods of time when their religious and cultural beliefs meant they required additional support. They told us, "[Person's name] has additional hours to support him in going out more often, as this helps the whole family." The person's support plan identified how staff were to meet their cultural practices and religious beliefs, which included issues to consider when accessing the wider community.

A member of staff told us that additional staffing had been provided to support a person with their physiotherapy to encourage greater mobility and independence. This shows how the service had been responsive to the person's changing needs and helped them to improve their quality of live.

People's support plans were comprehensive and the person's personality and lives were clearly recorded. The support plan for one person recorded how specific types of stimulation and interests had the potential to have a negative impact on their ability to focus on other aspects of their lives. The support plan, which had been agreed with the person and their relative, identified how staff were to support the person with their involvement to self-impose restrictions on the time spent on the activity to encourage them to focus on other aspects of their lives. External professionals were working with staff to help the person to identify when they themselves had spent sufficient time on the activity so as to encourage their responsibility in managing their time themselves. This showed that the care provided was focused on the person's needs and lifestyle and the support provided enabled them to be in control of their life.

A member of staff told us a behavioural psychologist had worked along someone who used the service, their relatives and the staff team to assess how a person's communication could be improved to enable them to communicate more effectively with others. The information provided by the behavioural psychologist had been used to develop a support plan. Staff informed us how they were gradually introducing the recommendations made to support the support the person with their communication.

People's records included information as to their views, with reference to their strengths and levels of independence and were used to further promote people's independence through accessing community services with support. People's access to the wider community was through the use of public transport or private transport dependent upon the person. Records showed that people took part in activities which included voluntary work and recreational interests outside of their home, such as shopping, visiting museums, eating out, swimming and visiting the theatre.

People's records showed that they were encouraged to undertake household chores, which included tidying their home, shopping and cooking, which meant people's independence was promoted.

People's support plans included information as to those important to them, which included their relatives and friends along with health and social care professionals who provided support.

People's relatives and staff we spoke with told us that 'core group meetings' were regularly held which involved the person, themselves, the senior support worker, support workers and relevant health and social care professionals involved in each person's care. All those we spoke with said that the package of care was discussed and that all had the opportunity to influence how the service was delivered and to make any changes that were necessary to improve the service provided and the life of the person receiving the support.

Outstanding ☆

Is the service responsive?

All relatives told us they were confident to raise concerns with the staff team and felt that any comments they made were listened to. They told us they were actively involved in the service provided.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us that surveys are sent out annually seeking their views about the service. Relatives in some instances told us they chose not to complete these as they were able to comment on the service provided on an on-going basis as they had close and frequent contact with the staff providing support.

Relatives told us they were involved in the provision of care through regular meetings and discussions which enabled them to influence the support plans that provided information as to the support their family member required.

Staff we spoke with told us they were confident to raise any concerns about any aspect of the service and they were aware of the whistleblowing policy of the provider. A member of staff told us they had raised concerns about the conduct of a colleague in the past and that their concerns had been listened to and acted upon. They told us this had resulted in changes to working practices to ensure people were protected and received a good service.

Opportunities for people who use the service and their relatives to comment on the wider organisation of MacIntyre through open day events, newsletters and magazines, which include information from services located across England. The magazines are produced in easy read format, including large print, photographs and symbols to help people understand what services are providing.

Conversations with staff demonstrated they had strong caring values and a commitment to providing high quality personalised care, which focused on the needs of people and the promotion of their independence.

The provider had links with a range of specialist advisors and departments internal to MacIntyre whose role is to keep up to date with good practice. This included medicine management and development techniques for supporting people with particular needs, such as autism and capacity to make informed decisions. The advisors and departments then cascaded information to staff working with those using the service, via e-mail, staff bulletins and newsletters.

We asked staff for their views as to the managerial support and leadership. We were told, "I think they're [registered manager, front line manager and senior support worker] wonderful. It is such a good company, training, concerns, everything is managed well and we are treated well."

A senior support worker told us how they supervised and appraised staff to ensure that the support they provided was reflective of the services policies and procedures. They told us supervisions and appraisals provided staff with an opportunity to discuss the person they supported to bring about any necessary changes to ensure they received a high quality service.

We asked staff how the registered manager and front line manager communicated with them. Staff told us that they all had an e-mail account where updated information was sent and shared. Staff also advised that information was discussed within supervision and communication books were used to record information about people's welfare amongst the staff team involved with that person's individual care.

Staff told us that the managerial team and senior support workers encourage 'de-brief' sessions for staff who have supported someone who behaviour has been challenging. Staff told us this enabled them to consider the incident and how in future any similar issues should be managed to improve the outcome for the person using the service. Records showed that accident and incident forms were completed, which included the management's role in providing support and reviewing people's support plans and risk assessments where appropriate.

The provider had considered how people who used the service could continue to receive the appropriate care and support should an untoward event occur, such as adverse weather, failure of electrical systems or damage to the building. A business contingency plan had been developed which had assessed the potential risk and outlined the action to be taken should an untoward event occur. This showed that the provider would be able to continue to provide the appropriate care and support and keep people safe.

We asked relatives for their views about the service. They told us, "Thank you, I really appreciate the care provided by staff that are genuinely caring. You can tell there's love and care from the staff." And, "[person's name] gets an excellent service.

Good

Is the service well-led?

The service received two complaints within the last 12 months. The complaints had been recorded and investigated in line with the provider's policy and procedure. Records showed that issues had been discussed and recorded within staff supervision to ensure that issues identified were addressed, which included ensuring staff were familiar and followed people's support plans and that any training needed was provided. The complaints assessed the potential impact on people not receiving the care required as well as recording the feedback provided to the complainant where possible.

The quality assurance system operated by the provider looks to regularly carry out audits to ensure that the service being provided is reflective of a 'person centred approach to ensure each person achieves the outcomes of a life that make sense, support the way they want it and increased choice and control'. This is known as 'the great interactions audit'. The audit looks at whether communication between people using the service and staff is effective, which includes the availability of written information, signs, symbols and objects of reference to promote communication. The audit considers whether a person's home support them with their independence and lifestyle choices.

Audits as to health and safety had been carried out by support workers who encouraged people to look at the potential hazards within their own home to minimise risk and promote their safety. Any shortfalls identified were managed by the person whose home it is with the support of staff where appropriate. Where necessary external professionals were contacted to bring about improvements.

The provider has attained the Investors in People Gold Award for 2015. This is an external accreditation awarded, which looks at what it takes to lead, support and manage people well and to bring about sustainable results.

The provider had a range of policies and procedures which were regularly reviewed and were found to reflect current legislation and good practice guidance, which included information as to the management of people's medicines as recommended by the National Institute of Clinical Excellence (NICE), this showed that the provider kept up to date with current practice, which ensure people received support that was based on up to date and accurate information.