

MacIntyre Care

MacIntyre Warrington

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This comprehensive inspection took place on the 14 and 23 August 2018 and was announced. The registered provider was given 48 hours' notice of the inspection, to ensure that the registered manager or other responsible person would be available to assist with the inspection visit as well as giving notice to people who used the service that we would like to speak with them. This was the first comprehensive rated inspection of the service following their move of office and registration with the Care Quality Commission in December 2016.

MacIntyre Care is a national organisation providing care and support services for adults and children with autism, learning and physical disabilities. MacIntyre Warrington is registered with the Care Quality Commission (CQC) for personal care. It is situated in the centre of Warrington and supports adults and children.

The types of services offered from this location include supporting people living in their own tenancies in single occupancy or shared housing, supported living. This service provides care and support to people living in a supported living setting. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

Other services provided by the service, included people living with families as part of the shared lives scheme. They also provide an outreach support service available to people they support.

Not everyone using MacIntyre Warrington receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do so we also take into account any wider social care provided.

The organisation has registered three managers at this location, each one has a specific responsibility for each of the services listed above. 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.

The service has sustained an outstanding level of person-centred care provided to people within all of the services listed above. People told us they received personalised support which was extremely responsive to their needs and requests.

Staff were clear in the ethos of the service to deliver person centred care to the highest standard.

Stakeholders and members of multidisciplinary teams shared extremely positive feedback. They shared with us their views that the service was focused on providing support that achieves exceptional results and positively effecting people's quality of life.

Staff were highly motivated, extremely kind and caring. Feedback from people being supported, stakeholders and families highlighted the care and compassion of the staff teams. People shared many examples of staff being caring and meaningful in their approach and of going above and beyond what might normally be expected of them in their role.

The registered provider, managers and staff showed they had an excellent understanding of people's communications needs. They had organised different adaptations of information and training to meet people's needs. They produced numerous examples of how they had been responsive to people's requests.

Staff fully understood the importance of acknowledging people's diversity. They made sure they promoted people's rights including those with protected characteristics. Good practice was embedded and detailed in their policies and procedures. Staff demonstrated excellent values and innovation to always strive for further improvements in how they supported people's diverse needs and requests. This was validated by the ongoing positive feedback collated all year round from people they supported

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA).

There is a transparent and healthy culture that encourages fun and creative thinking in relation to people's safety. Health and safety was innovative and inclusive. They used accidents people had to try and avoid further accidents and shared these examples in ways that people understood and engage with. The service seeks out current best practice and uses learning from this to drive improvement for everyone.

The service supports people to have a full and meaningful life by using innovative ways to take positive risks and be actively involved in managing their own risks.

Comprehensive information and training was in place to guide staff, in the most effective approaches, which included positive behaviour support (PBS). This approach enabled staff to support people safely and reduce risks to the people they support. Auditing of this approach showed year on year improvements with exceptionally positive results to the quality of life for people they supported.

Recruitment procedures are driven by innovative practices. People being supported are key to the recruitment drive. They are at the centre of critical decision making in the services interview processes for recruiting new staff. Registered managers were confident their approach to recruitment helped attract the highest calibre of staff to the service.

The risk of abuse was minimised because there were clear processes, training and procedures in place to protect vulnerable adults. Safeguarding procedures were extremely well managed and lessons learned were shared with the whole organisation. The service worked in partnership with other organisations to ensure transparency and share good practices in safeguarding people within the service. People told us they felt very safe with the staff teams.

People who use the service are involved in regular reviews of how the service manages and responds to complaints. Processes are adapted in any formats necessary to help make sure people are fully included in

all parts of a complaint investigation including conclusions and any lessons learnt.

Everyone we spoke with told us that the service was exceptionally well-led. The registered provider and registered manager use a variety of methods to assess and monitor the quality of the service. The organisation has a strong emphasis on continuous improvements. People being supported were at the heart of all areas of their quality assurance processes. Registered managers demonstrated with numerous examples how they reviewed their practices following people's feedback and their inclusion in any changes and developments. Staff were proud of the visions and values of the service. They were highly motivated to contribute to continual improvements.

The registered provider took lots of opportunities to be inclusive with the communities where people lived to engage with many events and community initiatives. They often provided their own funding to develop innovative projects to put the needs and requests of people they supported at the heart of these projects. A strong emphasis was placed on engaging people in meaningful activity which met their individual choices. The projects were numerous and registered managers told us about continual initiatives to develop further suggestions to meet people's needs.

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 exceptionally safe.

Staff received regular training in safeguarding adults and took all actions to make sure the people they supported were safe. There was a great emphasis on discussing safety and sharing good practice.

The recruitment processes made sure that people being supported were integral to the interview process to recruit the most appropriate staff.

The management of health and safety used creative posters to share with everyone. The adapted formats for health and safety helped everyone to understand risks and to keep people safe.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Staff received induction, supervision and specialised training to be able to deliver high-quality and person-centred care and support.

Staff understood the principles of the Mental Capacity Act (2005). Appropriate procedures were in place to protect people's rights.

Outstanding 

Is the service caring?

The service was exceptionally caring.

People told us staff were extremely kind and caring towards them. They told us that staff regularly went 'all out' to help them.

