Engage Support Limited

The Crescent

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection of The Crescent on 10 March 2016. We last inspected the home in August 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

The Crescent is located with Davenport Conservation Park in Stockport. It is a large semi- detached property that has been adapted and converted to accommodate up to six young adults who have a diagnosis of autism or learning disability. There are gardens to the front and back of the home with parking to the front of the home for approximately four cars. People are accommodated in single bedrooms on two floors and access to the first and second floor is via the stairs. There were four people using the service at the time of the inspection.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

We found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. We found the premises were not as safe as they should have been because two of the upstairs windows were without restrictors; heavy furniture was not secure and radiators were not covered where there was an identified risk. This placed the health and safety of people at risk of harm.

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

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

People's care records contained detailed information to guide staff on the care and support to be provided. They also showed that risks to people's health and well-being had been identified. These involved risks such as travelling in the car, specific risk areas in the home, poor nutrition and hydration and outside activities. We saw that detailed plans were in place to help reduce or eliminate the identified risks.

The staff we spoke with had an in- depth knowledge and understanding of the needs of the people they were looking after. We saw that staff provided respectful, kindly and caring attention to people who used the service.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. All staff had access to the whistleblowing procedures (the reporting of unsafe and/or poor practice).

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

In addition to regular trips out for meals to pubs and cafes, people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

The system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure that people received timely, appropriate care and treatment.

All areas of the home were clean and procedures were in place to prevent and control the spread of infection. A fire risk assessment for the premises was in place and systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided and there were systems in place for receiving, handling and responding appropriately to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found the premises were not as safe as they should have been because two of the upstairs windows were without restrictors, heavy furniture was not secure and radiators were not covered where there was an identified risk.

Sufficient suitably trained staff who had been safely recruited were available at all times to meet people's needs. Suitable arrangements were in place to help safeguard people from abuse.

All areas of the home were clean and procedures were in place to prevent and control the spread of infection.

A safe system of medicine management was in place.

Is the service effective?

Good

The service was effective.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure that people's rights were considered and protected.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good

The service was caring.

Staff had an in- depth knowledge and understanding of the needs of the people they were looking after. We saw that staff provided respectful, kindly and caring attention to people who used the service.

People's care records were stored securely so that their privacy and confidentiality were maintained.

Is the service responsive?

Good

The service was responsive.

People's care records contained detailed information to guide staff on the care and support to be provided. They also showed that risks to people's health and well-being had been identified and detailed plans were in place to help reduce or eliminate the identified risks.

In the event of a person being transferred to hospital information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from relatives.

The registered manager had notified CQC, as required by legislation, of any incidents that had occurred at the service.

The Crescent

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 10 March 2016 and was unannounced. The inspection team consisted of one inspector. Before this inspection we reviewed the previous inspection report and notifications that we had received from the service.

We did not ask the provider to complete a Provider Information Return (PIR), prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we were not able to have a conversation with the people who used the service. Their complex needs meant they could not meaningfully communicate with us. We spoke with the registered manager, two senior care staff and a care staff member. We looked around all areas of the home, looked at how staff cared for and supported people, looked at food provision, two people's care records, four medicine records, one staff recruitment record, the staff training plan and records about the management of the home.

Requires Improvement

Our findings

We saw the front door to the home was kept locked. People had to ring the doorbell and, following staff ascertaining their identification and valid reason for requiring access, they were allowed into the home. This helped to keep people safe by ensuring the risk of entry into the home by unauthorised persons was reduced. There was also a safety unlocking system in place on the front door; used to help prevent people who were considered as being at risk if they went out alone, from leaving the premises.

We were shown the electronic fob system in place that was used by staff for accessing some of the rooms within the home. The fobs were in place to prevent people who used the service from entering other people's bedrooms and rooms that could pose a risk to them if they entered alone.

We looked around all areas of the home and saw the bedrooms, dining room/ kitchen, lounges, bathrooms and toilets were well lit, clean and warm. We noted that the central heating radiators throughout the home were without protective covers. Although they had thermostatic control valves in place, some of the radiators were hot to touch. Hot radiators pose a risk of harm if people fall/lean against them for any length of time. We had a discussion with the registered manager about the need to ensure that, where there was an identified risk to people who used the service, a radiator cover needed to be fitted. It was identified that the bathrooms would need radiator covers and the bedroom of one of the people who used the service would need a cover. The registered manager agreed that radiator covers must be fitted. The registered manager told us that if a risk of harm was to be identified in the future, to either the people who presently used the service or to any new admissions, then further radiator covers would be fitted.

