

Engage Support Limited

# Engage Support Manchester

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Engage Support Manchester (Engage Support) on 19 and 20 June 2017 and this inspection was announced. We gave the provider 48 hours' notice because the location provided supported living services for younger adults who were often out during the day, and we needed to be sure that someone would be in.

Engage Support provides care and support to young people over the age of 13 and adults who have a diagnosis of autism, a learning disability, or a developmental impairment. The service provides flexible care and support packages with the additional provision of clinical support to assist direct care teams. At the time of this inspection the service was supporting eight people.

This was the service's first inspection since registering with the Care Quality Commission (CQC) in June 2016. There was a manager in post who had been registered with CQC since September 2016. 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 2008 and associated Regulations about how the service is run.

People told us they were safely supported by Engage Support Manchester. We observed that people were settled and comfortable with the support staff and in their environment. There was a system for reporting incidents and accidents, including safeguarding, that occurred at the service. We saw these were recorded and actioned in a timely manner. This meant the service had appropriate measures in place to ensure people were kept safe and their health and well-being was protected.

People supported by the service had personal emergency evacuation plans in place. At this inspection we noted evacuation plans were kept in electronic format only which meant they were not easily accessible to staff and emergency services. We suggested that these important documents were printed and kept near exits people's homes. Environmental checks were carried out regularly to ensure both the internal and external environments in which the service was provided was safe and fit for purpose.

Staffing levels were planned according to people's dependency levels and any activities where people needed additional support to join in. This meant that people were not put at risk due to inadequate staffing levels. Recruitment processes in place were robust and people using the service were encouraged where appropriate to participate in the process. This helped to ensure staff employed were suitable for the role.

People's care plans contained relevant risk assessments which should help staff protect people from risks identified and support them safely.

People told us they were supported to take their medicines safely. Care records documented how people were to be supported with medicines and what medication they were currently taking. This meant the service had systems in place to ensure people received their medicines in a safe manner.

People told us support staff were effective and well trained, and always consulted them prior to assisting them. The registered manager and staff we spoke with demonstrated a good understanding and knowledge of the Mental Capacity Act (MCA) and we saw there was a policy in place to guide practice. There was sufficient evidence in people's care plans to demonstrate consent to care had been sought appropriately.

Staff had a good induction and mandatory training and were able access additional training as required. This should help to ensure that staff were competent to undertake their roles. From records we saw that staff were supported in their roles through regular supervisions referred to as job consultations. This helped to ensure staff received adequate professional development to help them provide effective care and support to people.

People were supported to plan and prepare their own meals. This demonstrated the service's commitment to encouraging healthy nutrition and supporting people's independence and choice. From care records, we saw that people were supported to access health care professionals such as GPs and dentists and attend medical appointments. This meant the service had systems in place to ensure people's healthcare needs were met as and when required.

People told us staff were kind and caring. We observed positive and caring interactions between people and the staff supporting them. Staff demonstrated that they knew the people they supported and could describe their preferences, interests and aspirations.

People had been involved in making decisions about the support they received. Care records we reviewed confirmed this. This meant that people and their relatives, where appropriate, were included in making decisions about the support provided.

People were encouraged to develop and maintain their independence for example in the preparation of their meals and planning daily activities. This should help to ensure that people maintained a good quality of life and wellbeing.

The service provided a responsive and person centred approach to ensure support provided adequately met their specific needs. Care records contained what was important to them, their preferences, notable information about them such as their personality type or hobbies they had, their dreams and aspirations, and there were health action plans in place. This meant support staff had clear and specific guidance on how best to support that person.

There was a good system of recording and monitoring complaints. We saw that complaints were well managed and that people were encouraged to raise concerns and complaints formally or informally.

People and community professionals involved with the service spoke highly of the registered manager, the directors and staff at Engage Support Manchester. Our observations during this inspection were that the culture of the organisation was open and supportive.

There were quality assurance systems in place which helped to monitor the standard of service provided.

There were good staff support systems in place such as team meetings and operational policies and procedures. This helped to ensure there were appropriate resources available for staff to do their job effectively and thus create better outcomes for people supported by Engage Support Manchester.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe at the service and that staff helped to keep them safe. Staff understood their responsibilities in keeping people safe and protecting them from harm.

Risk assessments for people using the service were in place and provided clear direction to staff to manage identified risks and meet people's individual needs.