Staff actions were embedded in good practice and highlighted the values advocated by the organisation. They strived to make sure people received caring and compassionate support that promoted their choices and rights.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Outstanding 

People received support that was personalised to their individual needs, lifestyle and requests.

People were supported to take part in a wide range of activities that met their interests, and aspirations. Every day was varied and led by what each person wanted to do.

Complaints procedures were adapted to make sure that everyone within the service was supported to understand the process. People's feedback was valued and used to drive forward improvements in the service.

Is the service well-led?

The service was exceptionally well-led.

The registered managers led by example and inspired the staff to strive for the best possible outcomes for the people they supported. They regularly contributed to evidence based practice with people living with dementia, autism and with specific and diverse needs.

A comprehensive and robust system was in place to monitor and maintain the high levels of care and support provided to people.

The service had developed strong links with community organisations which were used to enhance the experience of people within the service.

Outstanding 

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 the 14 and 23 August 2018 and was announced. We gave the service two working days' notice of the inspection site visit. This was to help give notice to people who used the service that we would like to speak with them. We inspected the service and reviewed information at the registered location during both days of the inspection 14 and 23 August 2018. We arranged to meet people at the community café and arranged visits to people's own homes where they gave permission on the 14 August 2018. We met a variety of people who received support from each aspect of the service, including people living in supported living, people living with families as part of the "Shared lives" scheme, and people supported by their outreach support service known as "No Limits."

The inspection team consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported this inspection by carrying out telephone interviews to seek the views and experience of people using the service.

Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about the service. They provided very positive feedback. 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.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with all three registered managers, two service managers, one administrator and 12 support staff. We spoke with 25 people being provided with support from all three services and nine relatives

speaking on behalf of their family members. This gave us a wide insight into their views across all areas of the service.

We also reviewed a range of records about people's support and how the service was managed. These included looking at support records for four people, medicine records, we reviewed four staff recruitment files, looked at staff duty rotas, staff training and supervision records, a sample of minutes of meetings, complaint and safeguarding records, policies and procedures and a variety of records in relation to the management and governance of the service including examples of their innovation and developments.

Is the service safe?

Our findings

During our inspection we met and saw people using the services in a variety of settings. People told us they felt very safe. Their feedback was extremely positive about the service and the staff. Relatives offered lots of positive feedback about people receiving very safe support. The comments validated the staff approach in supporting their relatives to feel safe and happy. One relative shared their personal experience about the positive impact staff had, "I think [my relative] is safe because of the way the staff are with them, [my relative] they have gone back to their old self." This relative emphasised how they had been supported to lead the life they wanted despite risks to their health. They acknowledged how the staff team took time to get to know their family member to understand their non-verbal signs and behaviour that challenged at times. They were delighted in how their family member responded to their staff team and noted how much happier they were and how they enjoyed spending time in the community and in their own home.

Risk assessments had a strong emphasis on the promotion of people's safety whilst recognising the balance in promoting people's independence and choices. Personalised risk assessments identified potential risks and provided guidance for staff as to how these risks were to be minimised. One person receiving support showed us their risk assessments they had helped to develop with guidance for their risk with choking and health needs that affected their breathing. They were happy with their plan and told us how staff helped them to stay safe and comfortable. They trusted staff especially when attending medical appointments and taking medications for their health needs.

Where people had specific moving and handling requirements there were detailed guides informing the carers how to safely meet their needs. Management plans to respond to risk were not restrictive, people were encouraged to live an active life in a way they wanted. Staff regarded risks as a challenge they supported and looked at ways of making sure people's choices and lifestyles were not restricted. Staff supported people with holidays abroad and a wide variety of social activities. They worked with people to plan an approach that highlighted risks but always looked at reaching solutions to support the risks.

People being supported told us they felt safe and secure with their staff teams and felt safe talking to them about anything. They understood how the service supported them to stay safe and told us they regularly talked about being safe and encouraged to speak up if they were ever uncomfortable. The service was open and transparent in empowering people to raise any concerns. The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to safeguard people from abuse. Staff demonstrated an excellent understanding of the different types of abuse, how to recognise these and how to respond. They told us they would not hesitate to report any concerns.

The provider was extremely organised and determined in prioritising people's safety. The service regularly looked at ways to improve their service and often took advice from specialists advisors. They had established a 'Safeguarding Group' and collaborated with an external organisation to help services maintain consistent best practice across all their locations. This external organisation acted as a critical friend (they provided honest and constructive feedback) to help the provider reflect on managing risks. This collaboration helped to show transparency in how the provider managed safeguarding and helped them to

reflect and accept critique from the expertise of external organisations. Lessons learned were shared amongst the organisation especially in learning and developing systems to achieve improvements in reducing medication errors.

The provider was innovative in trying new ideas to prioritise their messages in supporting people to stay safe. The provider condensed learning on safeguarding and included information in various ways such as a newsletter which they had entitled 'The Safeguardian.' With direct input from people supported within the service, the provider had developed safeguarding guidance documents in pictorial formats and posters with the message 'Keep safe and tell someone.' These documents were fully accessible and helped describe safeguarding and what people could expect from the staff teams to keep them safe and protected from harm. There was a culture of keeping people safe and involving people in initiatives and strategies for staff to listen and learn from the people they supported. The provider used examples of lessons learnt such as managing people's medications within these publications. They shared best practice to show improvements to supporting people with their medications to reduce risks of medication errors. They reflected on best practice in other areas and sought to learn from peers and other organisations to look at ways of continuing good practice.

