MacIntyre Care

MacIntyre Bury and Rochdale Supported Living

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This was an announced inspection that took place on the 15th and 18th December 2015.

MacIntyre Care is a national organisation providing personal care and support to adults with learning disabilities and mental health needs. At the time of our inspection the MacIntyre Bury and Rochdale service was supporting one person who had been assessed as requiring personal care.

Support provided includes assisting people to maintain their own tenancy, assistance with domestic tasks, food preparation, personal care and daily activities.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At the time of our inspection the registered manager was off work for an extended period expected to be for up to four months. The Care Quality Commission had been notified of this absence as required. The MacIntyre area manager was managing the service during this period. They visited the service two days per week and were available at all other times via telephone.

During this inspection we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely. Some medicines could not be accounted for. The Medicines Administration Record contained hand written entries that did not include the prescribed directions. Staff training in the administration of medicines was not up to date.

We found a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received the essential training required to help ensure people were supported safely and effectively.

We found a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because behavioural support plans, behavioural risk assessment and 'as required' medicine guidance had not been signed and dated as being current to ensure staff took the correct action when supporting the person with their behaviours. Records of best interest meetings were not available and policies and procedures held in the property were not current.

You can see what action we told the provider to take at the back of the full version of the report.

A relative of a person who used the service told us that they thought their relative was safe. There were sufficient staff on duty throughout the day. Staff were able to tell us the correct action they would take if they witnessed or suspected abuse.

There was a robust system of recruitment in place to help ensure people were protected from the risks of unsuitable staff being employed.

Detailed risk assessments and care plans were in place. These provided guidance for staff on how to support people. Staff knew the people they supported well, including their likes and dislikes.

Activities were arranged on a weekly basis. Records were kept of activities completed and any reasons if they had not been able to take place.

A system was in place to deal with any complaints about the service. The relative we spoke with and staff told us that the manager acted upon any complaints received.

A number of quality audits were in place. Summaries of these were sent to the area manager, with an action plan to address any issues found.

We saw that an annual survey was completed by people who used the service or their relatives. A summary report was written with any actions that would be taken following the survey results.

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?

Requires improvement

The service was not always safe.

Some medicines could not be accounted for. Medication training was not up to date. The Medicines Administration Record (MAR) had handwritten entries that did not contain the administration directions for the medicines.

There was a safeguarding policy and procedure in place. Staff knew what action they should take if they suspected that any abuse had occurred. Not all staff had received up to date training in safeguarding vulnerable adults.

General risk assessments were in place. The behavioural guidelines and behavioural risk assessments needed to be reviewed, signed and dated as being current.

Staffing levels were appropriate for the service. Robust recruitment procedures were in place.

Is the service effective?

Requires improvement

The service was not always effective.

Training records showed that the essential staff training had not been completed. Staff received regular supervisions.

We were told that best interest meetings had been held where a person who used the service could not make their own decision. However we did not see any records of this in the care files.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

The staff knew the people well, including their needs, likes and dislikes.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were clear and gave detailed information about a person's like's and guidelines for staff on how to support people.

The person's care and support plan was reviewed monthly by the staff.

There was a system in place for recording, investigating and reporting any complaints made about the service.

Summary of findings

Is the service well-led?

The service was not always well led.

The service had a registered manager in place. However they were currently off work for an extended period. The area manager was providing managerial support during this time.

Audits were in place to monitor the quality of the service. The MAR audits were not robust. Behavioural support guidelines and behavioural risk assessments had not been reviewed.

Annual surveys were carried out and the results actioned.

Staff were not able to access the up to date policies when they were supporting people.

Requires improvement

MacIntyre Bury and Rochdale Supported Living

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 15 and 18 December 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that a manager would be in to assist with our inspection.

The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications the provider had sent to us. We contacted the local authority safeguarding team and the local authority commissioning team to obtain their views about the provider. The safeguarding team raised no concerns about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the person who used the service, their relative, the area manager and three staff members. We observed interactions between people who used the service and staff.