People's medicines were stored and administered safely and in accordance with the provider's procedures and protocols.

### Is the service effective?

Good ●

The service was effective.

People told us staff had the right skills and did their jobs well. Staff received a good induction and mandatory training and had access to on-going learning opportunities.

Managers and support staff were aware of and understood the principles of the Mental Capacity Act 2005. There was a policy in place to guide staff.

People were encouraged to maintain healthy nutrition and hydration, and supported to access health care professionals as required.

### Is the service caring?

Good ●

The service was caring.

People told us that staff and managers were kind and caring towards them.

Staff and managers knew the people they supported and were able to talk about people's preferences and interests.

People were involved in shaping the support they received. They were encouraged to be independent and supported to make

their own decisions.

### Is the service responsive?

Good ●

The service was responsive.

People's support plans contained detailed and person-centred information which helped staff understand individuals' needs and deliver safe and effective support.

We saw that people had choice in deciding what activities they wanted to participate in and they were supported to attend these.

People knew how to raise a concern or make a complaint and there was an effective system in place to manage concerns and complaints.

### Is the service well-led?

Good ●

The service was well led.

People made positive comments about the registered manager, staff and the support they received. Staff felt supported and said there was good team spirit within the organisation.

There were quality assurance systems in place which helped to ensure the registered manager had oversight of the standard of care provided.

There were a set of policies and procedures in place to help ensure support staff were effectively supported to understand their role and carry out their responsibilities effectively.

# Engage Support Manchester

## **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.

The inspection took place on 19 and 20 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for younger adults who are often out during the day, and we needed to be sure that someone would be in.

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. The expert by experience was a person who had experience of interacting with people with learning disabilities and autism.

Before the inspection, 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 reviewed the information in the PIR, along with other information that we held about the service such as notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester City Council commissioning and safeguarding teams for information they held about the service. We also contacted Manchester Healthwatch. Healthwatch is an organisation responsible for ensuring the voice of users of health and social care services are heard by those commissioning, delivering and regulating services. No issues were raised by these organisations.

During our site visit, we spoke with three people in their own homes and nine staff; these included the

registered manager, the managing director, a team leader, one senior support worker and two support workers. Since people were cared for in a supported living setting, we were able to observe the way they were supported in their homes. We also looked at records relating to the service, including two care records, six staff recruitment files, medication administration records (MAR), policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

We asked people supported by Engage Support Manchester if they felt safe. Two people confirmed to us if they felt scared or unsafe they would speak up and talk with staff who would "sort things out." Comments included, "Yes the staff look after me; they don't hurt me or anything, they are really nice" and "Yes, because I have good staff who look after me."

We asked if each person had a personal emergency evacuation plan (PEEPs) and they had. A personal emergency evacuation plan details the needs of an individual that would guide staff and emergency services should they need to be safely removed from the premises in the event of an emergency such as a fire. We saw these documents were up to date and stored electronically only. This meant in the event of an emergency, they were not readily accessible to support staff or emergency services. We suggested to the registered manager that the service consider printing people's emergency plans and keeping them in a 'grab file' close to the exits within people's homes.

People told us they would speak with a member of staff if they had concerns about their safety. Staff we spoke with were knowledgeable on the principles of safeguarding. They were able to describe the different types of abuse and knew how to record and report suspected abuse. This meant people using the service were protected from unsafe care and treatment because staff had sufficient knowledge about keeping people safe and used effective systems such as safeguarding policies and procedures and reporting mechanisms to monitor the safety of the people they supported.

Training records we looked at confirmed staff had received relevant training in this area. We noted however the service had a version of the Manchester City Council's safeguarding policy and procedure that was not current. We brought this to the registered manager's attention.

We saw that there were systems in place to record incidents and accidents, including safeguarding, that occurred at the service. We noted these were recorded and actioned appropriately and lessons learnt from incidents shared across the organisation. We concluded there were effective systems in place to ensure people were protected from risk of harm.

Through discussion with the registered manager and the examination of six staff files, we confirmed that the recruitment and selection procedures in place met current regulatory requirements. Each file contained an application form or curriculum vitae, written references, and disclosure and barring service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people who use care and support services. We noted interview notes were not present in two files.

Where possible, the managing director told us people using the service were part of the interviewing panel for 'support worker' candidates who progressed to the second stage of interviews. We saw evidence where a person had developed and asked their own questions at interview. We were satisfied there were robust recruitment processes in place which should help to ensure staff of suitable character employed.