Health and safety was innovative and inclusive and included people's individual examples of sharing risks and how they managed those risks. Staff used examples of accidents within the service to help people to better understand how to reduce any further risks using humorous pictorial posters. People enjoyed being included in the posters and liked how their examples of accidents had been used for learning about health and safety. The posters used eye catching titles such as, 'Fall in a ball pool', 'Kitchen catastrophe' and 'It was the teddy bear's fault.' The 'catchy' titles captured everyone's attention and generated a lot of discussion and laughs about risk assessments that some people had never thought about. The posters were an extremely good example of a healthy culture that encouraged fun and creative thinking capturing people's attention in relation to their safety. Accidents and incidents were regularly reviewed and the registered managers introduced any type of information that helped reduce risks to people especially when taking part with activities socially.

Everyone within the organisation was on board with improving health and safety and in supporting people with managing positive risks. The organisation invested in various innovative ways to manage risks. The registered manager was a lead in the introduction and development of specialised training for positive behaviour support (PBS). They demonstrated how this approach had benefited the quality of life for five people supported within the service. When people behaved in a way that may challenge others, trained staff managed the situation in a positive way, protecting people's dignity and rights. This approach had dramatically helped reduce incidents of any behaviour that was challenging and resulted in no form of restraint ever being used. Evidence showed a dramatic decrease in the number of incidents where behaviour was challenging and validated the expertise and work in supporting individuals in better outcomes positively affecting their well-being.

The registered manager used reflective evidence to demonstrate exceptionally positive examples of supporting people's wellbeing, safety and person-centred care since introducing PBS support. They had captured case histories to correlate direct evidence of positive outcomes to each person's well-being. One relative was very positive with the outcomes of this approach and highlighted how this approach had massively affected their health and optimism in leading the life they wanted. They were clear it was successful to their relative's quality of life and they benefited from a consistent and well-trained team knowing their specific needs.

The organisation continually included people supported to reflect their views and to influence the

development of training and best practice guidance specifically with PBS. The provider developed posters displaying examples of what people wanted with support for positive behaviour. Statements in the poster reiterated comments from people being supported and offered constant reminders to staff as to how they wanted their support to be delivered with PBS. They published messages such as, 'Keep me happy and safe, get to know me, follow my behaviour support plan, keep up to date with my paperwork, keep up to date with training, respect me at all times, look and listen to see how I am feeling, I may not be able to tell you.' Relatives validated good practices and the outcomes in this approach.

There was enough staff employed to meet the needs and preferences of people receiving support. The computerised application helped senior staff to safely manage the staffing levels to always meet everyone's care package. Feedback from people being supported was always used to form staff teams that they chose and formed best relationships with.

People told us they really liked their teams of staff which helped them to get to know them better. We noted within support plans were staff had purposely organised a consistent team to help safely support some people who did not like changes. Relatives were positive in how the service had provided a stable staff team and how this benefited the behaviours and quality of life of their family member. They told us, [Our relative] has regular carers the continuity is very good. We are definitely listened to, any new or temporary staff, [our relative] gets introduced to them first."

The registered provider and managers recruited staff using a value-based approach. This meant that they looked for people whose values were aligned with those of the organisation especially treating people as individuals. People receiving support took part in the interview process and were integral in the decision making of employing new staff that they felt were right for the job. The organisation had developed large print pictorial posters to openly display to everyone what people should expect in regard to all aspects of the service including the recruitment of staff. They displayed examples of positive statements and expectations from people within the service such as, 'I am always involved in finding new staff; it's important to me.' Registered managers were confident their approach to recruitment helped attract the highest calibre of staff to the service. People receiving support were very positive about the staff and told us they were all very good. People supported within the service told us that it was important to them to feel comfortable with staff and they enjoyed being able to pick their own staff team that they felt were right for them.

Records showed that appropriate safety checks were made including disclosure and barring services (DBS) before staff started working at the service. This reduced risk of unsuitable staff being employed. DBS checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Relatives and people being supported shared very positive opinions about support provided with medications. One relative told us, "No issues with medication apart from [my relatives] refusal at times. Staff manage this well; they can usually persuade [them] to take their medications." One relative told us they had seen improvements with their relative's care. They attributed this to staff patience and them providing the right support to make sure necessary medications were given at the right time.

People received safe support with their medications that were well managed by all staff. Staff's competency to manage people's medicine was regularly reviewed. Where people did not have the capacity to consent to the use of some medicines best interest meetings had been held. The outcome of these meetings had identified where staff would be responsible for the administration of people's medicine as being in the person's best interest.

The registered manager ensured that the office premises were safely managed and fully accessible. The office environment was clean and accessible for people with disabilities. The registered manager showed relevant liability insurance certificates, maintenance certificates and detailed risk assessments for the premises. Some risk assessments such as advice in the event of fire had been adapted into formats that people being supported could understand.

The service had detailed policies highlighting good practices in reducing risks of cross infection. Staff were well trained in infection control procedures.

Is the service effective?