We looked at the care and medication records for the person who used the service. We also looked at a range of records relating to how the service was managed, including three staff personnel files, staff training records, policies and procedures and quality assurance audits.

Requires improvement

Is the service safe?

Our findings

The relative we spoke with told us that they felt that MacIntyre Bury and Rochdale Supported Living Service safely supported their relative. The person who used the service we spoke with said that they were happy with the support they received.

We looked at the medicines the person who used the service had been prescribed. We saw that one 'as required' medicine, used to manage a person's behaviour, had been "lost" four days before our inspection and could not be accounted for. This was discovered when staff undertook the daily medication stock check. All staff who had been on duty had been asked about the medication and a search had been carried out. A prescription had been raised and more medicine was due to be collected on the day of the inspection. This meant that the person who used the service had not had access to the 'as required' medication during this period if they had needed it.

We looked at the Medication Administration Record (MAR) sheets. We saw that the MAR sheet had been fully completed by staff to confirm that the prescribed medicines had been administered. However we saw that staff had added two medicines to the MAR sheet. One of these was an 'as required' medicine to manage a person's behaviour. The handwritten additions did not include the directions for use of the medicines. They had not been signed by the staff member making the entry or a second member of staff to ensure that the entry was correct.

This could mean that staff who did not regularly work at the home could administer medicines according to the wrong directions.

The prescribing instructions on the pre-printed MAR sheet for two medicines were not correct. We were told that the GP had changed the instructions for one to 'as required' and dis-continued another. Staff had updated the MAR sheet; however, they had not signed the changes.

The care records contained information about any 'as required' medicines prescribed and guidelines for when staff should administer them. However the guidelines were dated May 2013. There was no evidence that they had been reviewed since being written.

We saw evidence that staff had received training in the administration of medicines. However MacIntyre policy, confirmed by the area manager, is for staff to be annually observed for competency in administering medicines. The records did not show that this had taken place. One member of staff we spoke with who was new to the service told us that they had completed part of the e-learning training in the administration of medicines. The staff member completed sleep-in duties where they were the only member of staff supporting the person who used the service. This meant that if an 'as required' medicine was needed during the night the staff member had not completed the required training to administer it.

This was a breach of the Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the systems in place to safeguard the people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. A copy of the local authority safeguarding guidance was available for staff. Staff we spoke with were able to explain the correct action that they would take if they witnessed or suspected that abuse had occurred. The training records showed that half of the staff team had not completed the second part of the safeguarding adults training. The service had a policy of annually checking staff competency in safeguarding policy. The records we viewed showed that this had not been completed. This means that the staff had not had up to date training and information to help ensure that people were kept safe from abuse. We did not see evidence that the safeguarding training had been arranged to take place.

We saw that MacIntyre had a whistleblowing policy in place to advise staff of the action to take if they witnessed poor practice. The policy included details of external organisations staff could contact if they were unhappy in how the service had dealt with their concerns. Staff we spoke with were aware of the whistleblowing policy and said that they were confident that the registered manager and area manager would listen and respond to any concerns that they raised.

We saw records for the safe management of people who used the service's money. Details of all transactions had been recorded by staff. We saw an authorisation of expenditure form. This was used when a purchase of over £50 was to be made and had been authorised by the registered manager. This would help ensure that people who used the service's money was safely managed.

Requires improvement

Is the service safe?

We looked at three staff personnel files and found that a safe system of recruitment was in place. The files we looked at contained a completed application form with a full employment history, two references from the most recent employers, proof of identity documents, a right to work in the UK checklist and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. We saw that a system was in place for the registered manager to discuss any information provided on an application form that raised concerns with MacIntyre's Director of Adult Services before proceeding with an interview. MacIntyre also had a central recruitment team that checked that all tasks required during the recruitment process had been completed before a new staff member started work.

We looked at the rotas used by the service. We saw that the staffing levels were appropriate, with two staff being on duty between 9am and 9.30pm. The records showed that there was a consistent staff team with any cover required being regular agency workers. The area manager told us that the service used two agencies for additional staff when required. The service gave an overview of the service they provided to the agency. The registered manager was sent profiles of the agency staff and then met with them. The agency staff completed an induction at the service. This would help ensure that any agency staff covering a shift would know the needs of the people who used the service.

