

MacIntyre Care

MacIntyre Milton Keynes Support

Inspection report

Great Holm Learning Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 and 29 August 2017 and was announced. The service is registered to provide personal care to people with learning and physical difficulties in their own homes when they are unable to manage their own care. At the time of the inspection there were four people using the service.

There was a registered manager in post at the time of our inspection. 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 had support plans that were personalised to their individual needs and wishes. Records contained detailed information to assist staff to provide care and support in a manner that respected people's individuality and promoted treating people with dignity.

Care records contained risk assessments to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People were safe with the staff that supported them in their own home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People received care and support from staff that were kind and empathetic to their individual needs. They encouraged and promoted people's independence and supported them to live fulfilled lives. Staff had the skills and knowledge to provide the care and support people needed and were supported by a management team which was receptive to ideas and committed to providing a high standard of care and support.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff had developed good relationships with the people they provided care to. People and their families were confident that issues would be addressed and that any concerns they had would be listened to. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

The registered manager led a management team which was approachable and supportive. There were thorough systems in place to monitor the quality of the service provided and action was taken to drive continuous improvement.

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.

People were relaxed and calm with the staff around them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected and interactions between people and staff were positive.

Staff knew people well and had a good understanding of people's needs and preferences.

Staff promoted peoples independence to ensure they were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

People and their families' views were acknowledged and acted upon; and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

The registered manager and provider monitored the quality and culture of the service and strived to lead a service which supported people to live a fulfilled life as possible.

MacIntyre Milton Keynes Support

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 announced inspection took place on 22 and 29 August 2017 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and took this into account when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During the inspection we spoke with two people using the service and with the support of staff we observed and communicated with a person who communicated in a different way. We also spoke with five support staff, two frontline managers, an area manager, a quality and compliance manager and the registered manager. We also contacted the relatives of two people who agreed to be contacted.

We reviewed the care records of three people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People were supported by staff who knew how to keep them safe. People looked relaxed and happy around the staff that supported them. One person told us "The staff are nice, I feel comfortable with them." The people who were unable to speak with were able to communicate their feelings to us which showed us they were happy where they lived and with the staff who supported them.

Staff understood their roles and responsibilities to protect people from harm or abuse. They felt able to raise any concerns around people's safety to their immediate manager or registered manager and outside agencies such as the Local Authority or Care Quality Commission. One member of staff told us "When I had a concern I spoke to the manager and everything was sorted out." There was information available as to who to contact and an up to date safeguarding policy to support them. Records confirmed that all the staff had undertaken safeguarding training and this was regularly updated. We saw from care records that appropriate referrals to the local safeguarding team had been raised by the registered manager and action taken when necessary.

People had individual support plans which included risk assessments to reduce and manage the risks to people's safety; for example staff were given detailed instructions as to how to move people from their bed to their wheelchair. Risk assessments were also in place to manage other risks within the environment such as when people were supported to go out into the local community or when they chose to access the internet. The risk assessments were reviewed regularly or when changes had occurred. A relative commented 'I am confident that [relative's] support team are constantly aware of possible risks and react quickly to minimise them. The team leadership (service manager and senior support worker) take a very proactive role in risk management.'

Training records confirmed that all staff had received health and safety and First Aid training. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

There was enough staff to provide the care and support people needed. We saw that the staff rota's reflected people's needs and when people had asked for particular support workers, for example, female only, this was recorded and the request respected. Staff confirmed that they regularly supported the same people and when agency staff were used they always worked alongside a member of staff who knew the person. We spoke with one agency worker who was able to confirm this. One of the managers' informed us that they only used one particular agency and endeavoured to deploy the same staff when needed. There was a recruitment programme in place to appoint more permanent staff. The people who required the support were involved with the recruitment of the staff that would be supporting them. A relative commented 'I am regularly offered the chance to be part of the interview process, but have said that it is more important that [Relative] feels safe and confident with their support team, so as long as they have met them and not indicated any concerns I do not feel the need to be involved.'

People said they knew the staff that supported them and they met any new staff before they came to

support them. One person told us "I meet any new staff with my Mum and [Name of manager] asks us if we are happy with the person." It was apparent from our observations that people knew the people who were supporting them. In one house there was a lot of chatting and laughter going on. Staff told us that they had a regular schedule which meant they supported the same people. The management team provided cover for absences which ensured that people always knew the staff members who supported them.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that people were encouraged to take some responsibility for their own administration of medicines whenever possible. Medication Administration Record (MAR) sheets had been correctly completed and staff had received regular training in the administration of medicines. One person said "I know when I have my medicines and staff make sure they are correct and given to me on time." All staff undertook initial training which was then followed up by a competency test and observation of their practice which was refreshed every year.