Our findings

People receiving support were overwhelmingly positive in their feedback regarding the service. They used words such as, "Excellent" and "very good" to describe the staff and support received. Relative's told us the staff were very good and very well trained in supporting their family members. One relative told us "[My relative] is in safe hands, they have complex needs, staff are really well trained."

Staff were effective in supporting people's needs around relationships and what was important to them. The provider involved people within the service to share their views and emphasise their expectations around what type of support they wanted with relationships. They developed their views into support plans and posters. Their views were integral to the development of these messages and learning tools. The posters were large visual aids titled 'My life, my relationships' and 'sexuality.' Statements in the poster told staff how people expected to be supported and included comments such as, 'Give me the space to have relationships I want.' One person voiced their views in wanting to meet more people and set up a friendship group. Staff offered support and advice and they accessed a grant to help this group meet up on a regular basis. This resulted in many people attending the relationship group which supported people to make friendships and was open to the wider community. This person was delighted that their initial idea had helped them to reach out and meet new friends.

People's needs were assessed before they received support from the service to make sure they could effectively meet the person's holistic needs. People supported were impressed with how staff had listened to them and helped them with everything important to them. Especially in going out more and in how staff learned to understand what they liked and didn't like and encouraged them to experience new things. Relatives told us they felt this service was the best they had experienced and noticed a lot of positive improvements to people's wellbeing since they came to the organisation for support.

Staff supported one person with hospital treatment so they always had access to people they knew to help lessen their worries about their treatment. Staff worked with hospital staff to provide staff support each day so the person had familiar faces who knew them well and could communicate with them. Staff organised to go into the operating theatre with this person for their treatment which helped reassure them while being prepared for their care by hospital staff. Staff described the success of the team effort in helping this person to receive the treatment they needed including a safe transfer back home.

Staff researched positive solutions to support one person who was concerned they may have had to move from their home which they did not want to do. Staff sought professional expertise from health colleagues and occupational therapists and worked in collaboration to install environmental adaptations. Adaptations to their home helped achieve a very positive outcome as a move would have been detrimental to their wellbeing and not something they would have chosen to do. This resulted in no disruptions to the person's lifestyle and they continued to be supported in the comfort of their own home.

Relatives and people receiving support told us the staff were very well trained and often provided advice and support. Regular feedback was gathered from people during meetings with manager and audits to

check they were happy with the standards of support received from their staff team. Their opinions were valued and acted upon and validated the values the provider advocated in putting people at the centre of their support.

Staff were highly trained to meet the needs of the people they were supporting. Staff had an extensive and comprehensive induction. They received a diverse amount of training in person-centred care to work in line with the values of the service. New staff shadowed experienced staff and had observational assessments carried out by senior staff on the standard of their work. They only worked independently when they had been assessed as competent and reflected the high standards of support expected by the provider.

Training included a diverse and varied range of topics to meet the needs of people within the service. The provider demonstrated their continued investment in specific training to further enhance the quality of life of people within the service. Various training was developed in partnership with specialist advisors to update best practice. This training included positive behaviour support (PBS) for all staff. Highly successful care planning and management of risks resulted in significantly reduced incidents.

Health care practitioners validated the positive results to people's health since staff supported people using PBS techniques. The registered manager had developed positive behaviour support plans (PBSP) and worked in partnership with health care specialists to achieve the best outcomes possible. These plans identified and reduced the causes of behaviour that distressed some people and helped promote better outcomes with their health and lifestyle. Analysed audits carried out by the registered manager were able to demonstrate an exceptionally positive example of how (PBSP) effected people's wellbeing and safety. They had compared their audits over the last four years with the use of data regarding records of incidents and in reflecting on each person's case history. The results validated the positive outcomes to people's lives having real impact in adding to the quality of their life and wellbeing. Numbers of incidents of behaviour that challenged had reduced year on year which emphasised the success and approach in supporting people with their PBSP plans.

The registered provider was innovative in their approach to reflect on their practice and in putting people first when developing any training event. They had introduced a unique evidence based training event called 'Great interactions it aint what you do it's the way that you do it.' MacIntyre invested in developing this bespoke training, then published this initiative. Staff were trained in appropriate engagement with people they supported, using reflective techniques, recognising body language and understanding individual communication needs. This training was an example of how the organisation had reflected on details important to individuals and worked at producing the best outcomes. People told us that their staff team always put them first in trying to seek out ways to meet their needs.

We observed very positive interactions between staff and people they supported. Staff values were clearly embedded with good practice and respect towards each other. Staff demonstrated they had very good knowledge of people's individual needs, preferences and knew their likes, and dislikes and what worked best in supporting them.

People receiving support were extremely positive about the staff and proud of being involved in shaping the training for their staff team. The registered provider developed a lot of supportive information including large visual posters to share what was important to people which was reflective of the 'Great interactions' initiative.' The training and posters emphasised real opinions from people receiving support and gave lots of practical information regarding their expectations and requests. Statements included, 'Watch me to see if I am happy or sad, stand or sit with me, do not stand over me, learn how I like to communicate, you need to know how I feel about touch.' People told us throughout the inspection the staff took the time to get to

know them and always asked them what they would like to do. People told us their views matters and they enjoyed being involved in developing information, training and posters to help staff better understand their needs.