The local authority commissioning team informed us that the family for one person who had used the service had requested a change in support provider as they had concerns about staff retention at MacIntyre Bury and Rochdale Supported Living.

An on call system was in place to provide support for staff outside of office hours. This was a local manager, with support from an area manager if an issue was serious.

We looked at the care records for the person who used the service. The records contained general risk assessments, including domestic life skills, personal care, premises, medical and health support needs. The risk assessments provided guidance for staff about the support required to minimise any risks. A risk assessment matrix showed that the risk assessments had been reviewed annually. We also saw risk assessments in place for the staff team.

We saw a detailed set of behavioural support guidelines and risk assessment for behaviour that may challenge staff written by the commissioning local authority and the NHS Trust. The document was not dated and had not been reviewed. This meant that it was not clear that the information in the guidelines was the most current for staff to follow

We checked the systems in place in the event of an emergency. An evacuation plan and a fire risk assessment were in place. We saw that accident and incidents were recorded, including a full description of the incident. We were shown that the reports were entered onto a central computer system by the registered manager. The system included a section for any actions required following the accident / incident. The area manager reviewed all reports for their area and reported to the MacIntyre Health and Safety manager.

We saw that the service had a business continuity plan in place. This covered any issues that may prevent the agency office from operating. Each person who used the service had an emergency plan in their homes detailing plans in the event of a utility failure or fire. We saw records of fire checks and fire drills being completed. We noted that the emergency plan in one property was dated 2013. The plan had not been signed to state that it had been reviewed and was still current. The plan helped to ensure people were safe.

Requires improvement

Is the service effective?

Our findings

Records we looked at showed that staff had not received all the essential training they required to carry out their roles. The training matrix showed that some staff had not received the essential training and others had not completed refresher training courses when required. This included medication, fire safety, infection control and safeguarding adults. We saw from the training records that the training in 'Positive Intervention' for supporting people whose behaviour may challenge staff had not been renewed annually as the MacIntyre policy states. This meant that staff may not have the skills they require to support the people who used the service effectively.

This was a breach of the Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that new staff were required to complete an induction period and a personal development file. One staff member told us, "We work 2:1 so I am always with another member of staff. I worked for four weeks before I did a sleep-in on my own." The personal development file covered all topics in the Care Certificate. The Care Certificate is a nationally recognised set of induction standards for people working in care. A staff member told us, "I had a weekly chat with [registered manager] when I started."

MacIntyre have established a series of e-learning modules for staff to complete. The area manager told us, "The staff's understanding is checked as part of the e-learning module." The area manager acknowledged that not all staff liked to learn via computers. Staff were invited to complete the e-learning modules at the agency's office so that they could receive support to complete them, or they could complete the modules at home. We saw a board with dates booked on it for when the computers would be used by staff for completing e-learning modules.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people supported by a domiciliary care agency, applications have to be made to the Court of Protection. The person who used the service had constant staff supervision. There was no evidence that a Court of Protection application had been made.

We checked whether the service was working with in the principles of the MCA. We saw that the Local Authority and the Pennine NHS Trust had been involved when the person who used the service started being supported by the service. We were told that best interest meetings had been held with the service, local authority social worker and the family; however we did not see any records of these meetings in the care files we looked at. We saw that a finance capability assessment had been completed when the person who used the service first started receiving support.

A staff member told us, "[Person who used the service] can make some of their own decisions; we try to involve them in everything." Another said, "We keep choices simple and visual. If we ask [person who used the service] will pick the last thing we said. Therefore we show them two things and they will choose what they want."

Staff had been trained in the use of restraint techniques. However, a staff member told us, "We don't use restraint; we use the 'soft' skills we learnt at the training such as distraction and humour." A staff member told us that they knew the person who used the service well and followed the behaviour guidelines when they became agitated.

