



# Inspection Report on

**MacIntyre Supported Living Wales**

**Unit 2  
Plas Pentwyn  
Coedpoeth  
Wrexham  
LL11 3NU**

**Date Inspection Completed**

06/06/2024

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## About MacIntyre Supported Living Wales

|   |  |
|---|--|
| Type of care provided                                 | Domiciliary Support Service  |
| Registered Provider                                   | MacIntyre Care   |
| Registered places                                     | 0  |
| Language of the service                               | English  |
| Previous Care Inspectorate Wales inspection           | 19 January 2022  |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.' |

### Summary

People are very happy with the support they receive from MacIntyre Care and are supported by compassionate and kind staff who know them well. Care staff provide positive reassurance and interaction. People are consistently supported to make choices about their daily lives in a person-centred and inclusive way. Personal plans are exceptionally person-centred, detailed and reflect people's specific needs, and are reviewed and changed accordingly.

Staff feel well supported by management and there are several ways they are supported to be involved in the development of the service. Staff are provided with training to meet people's needs. There are excellent governance arrangements in place, ensuring clear lines of delegation and exceptional oversight of the service. The Responsible Individual (RI) visits regularly to oversee management of the service and gathers the opinions of people and relatives to help to improve and develop the service. Information gathered is reflected in quality of care review reports.

## Well-being

People have control over their day to day lives and feel they are listened to and their views are considered. The service has an in depth understanding of the complexity of mental capacity and the best interest process. This means they support people inclusively and appropriately to contribute to decisions that affect their life. Care staff work from very high-quality personal plans that are written with the person and cater for people's preferences. Additional supplementary information is added to personal plans to further enhance them. People say they like the staff who support them and the service matches them with staff they get on well with.

People are supported to live in their own homes and achieve their well-being outcomes. They choose how to decorate and maintain their own homes and are involved in decisions about who they live with and their compatibility. People who share a home are supported to develop and maintain positive relationships, and contact with family and friends is encouraged. Care records give care staff the instruction required to support people in superb detail and reviews are carried out in line with regulations. The service continually considers people's strengths, skills and resources, and how they can be used to contribute towards their community. A Community Connector is also employed to look for more ways for people to put their skills to good use in their local area. 'Everyone Everywhere' newsletters are published which show where people have made connections in their local neighbourhoods. The service seeks out opportunities for people to support causes in their local communities, for example recently raising money for a new defibrillator to be stationed in a local restaurant.

People are protected from abuse and neglect as care staff receive training in safeguarding, and safeguarding policies and procedures are in place and followed. Safeguarding, incident and accident reports are analysed in depth and actions are taken as a result. The RI and area manager sit on MacIntyre's corporate safeguarding board, along with a representative from the Ann Craft Trust who acts as a 'critical friend'. This forum aims to identify trends and lessons to be learned in relation to safeguarding incidents that have occurred. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support as early as possible. A 'Health and Families lead' role has been created to drive forward health initiatives. 'Let's come together' meetings encourage people with similar experiences or diagnoses to come together to share experiences. Care staff and management are proactive and work collaboratively with support agencies. Professionals told us *'I would highly recommend this service, they are always very proactive and their contributions are always informative and person centred', 'involvement and participation by the citizen is always at the forefront of everything they do'*.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. A professional told us *'the standard of record keeping is extremely high'*. People are encouraged to co-produce their personal plans and are central to decision making processes such as their meals, clothes they wish to wear, and times they get out of bed in the morning. Personal plans are personalised, up to date, accurate and regularly reviewed and contain individual outcomes, likes, dislikes and preferences. Person centred review preparation forms are completed before reviews take place. People receive care in line with their personal plans and risk assessments. Supplementary protocols are in place for everyday activities such as medication administration and getting dressed. These clearly guide staff on how to support people effectively, in the way they like, without increasing anxiety. Robust risk assessments are in place and regularly reviewed. Relationships between people and care staff are excellent. Recruitment is based on the people being supported and they have the final say on whether people are employed to work with them or not.

People have access to specialist advice and support from health and social care professionals as and when they need it. We saw evidence of proactive communication and engagement with professionals involved in people's lives. Anticipatory health calendars are completed to ensure appropriate screening checks and appointments are completed. Baseline health assessments are completed. These evidence a proactive approach to support professionals involved to have an overview of people's current health and any changes that may occur. Care plans and risk assessments are updated to reflect professional advice. If somebody has a changing health need, the 'Health and Families lead' works alongside existing professionals to provide extra support to the care staff supporting them. Care staff access appropriate and specialist training specific to the needs of people being supported and feel able to approach the manager if they have any concerns. Professionals told us *'the service are extremely conscientious and knowledgeable, working towards a progression and enablement model of support.'*

Medicines management is good and keeps people safe. Before staff are signed off as competent to administer medication, they are observed by a manager three times, and they complete accredited medication training. Specialist training in relation to buccal midazolam is arranged for staff supporting people who require it, and bespoke training is arranged for staff where individual buccal midazolam plans are in place. Regular medication audits are carried out by management.

## Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service over and above what is required. A number of audits and quality assurance visits take place at various frequencies and at different levels. An audit and standards officer is employed by the service and ensures adequate oversight at each supported living service. The area manager completes 'best practice' visits where spot checks are completed, and the managers complete quarterly audits. The RI visits the service regularly to check records and gather the views of people and staff. RI reports relating to these visits show aspects of the day to day running of the service and documents actions identified as a result. A quality of care survey is conducted by the service every six months, with feedback gained from staff, people and their families. A staff council is in place which aims to encourage good communication between staff and the senior management team. The staff council hold an annual 'award fund budget' which provides funding for ideas from staff that will improve lives of staff and people they support. The provider actively shares good practice information and research they have gathered with local organisations outside their service. The service aims to continually improve the lives of people they work with and the care sector in general.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Staff feel well supported by management. They have access to the training required to meet people's needs through a combination of face to face and electronic learning. Training records are reviewed and updated to make sure they accurately reflect training compliance. Professionals say staff are *'well trained and provide an excellent service that meets the needs of the people resulting in reduced behaviours that challenge'*. Records show there are suitable numbers of staff on each shift to support people's needs. Staff undergo thorough vetting checks prior to starting work in the service and receive an induction over and above what is required. This is underpinned by the service's own 'MacIntyre DNA' model which works to *'support every person to live a life that makes sense to them'*. Staff receive annual appraisals and one to one supervision meetings within regulatory timescales. Care staff have either registered with the workforce regulator, Social Care Wales, or are in the process of doing so.

People can be confident the service provider has an oversight of financial arrangements and investment in the service, so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | Compliance was tested at this inspection and was achieved.  |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

| Regulation | Summary  | Status |
|------------|--|--------|
| N/A        | No non-compliance of this type was identified at this inspection | N/A    |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|

|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
|-----|--|-----|



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