Staff had been inspired to make a positive difference to people's lives. Staff told us about the individualised support they provided having attended training and conferences about dementia. One person was supported to develop a photo book called 'My life story' with lots of pictures of their life growing up to present day. They included visual reminders of people close to them to help them remember good memories. Managers had recently nominated them for a 'National care award' for their work and development in supporting people with dementia. They shared examples of good practice with staff teams to inspire them to look at further ways to enhance the quality of life of people receiving support.

Introduction packs were provided to welcome each person to the service and reflected best practice and relevant details about their rights, describing how they were integral to the development of the service and in the recruitment of their staff. The information reflected the organisations ethos and commitment to respect and include each person in every aspect of their support and committed to delivering this to a very high standard.

There was a high priority invested into the support and appraisal system for staff. Regular supervisions, annual appraisals and regular unannounced observational checks were used to developed high standards of care and support. Supervision and appraisals provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss any issues in relation to their work.

The registered manager went to great lengths to make sure people had records they could understand. They adapted the support plans into formats that each person could use such as large print and use of pictorials. The service operated a truly holistic approach to assessment of people's needs, preferences and care planning. People told us how they were supported with their health and wellbeing.

There were strong links and excellent relationships with healthcare professionals such as dieticians. Staff encouraged people to follow professional advice about their dietary needs and health. Their plans included any allergies, special diets and specific requirements the person had. Healthcare professionals and stakeholders offered very positive feedback about the service and told us they had noted remarkable improvements in the wellbeing of people especially with their dietary needs and behaviours. They attributed this to the staff being highly trained and patient in getting to know people's individual needs.

Relatives were confident that their family members received the best support and patience with effective strategies to maintain their nutritional needs. People receiving support told us the staff helped them to shop and prepare meals in eating healthy which they really enjoyed. They told us they had good food and often ate out a lot to socialise and meet up with families and friends. Relatives were impressed with how staff sensitively managed weight issues. They told us, "They are on top of [our relative's] diet especially when they put on weight. We had a meeting and support was provided by producing a heathy eating plan." Another relative acknowledged how people were supported to be independent in managing their meals and the steps staff had taken to manage any risks of choking.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the provider had developed policies and procedures to protect the people they cared for. Staff told us

that if they had any concerns regarding a person's ability, they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty.

Staff, showed an excellent understanding of the importance of MCA and gaining consent from the people they were supporting. People were supported to have maximum choice and control of their lives. Support plans demonstrated how people's rights and support were met. Some people showed us their plans and clearly had full ownership of what they wanted to see within them.

People were involved in identifying the assistance they would like including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical and social needs, race, sexual orientation and religion. The service had detailed policies to fully support the principles of equality and diversity. These values were reflected in the assessment and support planning process and embedded with staff practices. The registered managers shared individual examples and support plans of how they had respected people's privacy and confidentiality and took actions to sensitively support people with their requests. Relatives and one health professional were very positive in the results to the improvements they had seen to people's wellbeing.

Is the service caring?

Our findings

People receiving support told us staff were always very caring and kind towards them. Comments from relatives recognised the values displayed by staff and the benefits and positive outcomes. They told us, "Yes, they are caring a really good staff team, if they are not sure of anything they will call us for advice. They involve us a lot", "Staff are very caring, I would know by [our relatives'] reaction if they were not", "Staff are very caring and understand [our relative's] needs" and "As far as I know they treat her with dignity and respect and ask consent before giving any personal care."

People receiving support and their relatives told us the staff are like family to them. They had established genuinely caring relationships. Throughout the inspection, we saw numerous examples of this affection with people who used the service and staff, laughing and showing they cared for each other. Relatives summed up these views stating, "I don't see them as staff, they are more like family, that's how we see them" and "She has a wonderful life, they could not be with anybody better, she is just one of the family" and "They treat [our relative] with dignity and respect, they are his family he is looked after well."

Relatives said a key factor in the staff being able to provide appropriate care and support was as a direct result of having a consistent group of staff. People receiving support told us they often chose their staff and were very happy with them. There was a mixture of staff throughout the service, male carers, female carers and people from different cultures and backgrounds. This enabled people to have a choice of being supported by a staff member they felt comfortable with. Relatives noted that staff recognised the importance of choice to their relative receiving support, they told us, "[Our relative] always has female staff, they are with happy with this. She has known her staff for a long time."

One relative told us how staff went "above and beyond" in trying to make sure they had regular family time despite the decline in their health. They were unable to do a lot of things they used to do which upset them and they were worried how this would affect their relative's wellbeing. Staff took time to work out how they could help with this situation and acknowledged how important their relationship was. They developed their support plans to enable them regular time together socially with additional staff support. This meant they continued with weekly trips out enjoying their family time together which was very important to them both.

The organisation had set out to develop community initiatives responding to what people wanted. In partnership with local organisations the registered provider facilitated a community café. The café was an innovative way to reach out to the local community and was inclusive to everyone. It was well attended and people told us they met up with lots of friends old and new and enjoyed visiting it. This initiative was a successful way of extending people's networks to meet in a sociable and friendly environment.