People told us there was always enough staff to support them with daily tasks and recreational activities during the day and at night. During our visits to people's homes, we saw there were sufficient numbers of staff deployed for the number of people currently supported. This meant that staffing levels were appropriate to people's needs and dependency levels and that Engage Support Manchester was able to manage its current service provision.

In two care plans we looked at, we saw that appropriate and relevant risk assessments for each person were in place. For example, diet and nutrition, behaviours that challenge and environmental risks. We noted that these were person centred, detailed and up to date. This meant that people were protected from anticipated risks because there were measures in place to help ensure staff knew how to support people safely and effectively.

We saw that people were encouraged and supported to maintain their homes. At one property, the senior support worker showed us a schedule of tasks that had been devised with the involvement of the people living there. They told us this helped to encourage independence and self-reliance of the people they supported. All properties we visited were clean and well maintained. Weekly environmental audits were carried out to help ensure the internal and external environments were kept safe at all times. This meant the service took necessary steps to help maintain a safe environment for people living there and staff supporting them.

People we spoke with told us staff supported them to take their medicines safely. People's care records contained detailed, person-centred information about their medicines. Records included a current list of the persons prescribed medicines as well as how the person preferred to take, for example orally and, where appropriate, where people administered their own medicines.

We saw that medicine administration and recording was satisfactory and staff training in this area was up to date.

# Is the service effective?

## Our findings

People told us staff did a good job and they trusted staff to support them appropriately. One person told us staff knew what they liked and what did not like and that staff looked after them very well. They added, "If I have a problem or worries they (staff) sort them out very quickly." Support staff told us they enjoyed their work and that they felt valued by people using the service as well as their colleagues and managers.

Staff told us the training they received helped them to do their jobs effectively. They said they had received an induction and mandatory training and that they could request additional training if required. We reviewed the organisation's training records and saw that staff had completed training in areas such as health and safety, safeguarding awareness, infection control, and moving and handling and mental capacity and mental health, and person centred care planning specific to the individuals supported. We also saw that staff undertook service specific training such as autism spectrum awareness, breakaway and physical intervention techniques, supporting people with complex learning disability and mental health needs and epilepsy awareness. Regular training updates were provided as required.

Staff told us and we observed new staff shadowed experienced colleagues prior to working unsupervised. Training records we reviewed confirmed this. We were assured that staff were provided with the right knowledge and skills to undertake their role and support people safely and effectively.

Staff confirmed and we saw evidence that they had regular supervision sessions referred to as job consultations in which staff had meaningful discussions about their training needs, progression options within the organisation and service issues.

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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of people supported in a community setting, applications must be made to the Court of Protection (CoP). The registered manager confirmed that one person receiving services was subject to CoP restrictions. We reviewed their records and we saw that the service provided adhered to the requirements of the current CoP order.

Staff and managers we spoke with demonstrated a good awareness and understanding of MCA and the impact this legislation had on people's lives. From people's care records, we saw the service had involvement with relevant professionals and that, where required, best interest decision or strategy meetings were held to help ensure that the care and support people received was appropriate.

People told us staff always sought their consent and consulted with them on all aspects of their support. We

noted the majority of people's care documents were kept electronically and contained sufficient evidence to demonstrate that consent to care had been appropriately sought.

People gave us examples of when they were unwell that support staff sought the medical attention they needed. People's care records confirmed they were supported to access their GP and other healthcare professionals, and attend medical appointments. We concluded the service was proactive in facilitating people's healthcare needs as and when they needed those interventions.

People told us and we saw evidence that they had been involved in planning their meals on a weekly basis. One person told us, "I like the meals and I help them to cook. They are really good staff; they know how to cook well. My favourite foods are salmon and sushi." At another person's home, the senior support worker explained how they encouraged that person to choose healthy options. The person confirmed that they were able to go shopping and choose and cook some of their meals. They told us they were "pleased that this house is focussed on healthy eating."

# Is the service caring?

## Our findings

We asked people if the service was caring. One person told us, "The staff look after me and they know what I like." Another person told us that the staff were "very kind to me. They treat me nice like." This person mentioned all the staff's names and told us they liked them all. A third person supported by Engage Support Manchester said staff were "kind and caring".