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. Relatives commented that they felt the staff were well trained and had the skills to support their respective relatives. One relative said "All the staff are well trained; they are always being sent off on training. Macintyre is a good organisation."

All new staff undertook a thorough induction programme which included training in manual handling, health and safety, infection control and food handling. Aspects of the training were refreshed annually and there was a system in place which identified when staff were due to refresh their training. Before new staff worked with individuals they shadowed alongside more experienced staff. One member of staff said "The training is second to none here and there is always training on offer to us." More specialist training was also on offer which supported the specific needs of individuals, for example training in epilepsy, Makaton and dysphasia. One member of staff said "The Makaton training has been of immense help to communicate with some of the people we support; because we have improved the communication with one person we have noticed how happier they are and there are less incidents where the person has become anxious."

People's needs were met by staff that received regular supervision and had annual appraisals. Staff told us that they felt very well supported and that if they had any concerns they only had to speak to a manager or senior who would always help and support them. The registered manager had an 'open door' policy which enabled all staff to seek guidance and support when necessary. One staff member said "[Registered manager] is fantastic, you can phone them or email them anytime; they are always there if you need them." Staff felt encouraged to undertake further training. A number of staff spoke about the opportunities they had been given to undertake further training and qualifications such as National Vocational Qualifications. This demonstrated that the provider understood the value of supporting staff to gain further qualifications which would enhance their understanding of how to meet people's needs and give them the skills to support people appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005. We saw that they were and appropriate applications had been made; care plans reflected the restrictions needed to provide the safe care and support people needed.

The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to

day tasks. One relative said "The staff always ask [relative] what they want to do, what they want to eat or wear; they are very good."

Care records detailed best interest decisions made and who had been involved in making decisions. Relatives who had lasting powers of attorney in place had been consulted and were involved with the care of their relative.

People were encouraged to follow a healthy diet. Where it had been identified that someone may be at risk of not eating or drinking enough appropriate steps had been taken to help them maintain their health and well-being. A relative commented how helpful and resourceful the staff had been in supporting and encouraging their relative to eat and try different foods. This had helped to manage the person's nutritional intake more effectively at times.

People's healthcare needs were carefully monitored. Care records showed that people had access to dentists and GPs and were referred to specialist services when required such as an Occupational Therapist and Speech and Language Therapist. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

People looked calm, relaxed and happy with the staff. One person said "The staff are nice and let me do things for myself." Relatives spoke very positively about the staff and could not praise them enough for the support they gave to their relative and the patience and caring attitude they displayed.

People had developed positive relationships with staff and staff understood people's needs and preferences. We saw staff communicating with people about what they had been doing that day and decisions about their activities of daily living. One person had been out volunteering to help at a local Alzheimer's group, the staff chatted to them about their day.

Staff respected people's privacy and dignity. We saw that when staff were supporting someone with their personal care that they had taken the person to their room and closed the door. The staff constantly spoke to the person explaining what they were doing and ensured that the person was happy with what they were doing. Staff told us how important it was to respect people's privacy and dignity and understood about ensuring information was kept confidential; they told us that they would not speak about people outside their home. A relative commented 'The staff are passionate in their protection of [relative's name] dignity and they show them immense respect. They are patient when they take time to make their wishes known and check with them regularly, to make sure their wishes have not changed.'

Care plans included people's preferences and choices about how they wanted their support to be given. One person showed us a plan they had developed with staff to support them with personal care tasks in the bathroom. This ensured that the person was enabled to do things for them self and staff knew when and what support to give the person. The person was happy that they were being encouraged to do more things for themselves. People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing.

There was information on an advocacy service which was available to people and their relatives. The registered manager understood their responsibilities in ensuring a person had an advocate if they were unable to speak up for them self and had no one to support them. At the time of the inspection no had needed the support of an advocate.

Is the service responsive?

Our findings

People's needs were assessed before the service was provided. This ensured that the service was able to provide the support needed by the individual. There were 'About me' and 'How to support me' documents which had been completed by the individual themselves and/or their family. These gave staff clear information about people which helped them to take the appropriate approach to support the individual.