The provider acknowledged limited support available to people locally with dementia. They explored ways to develop the café to meet these needs and engage further with the wider community. They organised various events which included a memory clinic at the café. The room used for this event was developed by staff displaying pictorial signs and reminiscence items to help orientate people with dementia to the

environment. They had acquired the support of an 'Admiral Nurse' (A health care professional expert in dementia care) who came to the café once a month. Everyone that attended the café told us how much it meant to them receiving practical information about their condition and receiving emotional support. They collated feedback from people attending these events which was overwhelmingly positive. One person with a recent dementia diagnosis told us they really enjoyed going to the café and meeting up with others, feeling their support and understanding.

We met a lot of people at the service's community café, the atmosphere was lovely and welcoming to everyone. We saw that staff involved with the café were very encouraging towards people. The majority of people we met told us they were part of the "My voice" group. This was an initiative developed by the service to support and encourage people to say how they felt about any topics important to them and value their rights to speak up. Recent meetings minuted people's consensus regarding the government and changes that effected people with learning disabilities. People within this group wanted to be involved in making their views known about political changes effecting people's rights and benefits. Staff worked in partnership with the local advocacy group to support people to write to the government. They also sent an invitation to the prime minister to visit them to continue their discussions regarding their views.

The service had a strong, visible person-centred culture. Throughout the inspection, we observed all staff took care to ensure they always had positive interactions with everyone at the service. This gave people a sense of wellbeing and the feeling that they mattered to the staff who supported them. Throughout the inspection we saw examples of staff anticipating people's needs. Staff were sensitive at providing caring responses if individuals became anxious or distressed. We saw how staff at all levels used subtle distraction techniques and a genuinely caring approach to calm people and help support people with their anxieties.

We noted a strong emphasis on promoting people's choices, independence and aspirations. One person's aspiration within the organisation was to write a book and get it published. They succeeded with this aim and were invited by staff at MacIntyre Care Warrington to arrange a book signing at the community café. The event was well attended by lots of people and it gave everyone the opportunity to hear how this person set out to achieve what they had always aspired to do. Staff organised a celebratory book signing at the café with an opportunity to ask the author for advice. This event had a very positive effect and inspired others to look at their own inspirational goals. One person voiced how they would like to start writing their own book and had started to do this with support following this community event.

Staff supported people's privacy and dignity which was well embedded in the service values and ethos of care and support. Our conversations with staff showed they understood people's rights to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection when they asked people for their views about their day to day support and encouraged people to make their own choices.

The ethos of the service was clearly inclusive and supportive to their local community. Both staff and people being supported took part in various community fundraising events such as, a tea party for the local hospice and a memory walk. Staff and people supported within the service showed caring attributes to their wider community by arranging a variety of fundraising events. The also facilitated a family autism group to support carers and families.

When asked about what made staff proud they all responded and gave examples of achievements that people had made. One staff member recently new to care described the job as "priceless", working here "I have come to heaven." One member of staff described what she was most proud of was supporting one person at the end of their life and making sure they weren't alone for that passing.

We noted people's personal information was stored securely to protect their right to confidentiality. We saw evidence of respectful ways to maintain confidentiality for people who requested this. For example, one person who used the service had expressed a desire to remain as private as possible. The service arranged for this wish to be respected and only the manager and their staff team had access to their support plan.

Is the service responsive?

Our findings

People being supported by the service were very happy with staff and their skills in understanding how to support them. They showed us their support plans and told us how their staff teams went out of their way to research new opportunities and social events to try new experiences and make more friends. They had a great rapport with their staff team. We could see how well they got on by their body language and friendly chat.

Relatives were very positive regarding support provided with people's choices and social interactions. They felt the staff continually looked at ways to help promote the well-being and happiness of their relatives. They told us, "[Our relative] has blossomed since they moved in", "[Our relative] is as involved as she wants to be and can be, her likes and dislikes are included in the care plan", "She loves it and gets good support, they look after her brilliantly" and "We had a meeting last week looking at his person-centred plan, looking at the future and what [our relative] might enjoy, it went well."

Each person was supported with an exceptional level of person-centred care. Staff supported people in doing what they wanted to do and accessed a wide range of personalised activities. From our conversations with staff, relatives and people being supported, it was clear that staff were prepared to put extra effort in their role to help ensure people had an excellent quality of life. This had been recognised in extremely positive feedback collated by the provider throughout the year.

The provider's ethos to put people first and value their input in helping shape the organisation was evidenced throughout the inspection. Many of the people attending the community café were part of the "My Voice" group. This monthly meeting was facilitated by senior staff to encourage people to speak up and offer their views about the organisation such as their views around safeguarding and relationships. Staff supported people to fully engage in ways comfortable to them. Some people used Makaton a form of communication that staff learned to help them to fully understand what each person wanted to share. They developed adapted formats for their agendas, minutes and a published magazine called "My Voice." The magazine was led by what people suggested and was shared with everyone.

People's individual experiences helped to validate the values embedded within the support plans to show real positive outcomes to their lives. One person explained how they were supported with an aspiration that resulted in making them feel very proud of their achievements. One of the hobbies they like to do was to make blankets. They were very proud of a recent outcome which developed from a trip to visit a TV set. After meeting people at this setting they told us they were invited to make one of their blankets to be used on their favourite TV programme. They were very proud to share their achievement as their blanket was now displayed on the TV programme as a prop and seen by everyone each time Emmerdale was aired. They loved seeing something they had made being used by the actors at Emmerdale and liked to share this achievement with everyone.