During our inspection, we observed positive and caring interactions between people supported and the staff. We saw that people were able to chat easily and engage in good-natured banter with the staff. At one of the properties, the person living there told us their physical appearance was very important to them. We observed that staff were well aware of this person's needs and personality traits and supported them in a manner that recognised this. We observed staff to be friendly yet professional.

Staff we spoke with knew the people they supported well and understood how to support them in a caring and safe way. Both support staff and managers we spoke with were able to talk about individuals with confidence, giving examples of people's personal histories, their preferences and interests. For example, one staff member told us about a person's prized possessions and what these meant to that person. We were able to substantiate this when we spoke with the person. Another person told us an Engage Support staff member who was Muslim had supported them to understand the religion as they (person) were interested in converting to this religion. This meant that staff and managers knew the people well and were supporting them according to their individual needs.

People told us that they were actively involved in making decisions about the support they received. Where appropriate, we noted that family members had also been involved. This was confirmed in the care records we looked at.

People told us they felt that staff listened to them and if they had any problems they would help them sort these out. One person told us, "They (staff) listen to what I think about things." They gave us an example of how staff helped them to address concerns they had raised about the other young person who lived in the house.

Everyone we spoke with told us the support staff at Engage Support Manchester treated them with kindness and respected their wishes. People said staff also gave consideration to their privacy. For example, people were given some "space" when they had visiting family or just needed some "alone" time.

Staff we spoke told us they encouraged people to develop and maintain their independence and build their confidence. People we spoke with confirmed this. One person told us they felt grateful for the support staff gave them by teaching them how to cook their own meals. Another person said staff helped them to plan the meals they wanted to prepare each week and went shopping for ingredients with them.

## Is the service responsive?

### Our findings

People told us they received excellent personalised care that was responsive to their individual needs. One person told us staff supported them to outline their goals and we observed this helped them to have a positive and confident outlook on life.

We reviewed support plans for two people using the service. We found these to be very detailed and person centred, covering a range of aspects specific to that individual's care and support needs. We saw care plans recorded what was important to the person, what they liked or disliked, notable information about them such as the type of person they were or hobbies they had, and their dreams and aspirations, communication profiles and visual social scripts. A social script is a prompting strategy which is used to teach people with autism social behaviours and how to use a variety of language during social interactions. Social interactions could include how to communicate with others and appropriate use of a mobile telephone, for example. This meant staff had information on what was important to people and worked effectively to support them.

Most of the care records we looked at had been reviewed in line with the provider's policy or sooner if required. We noted some documents did not contain dates so we could not tell when they had been created and if they were current or not.

The registered manager told us the service used a positive behaviour support model (PBS). PBS uses strategies to increase a person's quality of life and decrease problem behaviour by teaching them new skills and making changes in a person's environment. For example, the registered manager told us one person's care package was built around their specific needs; this helped them to lose weight and develop a lot of practical skills such as cooking their own meals and managing their finances and support them to transition to their own home. The latter process, transitioning to their own home, was currently in progress during our inspection. We were able to confirm this when we spoke with the person.

The managing director we spoke with told us at Engage Support Manchester it was their job to make each person's world work for them by providing the support and care that was responsive to each person's individual needs. During our inspection we were able to see this process in action. One person became unsettled and was demonstrating behaviours that were distressing to the other person living at the property. A strategy meeting had been held to discuss how the service could better support the young person. The managing director told us they would be leading on this case and we saw evidence of how an action plan and running log of what the service was doing to help ensure responsive care was provided.

We received positive feedback from the local authority learning disabilities commissioning team. They told us Engage Support Manchester provided "really person centred support to people with lots of challenges. They are a very good service and good at dealing with people with complex learning disability and mental health needs."

We reviewed three complaints made by people who use the service. We saw two people had raised their concerns via support staff and the other person had emailed the registered manager directly. We noted the

complaints were thoroughly investigated in a timely and transparent manner and the appropriate action taken. Documentation we reviewed identified that the complainant was fully involved in the process and the outcomes clearly explained to them. We concluded that people were able to raise complaints and that they were satisfied with how the service dealt with the concerns identified.

During one of our visits to speak with people using the service, one of the neighbours raised a concern about the safety and welfare of one of the young people living at the adjoining property and their behaviour was also of concern. They told us they had raised a formal complaint with the service and that the managing director had been asked to attend a residents' meeting. We asked the registered manager and the managing director about this issue. They were aware of this neighbour's complaint and they provided evidence to us of how they were handling the situation. The director confirmed they had been invited to this residents' meeting and they told us they would attend. We were satisfied that the service had responded appropriately to the needs of the person they supported as well as the residents' who had expressed concern.

