MacIntyre Care

MacIntyre Warrington

Inspection report

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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

The inspection tool place on 03 and 06 June 2016 and was unannounced.

The service was last inspected on 06 January 2014 and was meeting the required standards as expected by inspection processes at that time.

MacIntyre Care is a national organisation providing care and support services for adults and children with autism, learning and/or physical disabilities. MacIntyre Warrington is situated in the centre of Warrington and supports adults and children.
The types of services offered from this location include people living in their own tenancies in single occupancy or shared housing, "Supported living". People living with families as part of the "Shared lives" scheme, and an outreach support service available to support people with daily activities, education and work, known as "No Limits".

The organisation has registered three managers at this location each one has a specific responsibility for one type of service.
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.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse.

Policies and procedures were in place to support staff with safe administration of medicines and we saw that there were processes to safeguard people when errors occurred.

Suitable recruitment processes and checks were in place to minimise the risk of unsuitable people being employed to work with vulnerable people.

Staff received training and support to enable them fulfil their role.

The service took account of people's diverse needs and care plans were written in a person centred way.

Staff had good relationships with people who used the service and were attentive to their needs and

aspirations.

Systems were in place to audit and monitor the quality of the service provided. Audits were carried out and where shortfalls were identified the management were using the information to improve the service.

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 protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practices.

Medicines were administered effectively and action taken should errors occur.

Is the service effective?

Good

The service was effective.

People's rights were protected. Staff and management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

People were supported by trained staff who were supervised and supported.

Is the service caring?

Good

The service was caring.

People were respected and their individuality and diversity embraced.

The service offered support to enable people live busy and fulfilling lives.

People were treated with dignity.

Is the service responsive?

Good

The service was responsive.

People were actively encouraged to engage with the local community and maintain relationships that were important to

them.

Complaints and concerns were listened to, taken seriously and addressed appropriately.

People received personalised care and support, which was responsive to their changing needs.

Is the service well-led?

Good

The service was well-led.

The service had three registered manager and staff felt that they were approachable and they would address any concerns.

There was a positive culture from the organisation and this was reflected in the registered manager's leadership.

People were encouraged to be involved in the running of the service and supported to have their voice heard locally and nationally.

There were systems in place to assess and monitor the quality of the service. The quality assurance system helped to develop and drive improvement.

MacIntyre Warrington

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 03 June 2016 to inspect the records and was unannounced. A further visit was arranged for 06 June 2016, to meet with people who use the service, staff and a relative.

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

Before the inspection we reviewed all the information we already held on the service. A PIR was requested from the service on 12 January 2016 and submitted on 12 February 2016. The PIR is a form that asks the provider to give some key information about the service. MacIntyre Warrington although their office is based in Warrington they work with people funded from other local authorities. We contacted the local authority contracts quality assurance team to seek their views. We spoke also with one of the relevant local authority safeguarding teams.

During the inspection, we used a number of different methods to help us understand the experiences of people using the service. We organised a coffee morning to meet with some people using the service, we visited two people living in their own tenancies and we met with people attending the organisations offices for activities.

We reviewed six care records and spoke with eight people using the service. We examined the staff training records, looked at six staff recruitment files (including one new starter). We interviewed fourteen staff, including two registered managers and the administrator. We also had the opportunity to speak with a relative at the coffee morning.

The registered manager for the supported living service made themselves available throughout the inspection.

Good

Is the service safe?

Our findings

During our inspection we met and saw people using the services in a variety of settings, at the resource centre, at the coffee shop run by MacIntyre Warrington and in their own tenanted accommodation.

People receiving support told us that they felt safe with the staff that supported them. When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that any member of staff would assist immediately.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.

We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the manager. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw that staff acted in an appropriate manner and people were comfortable with them, relationships appeared supportive and humorous.

We saw that staffing levels were dependant on individuals support needs. Staff told us that people are supported by staff who know them well.