Staff we spoke with told us that they had supervision every two months with the registered manager. However, since the registered manager had been absent they had not been as regular. The area manager was undertaking staff supervisions in the absence of the registered manager. One staff member said, "We discuss changes in service user behaviours, any personal issues and training courses we need and feedback from courses we've been on." The area manager told us that staff had an annual appraisal.

We looked at the systems in place to ensure that the nutritional needs of the people who used the service were met. We saw records that showed a weekly menu was

Requires improvement

Is the service effective?

planned. The meals the person who used the service had eaten were recorded on the daily record sheet. We saw that a monthly weight chart was used to monitor people's weight.

Records we saw showed that people's health needs were documented. Records of visits to health care professionals were kept.

Good

Is the service caring?

Our findings

We observed positive interactions between the people who used the service and the staff during the inspection. A relative told us, “Staff are welcoming, [relative name] is well cared for.”

Staff we spoke with had a clear understanding of the person’s needs and knew them well. One staff said, “[Person] can get upset when things end. We prepare them with a warning that the activity will finish soon. We chat and link arms as we leave.” Another said, “We tell [person] what is planned for the next day so that they don’t become anxious.”

A staff member explained to us how they had learnt 50 Makaton signs to aid communication with the person who used the service. The staff member said that this had helped the person’s understanding.

The care plans for the person detailed their likes and dislikes and gave guidance to staff on how to respond if they became agitated. We were told that staff encouraged the person who used the service to be involved in tasks at their home such as cleaning and cooking. However a relative told us that, through speaking to their relative and the staff team, they thought staff completed many tasks for [person].

Staff had a clear understanding of privacy and dignity in relation to the person who used the service. They explained to us how they maintained the person’s privacy and dignity when supporting them with their personal care.

We saw that all files were stored securely; this helped to ensure the confidentiality of the people who used the service was maintained.

Good

Is the service responsive?

Our findings

The staff we spoke with had a clear understanding of person centred care. One said, "[Person who used the service] needs are at the heart of everything, what they want to watch on TV and where they want to go."

From the records we saw that a 'getting to know you' assessment had been completed before the person who used the service moved in to their home. This included information about a person's likes and dislikes, how they communicated, their personal support needs, behavioural support, finance and health. The assessment had involved the Commissioning Local Authority, the NHS Trust and family members. We also saw that specific information about people's diagnosis had been printed from the internet.

The personal files contained risk assessments, guidelines for supporting the person who used the service, an 'Easyread' support agreement, a finance capability assessment and records of health visits.

We saw records that monthly review of people's goals, activities, health, housing issues, risk assessments, complaints, money and support needs / guidance. A summary of actions and decisions agreed was seen. An annual review was also held with the Local Authority and family involved. The guidelines for supporting the person and the finance assessment were dated 2013. They had not been signed and dated to evidence that they had been reviewed and were still current.

A relative told us, "Staff know how to react if [person who used the service] behaviour changes. The staff will inform me if there are any changes."

Staff were informed of any day to day changes in the people who used the service's needs through a communications book and daily handover meetings. A handover took place between staff at every shift change. A daily log sheet was used to record the activities completed, any health issues and if an 'as required' medication had been administered.

Staff told us that the person who used the service no longer had involvement from the Community Psychiatric Nurse team or the speech and language team as they had been discharged. This was going to be requested at the forthcoming review with the funding authority. The staff and the person who used the service's relative told us that the person's mental health can deteriorate quickly. They wanted professional support for the person who used the service and the staff team in place in case this happens.

We saw that activities for each week were planned in advance. This included going to church and going to the local town. The activities that took place were recorded in the daily records. We noted that the planned activities did not always take place, the reason why was recorded. A relative told us, "[person who used the service] needs more daytime activities and structure to occupy them."

The person who used the service told us that they enjoyed the cinema, going to football, TV and going on a coach to Blackpool.