We also saw that two of the upstairs windows were without a window restrictor. This placed the health and welfare of people at risk of harm. It was also identified that one of the wardrobes in a bedroom, where the person was known to bang on the furniture, was not affixed to the wall. There was a risk that the wardrobe could fall on them. This placed the health and welfare of the person at risk of harm. We found that the premises were not as safe as they should have been. This was a breach of Regulation 15 (1) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We looked at the on-site laundry facilities. The laundry was very small and was equipped with an industrial washing machine and a tumble-dryer. The washing machine had a sluice facility to deal with soiled laundry. The registered manager told us that despite the laundry being small they managed to provide an adequate laundry service for the number of people who used the service. From our observations we saw there was plenty of clean personal and communal laundry in use. We saw there was no hand- wash sink in the laundry.

It was explained to us that staff would wash their hands in the bathroom and then wear protective clothing such as disposable gloves and aprons if they ever had to deal with heavily soiled laundry. We were told that heavily soiled laundry was not an issue as none of the people who used the service were incontinent.

We saw there was a cupboard in the laundry room that contained hazardous cleaning substances. This was kept locked to ensure the safety of people who used the service.

We saw infection prevention and control policies and procedures were in place and that all staff had undertaken training in infection control and prevention. Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum. Hand-wash sinks with liquid soap and hand driers were available in the bathrooms and toilets. The registered manager told us that staff hand washing facilities would be made available in people's bedrooms if staff had to deliver personal care.

We looked at the documents that showed the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, legionella, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We found systems were in place in the event of an emergency. There was a fire risk assessment in place and we saw that personal emergency evacuation plans (PEEPs) had been developed for the people who used the service. They were kept in each person's care record. We were told that it was the intention of management to develop a central file that would be more easily accessible in the event of an emergency arising. The service also had a business continuity plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or utility failures.

We saw that the staff recruitment procedure in place gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the health and safety of people who used the service. It also helped to ensure that only people with the correct qualifications, skills and experience were employed. We looked at one of the computerised recruitment files. It contained proof of identity, an application form that documented a full employment history, a medical questionnaire, a job description, two professional references and the interview notes. We saw there was a reference verification process in place. This was to ensure that the references supplied were genuine. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Inspection of the staff roster and a discussion with staff showed there were sufficient suitably qualified and competent staff available at all times to meet people's needs. One staff member told us they enjoyed working at the home because the staffing ratio to people who used the service was good. We saw that each person, due to their disability and subsequent behaviour was supported by a staff member on a 1-1 basis during the daytime hours. One person was supported on a 2-1 basis because of their condition. We were told the staff rosters were compiled according to the support needs of people who used the service and the specific skills of the staff. We were also told that senior staff undertook 24 hour 'on-call' duties and that there was always a second 'on call' person on duty from Friday through to Monday; ensuring that staff were always supported.

We saw that staff were supplied with 'two- way radios' so they could request assistance from other staff within the home in the event of a crisis or emergency arising.

The care records we looked at showed that risks to people's health and well-being had been identified. These involved risks such as travelling in the car, specific risk areas in the home, poor nutrition and hydration and outside activities. We saw that detailed plans were in place to help reduce or eliminate the identified risks.

We saw that suitable arrangements were in place to help safeguard people from abuse and that all members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). Inspection of the training plan showed all staff had received training in the protection of vulnerable adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse.

We looked at the policy and procedure in relation to the restraint of people who used the service. Restraint is the act of restraining a person's liberty, preventing them from doing something they wish to do. The policy and procedure gave clear guidance on the various forms of restraint, when restraint could be considered, how it must be seen as a 'last resort' and be time limited.

We looked to see how the medicines were managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of the four people who used the service. We found the medicines were stored securely in a locked room and the system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

The MARs we looked at showed that staff accurately documented on the MAR when they had given a medicine. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected.