One person told us how their staff team had been wonderful in helping them with specific issues they needed help with. They sometimes suffered with anxiety and staff helped them to get health care support

and to develop strategies to deal with it. This included speaking with staff and taking time alone when they needed to. It was clear that this had worked well in managing their needs and the added flexibility of being able to adjust schedules and timetables around their needs was having a positive influence on their wellbeing. They told us this had been a driving factor of being supported to get their own house. Their relative confirmed that were at their most settled since living in their own home and supported by their own staff team. This family member told us, "I think the staff are marvellous. I couldn't ask for anything more. The staff here know [my relative] so well. I find I can approach the staff about anything."

The service adopted a holistic approach to meet people's needs and preferences. Some people who used the service preferred one to one company and had not enjoyed social interaction throughout their life. One person was supported by a core team of staff who learned all about their uniqueness and communication skills. They went onto explore what this person liked and gradually introduced new experiences to offer further choices in a safe and comfortable way they were happy with. Staff knew they liked plants and set out to build a sensory garden to offer opportunities for this person to experience in their own home. They really took an interest in this new hobby and enjoyed looking at and being able to touch the plants in their own garden. The experiences staff gradually introduced were all new and shown to be successful in supporting this person to engage with others and enjoy a wider list of activities.

People were provided with the opportunity to discuss and record their views about their wishes for their end of life care, entitled 'This is my plan for the future.' Nobody was receiving end of life care at the time of the inspection. The registered manager was in the process of accessing further training for all staff to attend to extend their knowledge and support with this care.

Communication was extremely well managed with plenty of opportunities for people to raise their opinions about the service. People told us they were encouraged to give their views and raise concerns or complaints. They had been involved with the providers development of large visual posters describing the 'Complaints, compliments and feedback policy.' The posters encouraged people to speak up and included statements collated from people within the service. The provider used these statements to direct staff to take attention to people's suggestions to support such as, 'Sometimes I need support to speak up', 'I want you to check if I am ok' and 'Help me to understand by using pictures.'

The tenants in one house were very confident in saying if they were unhappy about any aspect of their lives. The staff developed pictorial minutes after each weekly tenant meeting that people could understand and reflect on. Recent discussions included how and to whom they could make a complaint, social events, staffing, safeguarding and the "speak up" group.

Two relatives told us any concerns they had raised previously were well managed. The manager had visited them to discuss their concerns and offered them an apology. A person receiving support had completed a pictorial document to voice their complaint. Staff developed an apology made in a pictorial document to help reassure the person they had been listened to and action had been taken.

Relatives were confident in sharing their views saying, "I will speak up if I am not happy about something, I will speak to the manager, I call each day to see how he is" and "I've not had cause to make a formal complaint but would know how to do so."

We saw that many compliments and 'Thank You' cards had been received. The service had collated extremely positive comments about the service that had exceeded people's expectations. This supported our view that staff were extremely responsive to people's needs and committed to providing high quality, compassionate care and support. Compliments included positive statements such as, "I really appreciate

everything you do for our relative, you are one in a million "and "We just wanted to put on record our appreciation to staff member for completing our relatives support plan in such a professional and comprehensive manner. She must have put a lot and effort into it."

The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Staff were well trained in communicating to people in different ways to meet their needs such as in using Makaton. The guide given to people prior to admission to the service also informed them that full consideration would be given to their communication needs and alternative methods would be developed where needed.

The provider had developed a poster to reiterate the message for accessing information to make it accessible to everyone called, 'Making information easier, accessible information policy.' The poster included lots of practical advice and views from people at the service advising how they expected their support to be provided. Statements included 'Its important everyone understands information', 'Use pictures, easy words, film, signing' and 'Write down how I like and understand information.' People's views and voices were clearly heard and visible to remind everyone of their views and instructions to support them with all aspects of their support and in leading their life.

Is the service well-led?

Our findings

The service had three registered managers in post. The leadership of MacIntyre Care Warrington showed a clear commitment to providing a high-quality service which ensured that people could fulfil their aspirations and ambitions and live as fulfilled and enriched lives as possible. The registered managers shared lots of examples of their innovation and commitment to achieve high standards of support.

People receiving support told us the service was the best they had ever had. There was a lot of feedback and examples from people telling us how staff had gone out of their way to help them achieve their goals. The examples reflected systemic standards expected by the provider. Relatives acting on behalf of people and stakeholders were all extremely positive about MacIntyre Care Warrington and told us the service was very well led, they had recommended the service to others.

Relatives recognised the improved outcomes and impact to their relative's wellbeing. They told us, "Yes I would recommend the service without a doubt, they put clients first" and "They are so well organised, I had a whole booklet to complete about [my relative], it was quite comprehensive. Communication is very open" and "It's an excellent service."

We found the provider's mission statement to be fully implemented and was integral to the high standards of care and support provided by the staff. This was endorsed by the many positive examples that people shared with us regarding the impact to their lives. The mission statement outlined the organisations commitment to celebrate each person's uniqueness and promotion of real opportunities to connect with others.

The provider was committed to making sure that communication was pitched at the right level so that everyone understood information accessible to them. They were clear that everyone's views were important to the development of the service. They involved people they supported to help develop various literature such as information posters. The posters emphasised the values and ethos of the service within a lot of key areas such as safeguarding, relationships and complaints procedures.