We found that the service had a complaints policy in place and saw records of complaints made. The records detailed the nature of the complaint, what action had been taken and any 'lessons learnt' to inform future practice. Complaints were discussed as part of the team meetings. Each complaint was forwarded to the MacIntyre central compliance team for monitoring. A relative told us that they had raised complaints with the registered manager and that they had always been dealt with.

A relative told us that a new senior care worker was going to be joining the staff team supporting their relative. They said that they had arranged to meet with the new worker when they join to discuss the support needs of their relative. This should mean that the new senior support worker will be able to build a relationship with the relative and learn about the person who used the service's needs from them.

One person who had used the service had changed their support to a new provider. The area manager explained that the new provider had shadowed some shifts with MacIntyre staff and had been provided with a copy of any of the care plans and risk assessments that they requested. This will help ensure that the person who used the service has consistent care during the transition to the new service.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager in place. They had been registered with the CQC since April 2014. A registered manager is a person who has registered with the CQC 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.

At this inspection we were unable to speak with the registered manager. We had been notified that they would be off work for four months. During this period the area manager was covering for the registered manager. The area manager was at the service for two days per week and they were available by telephone on the other days. The area manager had ensured that all staff and relatives had their contact telephone number. An on call system was also in place for staff to contact outside of office hours. Staff we spoke with told us that they would phone the area manager if they had a problem or an issue.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC as required. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

The area manager told us that the registered manager signed off each MAR sheet at the end of the month. Given the issues we found with medicines management this shows that the audit system was not sufficiently robust.

We saw a detailed set of behavioural support guidelines and risk assessment written by the commissioning Local Authority and the NHS Trust. The document was not dated and had not been reviewed. This meant that it was not clear that the information in the guidelines was the most current for staff to follow.

We asked the area manager about the centralised MacIntyre computer system used for accessing e-learning courses and updated policies. The area manager told us that staff did not have access to computers when they were working with in property. Staff had to arrange to visit the agency office to access a computer. The area manager told us that they printed off new policies for staff to read when they were working. We saw that the policy file staff had access to in the home was dated 5/6/2013. The policies we checked were dated 2012 and it was not clear that the policies in the file were the most up to date versions. This meant that staff may not follow the most recent policy guidelines.

We were told that best interest meetings had been held with the service, local authority social worker and the family; however we did not see any records of these meetings in the care files we looked at.

This was a breach of the Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records we looked at showed that staff meetings had previously been held every six months. However the last regular meeting had been held in March 2015. We also saw that an additional team meeting had been held in May 2015 to address a complaint made by a relative with the whole staff team.

We saw that incident and accident recording, finance recording, emergency drills and health and safety audits had been discussed at the team meetings. A staff member told us that they were able to raise items that they wanted to discuss at team meetings.

We asked the area manager what they considered to be the key achievements of the service. They said that it was keeping the people who used the service stable and reducing the number of behavioural incidents that had occurred. The main challenges were the registered manager being off work and the recruitment of new permanent staff.

From the records we reviewed we saw that there was a comprehensive set of audits in place. These were completed by the staff in the home and the registered manager. They were then submitted to the area manager. Reports were sent by the area manager to MacIntyre's central compliance department. If audits were not submitted in time automatic notifications were raised first to the registered manager and then to the area manager.

Audits completed included a health and safety inspection, finance audit and a service delivery audit. All audits highlighted any actions that needed to be completed.

We saw that an annual survey was completed. We were told that surveys were sent to the person who used the service if they could complete the survey, either on their own or with staff support. If the person who used the

Requires improvement

Is the service well-led?

service was not able to complete the survey, forms were sent to their family. A summary report was produced from the survey results. This detailed what the service would do in response to the survey answers returned.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: As required medicines could not always be accounted for. Handwritten entries on the Medicine Administration Records did not follow best practice. Guidance for 'as required' medicines to support people manage their behaviours had not been reviewed. Not all staff training in, and observations of administering medication was up to date. Regulation 12(2) (g)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff had not received the essential training required to help ensure people are supported safely and effectively. Regulation 18 (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Behavioural support guidelines had not been reviewed. Audits of Medicine Administration Records were not robust.