During our visit to see people in their own home we checked the administration, storage and medicines records. Records showed that all staff who administered medication had been trained to do so. They also underwent regular competency assessments and supervised medication rounds to ensure that medication was administered correctly and safely. Policies and procedures were in place to support staff with safe administration of medicines and we saw that there were processes to safeguard people when errors occurred.

We looked at the recruitment files of six staff on duty during our visit. We found there were suitable recruitment processes and required checks in place to minimise the risk of unsuitable people being employed to work in the care environment with vulnerable people. These included obtaining references, confirming identification and checking with the Disclosure and Barring Service (DBS) that people were suitable to work with vulnerable adults. All staff except one new staff member had worked for the organisation for many years and knew the individuals living there well. We were able to speak with the new member of the team regarding their recruitment and induction process and she felt confident that the pace

of the induction enabled her to get to know the person she was going to support well before being working unsupervised. We saw that the organisation has processes in place for people using the service to be involved in the recruitment and selection of their staff team. The organisation had processes in place to update DBS applications every three years.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

Good

Is the service effective?

Our findings

Care records showed us that people were registered with a GP and accessed other care professionals as needed. A relative told us that they were kept well informed of the well-being of their loved one. They told us that staff were "fantastic"; their care is "exceptionally good". Care plans, risk assessments, communication aids and mood charts were maintained to a high standard to support staff with understanding and interpreting people's needs when they were unable to explain to staff how they were feeling. We saw that family members and other professionals were included in these discussions to jointly facilitate positive outcomes for the people supported by the organisation.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service had addressed its responsibility to make appropriate referrals when individuals lacked capacity and were under constant staff supervision due to their needs.

In conversation with one funding authority they told us they had been aware and had concerns that people using the service had been given sanctions to control their behaviours. We inspected six care records and incident reporting logs of the possible 48 people supported by the service and found two examples of sanctions following incidents. We spoke with two registered managers and three senior managers who informed us that sanctions are not used and these records pre-date the current accepted practice. We saw that the organisation introduced Positive Behaviour support plans and the policy was dated July 2015. The manager told us that all staff had attended training as it was introduced across the organisation. We saw training records for staff to confirm that all staff had attended Positive Behaviour Support which promotes non-restrictive intervention and proactive strategies to support people with challenging behaviour.

Staff told us that they felt they were appropriately trained to do their job in supporting people with learning disabilities and complex needs. We spent time talking with staff about how they were able to deliver effective care to the people accessing the services. All staff had a good knowledge of people's individual needs and preferences and knew them well. When asked about individuals and staff where able to describe their needs, likes, and dislikes and what worked best in supporting them. Information in people's care plans reflected this. MacIntyre Warrington have an induction program for new staff which included, moving and handling, fire training, food hygiene, adult protection, risk assessment, infection control, equality,

medication and mental capacity. Induction also involved a period of shadowing with more experienced staff to get to know the individuals they would be working with.

Systems were in place to record training completed and to identify when training was needed to be repeated. We found that staff had access to training on the computer and at events staff told us that the training from the organisation supported them in being able to fulfil their role.

Staff supervision and appraisal processes were in place. These processes gave staff the opportunity to discuss their performance and identify any training needs they may have. It also assessed the quality of their performance with supporting people living in the home in achieving their goals. Staff told us that they felt supported by the registered managers and that regular meetings gave them the opportunity to share experiences and good practice.

Good

Is the service caring?

Our findings

We observed activities during our inspection and we saw that people supported by MacIntyre Warrington were relaxed around staff, they were happy to make their wishes known and engaged with staff positively. We heard conversations between people using the service and the staff which enabled individuals to be in control of their day, for example, "What are we going to do next", "Do you want to stay and have lunch or go home for lunch?" Staffing levels supported individuals in planning and participating in the activities they enjoyed.

There were a number of thank you cards that included comments such as, "Thanks for all your hard work", and I am so impressed at the support from MacIntyre.