We saw that appropriate arrangements were in place to order new medicines and that medicines no longer required were recorded in a book and returned to the pharmacy. Although the medicines to be returned were kept locked away they were not stored in a tamper-proof container. Tamper proof containers help to prevent medicines from being in the possession of people they were not prescribed for. The registered manager told us they would ensure a tamper-proof container would be provided.

Good

Our findings

We looked at how staff were supported to develop their knowledge and skills. We were shown the induction programme that all newly employed staff had to undertake when they first started to work at the home. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the people who used the service. We were told that for the first two weeks of their employment new staff 'shadowed' the experienced staff to enable them to see how care and support was provided to people.

We saw that the essential training required had been completed by the staff. This included areas such as the use of restraint, safeguarding adults, first aid, medication, food hygiene and clinical subjects such as epilepsy and autism. Staff spoken with confirmed they received on-going training to help them support people properly.

A discussion with the registered manager and the staff showed they had an in depth knowledge and understanding of the needs of the people they were looking after.

We were told that 'handover' meetings between the staff were undertaken on every shift. We were present when the handover meetings were undertaken; both for the morning and afternoon shifts. Handovers help to ensure that staff are given an update on a person's condition and should ensure that any change in their condition has been properly communicated and understood.

Records we looked at showed that systems were in place to ensure that all staff received regular supervision meetings. Staff we spoke with confirmed that this information was correct. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 to 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us and we saw information to show that four applications to deprive people of their liberty had been submitted to the supervisory body (local authority). Capacity assessments had been completed to determine why people needed a DoLS authorisation. This helped to make sure that people who were not able to make decisions for themselves were protected.

From our observations and a discussion with the registered manager it was evident that the four people who used the service were not able to consent to either, some or all, of the care provided. We were told that if an assessment showed the person did not have the mental capacity to make decisions then a 'best interest' meeting was arranged. We saw the record of how a 'best interest decision' had been made on a person's behalf that involved hospital treatment. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that pictorial meal plans were in place and were displayed in the kitchen. Staff told us that people could have something different from what was on the plan. We did not observe any meal times as there was only one person who used the service present in the home for most of the day. We were made aware they were having lunch in their own living quarters; accompanied by a staff member. We were told that the other three people who used the service would be dining out for lunch and that dining out was a regular occurrence.

Inspection of care records showed there was an eating and drinking care plan and that people were weighed regularly. The care records also showed that people had access to external healthcare professionals, such as hospital consultants, specialist nurses and GPs.

Good

Our findings

During our visit to the home we saw the care staff had taken three of the people who used the service out for most of the day. One person stayed in the home but apart from saying hello to two people earlier in the day we were not able to have a conversation with them. The people we did see looked well- groomed and staff spoke to them in a quiet and respectful way.

To ensure people's privacy and dignity was maintained we were told that if people were able to attend to their personal care needs, such as having a shower or a bath, staff supervision was always discreet and from an acceptable and safe distance. We saw that overriding door locks were in place on bathrooms and toilets; to ensure privacy but also safety.

The person who stayed in the home was busy undertaking the activities that were planned for them for the day. They called it their 'work experience'. With support and guidance they were busy washing their own laundry, cleaning the inside of their own car and making their lunch. They looked happy and relaxed. We observed that respectful, kindly and caring attention was given to the person from the staff member supporting them.

A discussion with the registered manager showed they were aware of how to access advocates for people. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. We saw evidence to show that the registered manager had recently requested an advocate for one of the people who used the service.

We were told the cultural and religious backgrounds of people were always respected, however there was nobody living at the home who required any special cultural or religious consideration. During a conversation with staff we were made aware that one person, indicated by their behaviour, preferred to have their personal care delivered only by a female member of staff. Staff told us this preference was respected.

We saw that care records were kept secure in the staff office. The employee handbook that was given out to all staff emphasised the importance of ensuring confidentiality of information was maintained.

Good

Our findings

The registered manager told us that detailed assessments were undertaken by a senior member of staff before a person was admitted to the home. We were told that people were assessed before they were admitted to ensure the service provided would be suitable for their needs. We were told that, depending on people's support needs and their character, staff from the home would introduce themselves by visiting them, taking them out and/or bringing them to the home for a gradual introduction.