Relatives confirmed that they were asked for their ideas and suggestions as to how best to support their loved one. One relative commented 'I was involved with the care plan and am free to make suggestions for any changes. The view of [Relative's] support team is that it is a document that should be constantly changing to reflect their needs and preferences.' We saw that the care plans had been regularly updated and details of any meetings with the people being supported were recorded.

All the staff, including the registered manager, knew people well and had a good knowledge and understanding of the people they supported. This was demonstrated by the different ways they communicated with people. For example we saw staff use Makaton, a form of sign language, to help a person to decide what they wanted to do. Relatives told us they felt the staff knew and understood their loved one. One relative said "[Name of registered manager] is brilliant; they know [Name of relative] well."

People were supported to pursue their interests and experience new ones. A member of staff said "[Name of person] wanted to attend a course on healthy eating so we enrolled together and attended college." A relative commented '[Name of relative] support team are proactive in thinking of activities that might appeal to them. They will raise the idea with them verbally and possibly by showing them photos. They are never forced to do any activity, if they do not want to. [Relative] is encouraged gently, if staff feel that it is the transition process that is holding them back.'

There was information available to people and their families about what to do if they were unhappy with the service. This was available in easy read format too. One person said "I would talk to [Name of manager] if I was not happy." A relative commented 'I was very concerned that a member of staff was having a negative impact on [Name of relative] quality of life. I raised it with the registered manager by phone, provided evidence of the sort of things I was concerned about in an email and got detailed feedback on the process being gone through to put things right for [Name of relative]. I felt that I was listened to and heard and things changed for the better as a result of my complaint.' The registered manager kept a record of any complaints and actions taken. If complaints had been received the outcome was often discussed at staff meetings to ensure lessons were learnt. We saw that where complaints had been made these had been responded to within the timescales set within the providers complaints procedure.

Is the service well-led?

Our findings

People could be confident that the service was well-led by a registered manager who was committed to delivering a service which was person centred and focussed on supporting people to live happy and fulfilled lives.

Staff spoke positively about the registered manager and the management team as a whole and felt they were able to approach any of the managers at any time for support and guidance. One member of staff said "[Name of registered manager] is great, they have an 'open door' policy for all of us, no question is stupid, and we are well supported."

The culture within the service focused upon kindness, compassion, dignity, empowerment, equality and respect. People were supported to vote in local and general elections and participate in activities that they chose to enhance their overall quality of life. For example one person volunteered at the local Alzheimer's society another person was supported to take regular walks which helped them to manage their anxieties. All the staff were committed to providing a high standard of personalised care and support and they were focussed on the outcomes for the people who used the service.

The registered manager took time to speak with people and their families to find out how they felt the service was. The information gathered helped to continuously improve and develop the service. One relative said "[Name of relative] has come on leaps and bounds since being supported by MacIntyre; we are very happy with the support." Another relative commented about being asked to attend a conference on autism which they felt would have a positive impact on the support they and the staff gave to their loved one.

Staff worked well together and created a calm, relaxed and friendly atmosphere in each person's home. There were a lot of smiles and laughter in one home we visited. Staff meetings were held on a regular basis which gave everyone the opportunity to share ideas and make suggestions as to how the service could be improved. Staff told us they felt listened to and able to speak up in meetings. Minutes were circulated to everyone which included those staff who were unable to attend to ensure they were kept up to date. A staff Newsletter was also sent out regularly which kept the staff informed of what was going on across the organisation and reinforced the aims of the service.

The provider encouraged staff to be the best they could be and had an award scheme in place which recognised individual achievements. Managers and staff were encouraged to nominate individuals or teams for annual awards. The provider had also achieved a Gold accreditation for Investors In People. This is a standard for people management and defines what it takes to lead, support and manage staff for sustained success.

The service had policies and procedures in place which covered all aspects relevant to operating a community based service including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff said policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had

been updated. Their understanding was checked regularly in respect of key policies such as safeguarding, whistleblowing, mental capacity and administration of medicines. These were discussed during supervisions and staff meetings.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were well organised and maintained. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

People could be assured that they were receiving a service which had regular checks in place to test out its quality. Quality audits were regularly undertaken which included checking that records were completed correctly, health and safety checks were made and accident/incidents were reported and recorded; the information was collated and an action plan developed to drive forward improvements. The provider undertook regular checks to ensure the service was complying with agreed organisational aims and objectives and the service was working within the regulations. This included visits from the Trustees of MacIntyre Care.