

Engage Care Services Limited

# Engage Care Services - Main Office

## Inspection report

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28 July 2022  
22 August 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Engage Care Services is a domiciliary care service located in the Miles Platting area of Manchester. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 35 people receiving the regulated activity 'Personal care'.

### People's experience of using this service and what we found

Some people said their care visits were not always on time or were too close together. Some people said they did not always feel safe as a result of the care they received. Staff were recruited safely and there were enough staff to provide people's care. Staff carried out routine COVID-19 testing and wore personal protective equipment (PPE) as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People received enough to eat and drink and said provided assistance as needed.

Some people felt staff did not always display kind and caring behaviors and there were instances where people had not been treated with dignity and respect. Some people's relatives raised concerns with us about how PPE was disposed of, as this was not always done safely and was not dignified.

Some people raised concerns with us that staff did not always communicate well when delivering their care and at times, spoke in a language they couldn't understand. Some families said a copy of the care plan was not always available at the house, with an overview of the care required.

There was a complaints system in place, although some people said they did not always see sufficient improvements. People who used the service and staff provided feedback about their care through audits, surveys and meetings. Staff spoken with during the inspection told us they felt the service was well-led and enjoyed their roles. We have recommended the provider improves their quality assurance systems to ensure they provide a focus on, and continue to monitor some of the concerns from the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 3 December 2020 and this is the first inspection.

### Why we inspected

The service had not received a rating since registering with CQC. This was why we inspected.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Engage Care Services - Main Office

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by an inspector 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity was carried out between 26 July and 22 August 2022. Further inspection activity was

completed via the telephone and by email, including speaking with people who used the service, relatives and reviewing additional information sent to us by the registered manager.

#### What we did before the inspection

We reviewed information we held about the service. We sought feedback from professionals who worked with the service, including the local authority. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We also spoke with four members of staff including the registered manager who is also the nominated individual/provider.

We reviewed a range of records. This included five people's care records, a selection of medicine administration records (MAR) and four staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff employed to care for people safely, although some people and their relatives told us their care visits were not always on time. One person said, "They come four times a day and are always late." A relative added, "Timings of calls can be an issue they are supposed to be there between 10am and 11am. Sometimes they don't get there until midday though." Another relative said, "They come when they like. They arrive anytime between 9am and 12pm midday for his morning care."
- We spoke with the registered manager about this feedback. Call monitoring records were used to check when staff arrived at people's houses to deliver care. We looked at these in response to the feedback we received from people. Some visits were shorter than agreed times and not always on time, although some were also longer where people had stayed additional time to support people.
- The registered manager said there was a '30 minute window', either side of the agreed call time where staff may arrive, although was aware this could also be effected by things such as traffic, or issues at a previous visit.
- Staff said they felt there were enough staff to care for people safely. One member of staff said, "Staffing is fine, and I think we have enough. We get travel time factored into our weekly rota."
- Staff were recruited safely, with all the necessary procedures carried out. This included completing application forms, holding interviews, seeking references and carrying out disclosure barring service (DBS) checks. Checks of whether staff could work in the UK were also carried out.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us the service was mainly safe, although some people raised concerns. One person said, "I have different carers everyday which does not make me feel safe." A relative said, "Staff don't always put the key in the safe correctly which can be a problem."
- Other comments from people included, "(Person) is safe. I moved in with (person) so there is always someone with (person) when the carers call." and "I am very happy with the care. I feel very safe as the carers are thorough and visit four times a day."
- We spoke with the registered manager about this feedback who told us they were working towards better continuity of care for people by having more consistent staff, although due to wider staffing issues in the care sector, this was not always possible.
- A safeguarding policy and procedure was in place and the training matrix showed staff received training. Staff displayed a good understanding about safeguarding and how to recognise potential concerns.
- A log of all accidents and incidents was maintained, with details provided about actions taken to prevent re-occurrences.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Staff said they had enough personal protective equipment (PPE) available to use when providing care to people. People and relatives told us PPE was always worn by staff when delivering care. Staff carried out routine COVID-19 testing and reported the results to the registered manager and via the government website.
- People had a range of risk assessments in place regarding their care. These included nutrition, medication, personal care and people's living environment. Where any risks were identified, control measures were in place about how to keep people safe.

Using medicines safely

- Both people who used the service and relatives told us medicines were given safely. One person said, "They are all ok and they come and give me my tablets twice a day."
- Staff completed medication administration records (MAR) and we saw these were completed accurately.
- Staff said they had completed medication training and told us this enabled them to give medicines safely. Staff were observed giving medicines during routine spot checks to ensure this was done correctly.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorized under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorize people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us they had not yet needed to complete a MCA assessment for anybody currently using the service, although was aware of the process should this need to be done.
- Staff had completed MCA training and displayed a good understanding of the legislation. One member of staff said, "It is all about people's decision-making abilities. If a person was making an unwise decision and I felt, they lacked capacity I would report it."
- People told us staff sought their consent before delivering care. One person said, "They always ask me for consent to do things."

Staff support: induction, training, skills and experience

- Staff told us they received the appropriate training and induction to meet the needs of the people they were supporting. Training completed by staff was recorded on the training matrix. Completed courses included safeguarding, moving and handling, fire safety and infection control. One staff member told us, "There is enough available, and they provide us with all the training we need when we start work."
- Staff supervisions took place and gave staff the opportunity to discuss their work. A member of staff said, "We do have supervisions and they can be either face to face, or over the phone."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received enough to eat and drink. One person said, "The staff do help me with my meals and will leave me with something for later in the day."
- People had specific nutrition and hydration care plans in place, and this provided staff with information about the support people needed to eat and drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law ;Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- People's needs were assessed when their care package first commenced, both by the local authority and Engage Care Services.