Everyone we spoke with was very positive about the support they received from the service to engage in activities that interested them and to encourage them to pick up new ones. One person told us they were encouraged to take part in a wide range of activities such as swimming, walking and going to the cinema. Another person told us, "I've been to a 'Take That' concert recently." They showed us photos of them at the event. This person also described other interesting outings they had done such as visiting an Escape Room. The Escape Room is an interactive and intuitive real-life escape game where participants must solve challenging puzzles within one hour to escape the room. A third person said they had been encouraged to get fit by working out at the gym and that they also did trampolining and crazy golf.

Care records we reviewed confirmed what people told us. We also noted the service supported people into voluntary and paid employment. Two people we spoke with confirmed this. One person told us, "I work in the office (Engage Support Manchester) doing paperwork there on the laptop; I am good on computers." We were satisfied that the service provided ample opportunities for the people they supported to be engaged in meaningful activities and to find suitable employment opportunities.

People we spoke with told us maintaining good links with their relatives was important to them and that Engage Support Manchester helped them to do this. Comments included: "I see them (relatives) a lot" and "I see my (relative) once a week and usually my (siblings) come to visit me on a Monday."

We asked people if they had the opportunity to provide feedback on the service and support they received. One person told us they provided feedback at their review meetings and that outside of these meetings they were able to express their views or raise any worries or problems they had with the staff.

Another person said they had monthly meetings with one of the managers who addressed any issues they raised. They also told us they get the chance to express their views through the "Tenants Voice", a document where they would write what they were happy with and what needed improvement.

# Is the service well-led?

## Our findings

Engage Support Manchester had a registered manager who had been in post since September 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection, we observed an open and supportive culture that put the people supported by the service first. Everyone we spoke with told us they knew the registered manager and they told us the manager and staff were "very approachable and easy to talk to". Staff spoke highly of the management team and told us they felt respected, valued and supported by the organisation to make a positive difference in the lives of the people they supported. This meant staff were able to raise issues about service delivery or any other matter relating to how this affected people using the service.

A community professional who had involvement with the service said, "I've found Engage (Support Manchester) to be a highly specialised and extremely dedicated service that worked with people who have complex needs around their behaviours."

The service used an electronic-based system to record most of its information including people's support records, policies and procedures and training records. We noted some documents were kept in paper format such as care records and environmental audits. However, this was not the case at all properties. The registered manager confirmed that the service was in the process of moving all documents onto the electronic system. The electronic record system did not have a file path or indexing system which would help with navigation. We raised this point with both the registered manager and the managing director. We also pointed out that we had asked a staff member to retrieve a person's risk assessments and that they were unable to find these documents on the electronic system. The managing director acknowledged the importance of an indexing system and said there had been one when the system was first set up. Both assured us that this would be resolved.

There was a system of audits in place which monitored and assessed the quality of service provided in areas such as medication, environment and health and safety. The registered manager told us one of the directors carried out quality assurance spot checks. This was an unannounced internal audit which identified areas of good practice and improvements. Any action required was fed back to the registered manager to address with the team or specific staff member as required. We concluded the quality assurance process was sufficient to ensure the registered manager had oversight of the quality of the service provided.

We saw the service had an up to date business continuity plan. This document provided details on how the service would operate and what needed to be done in the event of an emergency, such as IT and mobile system failures, loss of electricity or gas and flooding. This should help to ensure that people's care and support continued should an emergency occur.

We saw the registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. The registered manager kept a record of all notifications sent to CQC.

Support staff we spoke with told us there were good staff support systems in place at the organisation; these included policies and procedures and regular staff meetings. We noted in addition to the standardised set of policies and procedures, the provider had developed policies and procedures that met the specific needs of the service. Examples included Care Management, Person Centred Health Action Plans and 'Listen to Me' documentation.

Staff told us they were able to log on to the electronic filing system and this was how they viewed most of the documents including people's care records. The registered manager confirmed that all staff had individual log-in details to access the electronic versions of the policies and procedures. They said log-in details were auditable as the electronic system gave a breakdown of which staff member looked at a particular policy or procedure and for the length of time the document was viewed. We however did not see evidence that this had been monitored.