Care plans were person centred and people were described in a positive way, we saw examples when people's personalities had been described as "I am kind and loving", "I have a good sense of humour", "and I am a very nice man". People's life history was recorded in their care records, together with their interests and preferences in relation to daily living and their usual routines. Files provided staff with information how people liked to be supported and how best to achieve their wishes, for example, she takes pride in her appearance, a behaviour guidance tool was written and detailed activities that "help me calm down". We observed that one person who used the service was restless, so a member of staff took her for a walk.

We found care plans were written to engage staff regarding individual needs and behaviours in a positive way. We thought that the care planning showed that staff embraced people's individuality and diversity and that those supported were valued.

The service took account of people's diverse needs. Staff we spoke with told us they enjoyed supporting the people at the service and were able to tell us a lot of information about people's needs, preferences and circumstances. This showed that staff had developed positive caring relationships with the people they supported.

People are supported in their own tenancies under the supported living umbrella and with families over long periods in the shared lives scheme. They get support with changing health needs associated with older age by community based health teams. We found that joint working from the organisation, the local authority and health authority meant that people were being supported in the own homes as their health deteriorated.

Good

Is the service responsive?

Our findings

People we spoke with told us that they had busy lives and staff were there to support them with this. We saw evidence of the extent and range of the activities people participate in recorded in the many publications for the organisation; The Mag (a national publication) and My Voice (locally produced) to name two. We saw that people are involved in work, leisure, sports and the arts.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

The relative we spoke with told us they continued to be involved with their daughters care and support. They said they were consulted about their relatives' care and the staff were responsive to requests. People were also encouraged to visit their family members and to keep in touch.

We saw that people who used the MacIntyre Warrington service regularly attended meetings at the learning centre. These meetings enabled people to make and maintain friendships from around the different services, participate in the development of the service and plan events. The "My voice" meetings are held monthly, and the next event is a black tie dinner dance. We spoke with one person about the event who confirmed they were going and showed us their new outfit.

People supported by MacIntyre Warrington had a full schedule of community based activities in which they participated. We saw that care plans and associated risks were monitored and evaluated regularly so that people continued to receive the support they needed in a way they preferred. Plans of people's care identified routines and activities that individuals found necessary to support their well-being which included keeping in contact with relatives and those important to them. Each person had a keyworker; this is a person who would maintain an overview of that person's care, support them with their wishes, and liaise with health professionals and their families.

The organisation had a complaints procedure, people we spoke with were aware of how and to whom they should complain should they be dissatisfied. They all told us they would feel comfortable raising concerns and complaints. We looked at the complaints and compliments records between January 2016 and the day of the inspection. Complaints had been recorded all had either been investigated or were in the process. Records were complete and identified the action taken and the outcome; we felt that complaints had been responded to appropriately.

Good

Is the service well-led?

Our findings

There were three registered manager in post at MacIntyre Warrington each had a specific responsibility for an activity within the registration; supported living, shared lives and No limits.

A positive culture was evident in the service where people who used the service came first and staff knew and respected them as individuals.

People's views on the quality of the service were regularly sought through surveys and meetings. We found that complaints were managed promptly, regular review meetings were held with people using the service and those living in supported tenancies had regular house meetings to discuss their needs.

We found that systems were in place to monitor the quality of the service provided with regular audits and spot checks being undertaken by senior staff. Monthly audits covered areas such as the medicines, care records, accident records, complaints, staff records including training and supervision and efficiency of managers to name a few key areas.

Supervision and appraisal systems also identified standards of competency within the staff team and allowed for added support when required and as a consequence staff continual improvement and development. Staff supervision and appraisal had been implemented. This process afforded staff the opportunity to raise concerns, suggest improvements, request any training needs and participate in the running of the service.

The staff we talked with spoke positively about the leadership of the service. Staff told us that the registered managers were approachable and supportive. We saw that there was an on call system in place in case of emergencies.

We spoke to the registered managers of the supported living and no limits services and they demonstrated good knowledge of all aspects of the service including the needs of people they supported, the staff team and their responsibilities as managers. However we suggested that improvements were made to collective working at manager level to ensure that standards and planning were recognised and maintained across the three services, as each managers performance could impact on the service rating.

The organisation had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered managers.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen. The registered managers of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.