- Staff monitored people's health and wellbeing and supported them to access healthcare services appointments as required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives also said they felt staff didn't always deliver care that was dignified, or respectful. One relative said, "It is not treating someone with dignity and respect, leaving them naked on commode when I nipped round one day. (Person) is very private." Another relative said, "(Person) is not well groomed and they don't wash (person) or their hair." A third relative commented, "They will put dirty clothes on (person) that smell." A person using the service added, "Some treat me with respect, others don't. The carers speak to me as though they are superior to me."
- Some people's relatives raised concerns with us about how personal protective equipment (PPE) and continence products were disposed of, as this was not always done safely and was not dignified. One relative said, "They don't dispose of their PPE properly they just hand it to me on their way out." Another relative said, "They dispose of (person's) pads in the kitchen bin instead of the outside bin. There is only one carer that ever takes them out to the outside bin."
- We spoke with the registered manager about this who told us staff had previously completed training in this area, although would arrange for more to be completed following this feedback.

These concerns meant there had been a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Dignity and respect.

- One relative told they didn't feel their family members independence was promoted as much as it should be. They told us, "Staff do not try to encourage (person) to walk with his zimmer frame and put (person) into the wheelchair. They need to encourage (person) to stay mobile, I think they forget."
- Details were provided within care plans about any religious, or cultural requirements people had, as well as things of importance to people staff needed to be aware of.

Ensuring people are well treated and supported;

- We received mixed feedback from both people who used the service and relatives about the caring nature of the staff team. One person said, "They are not very kind people. Carers have said to me before if you don't like it then do it yourself." Another person said, "Some staff are pleasant, but some are not." One relative said, "I am happy with the care (person) receives. Some of the carers are excellent and have a good rapport with (person)." Another relative added, "The girls are all lovely and (person) gets on well with them."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in the care they received and were involved in decisions about how their

care was delivered.

- Reviews of people's care took place, and this presented people and their families an opportunity to discuss how their care was progressing and make any changes. One person said, "I have a care plan and the manager comes to review my care." A relative also said, "We are involved, and the manager has been to review things."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people who used the service and relatives told us there were times when communication with staff had been a problem. One person said, "I don't understand them as some don't speak good English. They use their phone to translate so they can try to understand, I am not getting good care." Another person said, "I cannot understand what they say, and neither can my cleaner, so it's not just me." A relative also said, "(Person) is getting the same carer regularly but communication is a problem."
- We raised this concern with the registered manager who told us they were now ensuring staff were able to communicate in basic English as part of the recruitment process.
- People's care plans took into account their communication needs including sight, hearing and speech, as well as any sensory aids required such as glasses, or hearing aids.

### Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available which explained the process people could follow if they were unhappy with the service they received.
- People knew how to make a complain if needed, although several people and their families told us they felt improvements were not always made when concerns were raised. One person said, "The staff broke my washing machine and a bin. I phoned to complain, and nothing has been done." Another person said, "I try to ring the office to complain but there is no one there and they say they are open at 9am." A relative added, "I complain about things to the office and they don't seem to do anything. They just apologise, but with no action to remedy."
- We provided this feedback to the registered manager who told us they would look into this concern.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had their own care plan in place which provided staff with an overview of the care people needed to receive. Care plans captured person-centred information about people such as previous employment, life history and any hobbies and interests.
- We received mixed feedback from both people who used the service and relatives about the availability of care plans at people's home address and the quality of the documentation. One relative said, "There are some issues though as the company are not professional as we didn't have a care plan for 6-8 weeks."

Another relative said, "There is no care plan for my husband and the documents that the company left in the house don't even have his name on them." A third relative added, "I have never seen a care plan for (person)."

- We raised this concern with the registered manager who said they would include this area as part of their auditing process to ensure the correct documentation was available at people's home.
- Following each care visit, staff completed records which showed the care and assistance people had received such as support with medication, assistance with eating/drinking and any personal care. This helped us evidence if people's care needs were being met.
- People were supported to participate in activities by staff within the community if this formed part of their care package, although at the time of the inspection the service were not required to assist anybody with this.

#### End of life care and support

- At the time of the inspection no-one was at the end stages of life. If this was the case, the registered manager told us staff would continue providing personal care, working alongside other healthcare professionals such as district nurses.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems were in place to involve people, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback and we looked at a selection of these during the inspection.
- The surveys asked people for their opinions of helpfulness, punctuality, appearance, record keeping and interaction, although did not provide a focus on some of the areas where concerns had been raised during the inspection. For example, people were not asked for their views about call timings, care plans, dignity and respect, communication and complaints handling.

We recommend the service update their satisfaction surveys and quality assurance systems to include areas where people have raised concerns detailed within this report.

- Further quality monitoring systems were in place using spot checks, observations of staff and competency assessments. Staff meetings were held and audits of medication, call monitoring logs, care plans and staff files were completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "It has been good, and they are a good company to work for. The manager is supportive and there is always someone to speak with in the team."
- Staff told us they felt the service was well-led. One member of staff said, "Yes there is good leadership. From my experience the manager is always accessible which gives me confidence to do my job well."

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements;

- The registered provider was also the nominated individual and they were aware of their role and responsibilities.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We reminded the manager and provider about this responsibility once the overall rating for the service has been awarded.
- The registered manager understood their responsibility to submit statutory notifications.

Working in partnership with others;

- The service worked in partnership with various local authority's and health teams in the local area including social workers and quality monitoring teams at the local authority.



This section is primarily information for the provider

## 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  Appropriate systems were not always in place to ensure people were treated with dignity and respect.