There was a clear and transparent approach to gaining and sharing feedback. The provider collated continual feedback to help them improve the service. They prioritised people's opinions and made sure they were pivotal to their developments within the organisation. Annual surveys were in a 'pictorial' format, using words and phrases, supported by images to support the written word. The response in 2017 identified extremely positive feedback. The results reflected the overall positive views shared with us during this inspection. The registered managers gathered continual feedback throughout the year in various ways such as care plan reviews, local meetings, stakeholder feedback, complaints and compliments.

The registered managers had an extremely organised process for overseeing health and safety and the quality of the service. Well managed audits identified good practice and any areas for improvement. The management teams ensured a visible presence by visiting people who used the service, observed the support provided and completed audits in respect of the quality of support being provided. Robust

governance systems helped the provider to identify further initiatives to continue with their developments such as the 'Great Interactions' and 'My voice' groups.

The quality assurance system was reflective of a person-centred approach to make sure each person achieved the outcomes they wanted. We received very positive feedback from people about their support which validated the best practice in place.

The provider developed a bespoke tool to help them measure the effectiveness of the support provided. They named it 'The Great Interactions audit.' The audit looked at whether communication between people using the service and staff was effective. It included the availability of written information, signs, symbols and appropriate reference to promote a person's communication. The audit also considered whether a person's home supported them with their independence and lifestyle choices. They achieved a publication of this innovative strategy that staff were fully updated with.

There was a great commitment by the provider to learn and share good practice throughout the organisation. For example, the registered manager had analysed the effectiveness of (PBS) positive behaviour support over the last four years. Their audit clearly showed year on year improvements reflecting on personal case histories demonstrating how they had enhanced people's quality of life. Families and people being supported told us how this specific support had positively impacted on their lives and found the support to be 'outstanding.'

Staff fully understood behaviours of concerns and developed better skills at focusing on positive outcomes with people they supported. A positive outcome from the PBS audit was the reflection and learning by staff in recording of incident forms. They developed reflection techniques that helped them to consider what could have been done differently when an incident occurred. This technique helped reduce incidents and offer more person centre support to people with specific needs.

Safeguarding was extremely well managed and thought out. External advisors had been central to the development and review of key working practices with safeguarding. The provider is a member of the Ann Craft Trust. The Chief Executive Officer of the Ann Craft Trust is part of the MacIntyre's safeguarding group and provides external advice and support to the organisation. The Ann Craft Trust is a national registered charity committed to safeguarding vulnerable people. The collaborative work in learning from other organisations to safeguard people was an example of good practice by the registered provider. There were many examples of meetings, policies, guidance, newsletters and adapted publications prioritising the work of safeguarding and raising everyone's awareness and transparency of supporting people's rights.

Staff expressed their positivity of the provider initiatives to share best practice specifically 'The special interest groups.' The registered provider had set up various topics within these groups including autism, positive behaviours, health and dementia. Staff attended these groups nationally and were provided with updated information and best practice in supporting people with specific needs. They sought guest speakers who shared best practice in these topics. They provided useful insights and learning for staff to take the information back to their services and develop new ways of working to support people. Staff had been inspired to develop best practice in supporting people especially with dementia.

Staff achievements were recognised and celebrated by the registered provider. MacIntyre Care organised a number of internal awards and attended national care award ceremonies, for which staff were nominated for. Staff nominations acknowledged all the hard work and innovation staff had taken often in their own time to achieve positive outcomes for people in the service.

All staff were extremely positive about MacIntyre Care Warrington being an excellent place to work. They had annual staff surveys which produced extremely positive results. The survey results for 2017/2018 reflected the views shared by staff and was consistent with the positive feedback we received. Minutes of staff meetings showed they were encouraged to express their ideas on how to develop the service. Staff told us they were always supported to look at ways and challenges to support people to live their life the way they wanted to.

At a national level, the provider had invested a substantial amount of money into financing a variety of innovative community initiatives. These initiatives had benefited people within the service and increased positive interactions with the local communities. The provider funded various events such as the annual ball, the community café, specific events such as the memory café, book signings, social club's friendship groups, publications, 'the world autism' event and 'World Down Syndrome day March 2018.'

The organisation had been instrumental in developing a new initiative called the 'Great Communities Project' (A project piloted in Warrington and aimed at connecting people). They worked in partnership with consultants from Community Catalysts and funded £150000 of their own finances to start the project. The aim of the project was to reach out to engage people with learning disabilities and autism to access services across Warrington. The project was developed by the registered provider when they identified a national issue where some people had never connected with services and often unaware of their rights to such support. The project had already helped support people to reach out and make contact to meet new friends via friendship groups.

The provider had been awarded the Investors in People Gold Award for 2016 which is the highest rating that can be achieved. This is an external accreditation, evidencing good practice. The framework measured high performance and put management of excellence at the heart of any organisation. The registered provider had recently met representatives of the Investors in People in June 2018 and were awaiting their updated report and award.

Staff continued to develop and take part in national initiatives and research in the learning disability sector. For example, the service had an awareness of current guidance and developments and had signed up to a campaign called STOMP (Stop the Over Medication of People.)

The registered managers had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. Where necessary, the registered managers had undertaken investigations into incidents, accidents and complaints.