We looked at two care records. The care records contained detailed information to guide staff on the care and support to be provided. They also showed that risks to people's health and well-being had been identified. These involved risks such as travelling in the car, specific risk areas in the home, poor nutrition and hydration and outside activities. We saw that detailed plans were in place to help reduce or eliminate the identified risks. We saw that specific specialist information and guidance from the relevant professionals involved in their care was contained within the care records. The records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs.

From our observations and discussions with the registered manager and staff it was apparent that the people who used the service did not, in the main, have the capacity to be involved in the planning of their care. We were told that families were invited to six monthly care reviews to discuss the care planning and support provided.

During the morning of our visit we saw staff taking three people out individually in the person's own cars. We were told visits out were a very regular, almost daily occurrence. We were told about trips to cafes, pubs, a hydro-pool, shops and parks.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was passed on. We were told that their personal details and a summary of their support needs would be sent with them along with their MAR sheet and their medicines. We were told the person would always be supported by one of the care staff. This was to ensure the person's safety and well-being and maintain continuity of care.

We looked at how the service managed complaints. We were given a copy of the complaints procedure. In addition to explaining to people how to complain, who to complain to, and the times it would take for a response there was also detailed information to guide staff on how to handle any complaints made. We had a discussion with the registered manager about the possibility of simplifying and reducing the content of the

procedure so that it made it easier for people who used the service, and their relatives, to read and understand. The registered manager agreed to give this some consideration.

We saw that the registered manager kept a computerised log of any complaints made and the action taken to remedy the issues. The complaints we looked at were not about care issues; they were in relation to environmental issues raised by people who lived in the community and had no actual involvement with the service.

Good

Our findings

The service had a registered manager who was present during the inspection. A discussion with the registered manager and staff showed they were clear about the aims and objectives of the service. This was to ensure that the service was run in a way that supported the need for people to have their human rights protected and to be cared for safely in the least restrictive way.

The staff we had discussions with spoke positively about working at the home. One staff member told us they believed there was a good team ethos in which the management staff responded well to the needs of staff and of the people who used the service. We looked at four staff questionnaires that had been sent out in February 2016. The questionnaires asked staff what they felt about the team work, their training and support ,management and leadership and the values and culture of the organisation. The responses were positive about the management and staff support provided.

We saw that staff meetings were held regularly at the Manchester office, which is part of the same organisation, and attendance was compulsory. We were told replacement staff were provided at the home whilst the regular staff were at the meeting. Staff we spoke with confirmed that this information was correct. Staff meetings are a valuable means of motivating staff and making them feel involved in the running of a service.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular audits/checks were undertaken on all aspects of the running of the service. We looked at some of the audits that had been undertaken, such as medicine management and care plans. We were also shown an in-depth audit that had been undertaken on all aspects of care for one of the people who used the service. The audit focused on the physical environment of the home, with special emphasis on the person's bedroom. It also included an audit of their risk assessments, medication and care plans. The audits showed where improvements were needed and what action had been taken to address any identified issues.

We also asked the registered manager to tell us how they sought feedback from the relatives of people who used the service. We were told that a designated senior member of the care team met with the families of the four people who used the service. We were told the staff member travelled to meet people normally every six weeks at a mutually convenient time and place. The meetings meant people could discuss, in a relaxed environment, any issues they wished to about their relative, the home, and the service provided.

We were also shown the responses that had been received from questionnaires that had been sent out in March 2016 to outside health and social care professionals involved with the service. The questionnaires asked for their views on whether they felt the service provided was safe, caring, effective, responsive and well-led. We looked at five responses. They were positive about the care provided. Comments made were, "Well motivated and committed staff who have a good value base" and "I have found Engage Support to respond positively to people's needs. From initial contact they provide good communication and an informed understanding about meeting the needs of people with learning disabilities and complex needs. I have the impression that Engage Support has a markedly more advanced infrastructure than most other agencies which enables them to confidently manage risk in a positive manner. Engage Support appear to be geared towards meeting he needs of complex individuals with a view to developing strategies and reducing dependence".

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We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who used the service and others were not protected against the risks associated with unsafe premises because of the absence of some window restrictors and radiator covers. Also heavy furniture was not secure. Regulation 15 (1) (c).