

Engage Support Limited

# Engage Support

## Inspection report

Engage Support, A18, Riverview  
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Stockport  
SK4 3GN

Tel: 01612419884

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09 November 2023  
14 November 2023

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Engage Support is a supported living service providing personal care to people in supported living houses. The service provides support to autistic people and people with learning disabilities. At the time of our inspection there were 3 people using the service.

There were two supported houses where people were receiving regulated activity. Both houses had large kitchen and lounge areas for people to spend time in and develop their independent living skills.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** People were supported in houses which were part of the local community. People were supported with choices around how their spaces were decorated. People had access to kitchens to improve their skills and independence around food and drink preparation.

People were supported to have maximum choice and control of their lives, for one person, staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

**Right Care:** Staff provided people with person-centred care around their likes and dislikes and who they are as an individual. Positive behaviour plans did not always support all the techniques used by staff and the techniques were not thoroughly monitored.

**Right Culture:** Staff were passionate about supporting people as individuals and providing good care.. Staff felt the management team were approachable and able to raise any concerns.

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

The last rating for the service at the previous premises was good, published on 13 September 2017.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We have identified a breach in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Engage Support

## 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

The inspection team consisted of 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 provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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 started on 9 November 2023 and ended on 22 November 2023. We visited the location's office on 9 November 2023 and supported living houses on 14 November 2023.

### What we did before the inspection

We reviewed information we had received since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We reviewed 2 care plans, care notes and mediation records. We also reviewed information relating to the oversight and management of the service. We spoke with 8 members of staff including the registered manager, deputy manager, team leaders and support workers. We spoke with 2 people using the service and observed their interactions with staff. We also spoke to 1 relative.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The management of assessed risks was not always clearly recorded. Positive behaviour support plans for 1 person did not include all the actions taken by staff as part of a de-escalation technique. There were occasions where this person was being locked in their room in response to incidents of heightened behaviour, when other people using the service were in the building. Staff told this was a last resort and viewed this as the least restrictive option. Staff remained outside the person's room throughout and monitored their behaviour. This was not included in the plan, there was a supporting care plan around the door, but this lacked the detail required for decision-making. The service told us that a social worker was aware of this however there was no documentation around this. There was no ongoing monitoring of this restriction and its impact.

The service did not ensure all necessary action was taken to support someone and correctly document their care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Appropriate risk assessments were in place in relation to individuals, their needs and day to day activities. These risk assessments were reviewed on a yearly basis.
- The registered manager told us the service had a good relationship with the landlords. Repair works had been completed in a timely way.

### Systems and processes to safeguard people from the risk of abuse

- Staff safeguarded people from the risk of abuse. Staff had received training in safeguarding. Staff understood the signs of abuse and how to report any concerns.
- Staff told us they felt supported and able to raise any concerns with the management team at the service.

### Staffing and recruitment

- Staff were recruited safely. All necessary pre-employment checks were completed prior to staff supporting someone with personal care.
- There were sufficient staffing numbers employed at the service to support people with their specific needs.

### Using medicines safely

- Medicines were administered safely at the service. Staff had received training in the safe administration of

medication. Staff completed regular counts of medication. There had been no recent medication errors at the service.

- There were protocols in place for the administration of medication which was to be given 'as required'. These protocols included clear guidance from staff on other alternatives to medication before the use of medication. This helped to reduce the risk of the overuse of medication.

#### Preventing and controlling infection

- The services appeared clean throughout. All staff took responsibility for ensuring the service was clean.
- There was an appropriate infection prevention and control policy in place. Staff checked people were well prior to entering the services.

#### Learning lessons when things go wrong

- The registered manager aimed to continuously learn lessons to drive improvement. All accident and incident forms were reviewed by the registered manager and action taken. For one person the registered manager referred to the actions of staff being in line with a person's care plan however, on review on the documentation this was not clearly outlined.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had a good knowledge of people and their health needs. Staff demonstrated good knowledge and understanding around people's hormones and physical health and how this impacted on their mood and behaviour. Staff identified these trends and used their knowledge to actively support people better to help reduce the occurrence of heightened behaviour.
- Staff completed care notes which identified people were supported in line with their preferences.

Staff support: induction, training, skills and experience

- Staff were trained to support people. Staff received an induction, including two weeks of 'shadowing' and regular training. Staff gave positive feedback about the training they had received at the service.
- Staff also completed training from the Crisis Prevention Institute and training around positive behaviour support. Staff did not complete their induction until this training had been completed.
- Staff had regular supervisions. Staff told us they felt supported by their manager. One member of staff told us, "I do feel I can speak to my manager at any point" and that the manager was "very helpful and supportive."

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

- Staff supported people to eat and drink. People were supported to make decisions about their eating and drinking. Staff supported people to eat food in line with their preferences and needs.
- Staff also supported people to make healthier food choices. One relative told us their relative was "eating salad which he would never do at home."

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other health care professionals to support people with their needs. At the time of the inspection, the service were working with the local learning disabilities team to support someone with their medical investigations.
- Staff supported new people to have access to local healthcare services such as a dentist.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to lead healthier lives and access healthcare services, when needed. Staff supported people to increase their exercise through walking and spending time in the garden. We received positive feedback about the impact of the service on people's health.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- One of the supported living services had changed from a care home to a supported living service. The people at the service had not been reassessed and there was no involvement from the Court of Protection. The registered manager had requested an assessment from the local authority, which, at the time of the inspection, had not been carried out.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with dignity and respect. Staff spoke positively about people and supported them as individuals.
- Staff knew people at the service well and how to support them. We observed people laughing, joking and dancing with staff at 1one of the supported living settings.
- People appeared to have developed good relationships with staff at the service.

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

- Staff supported people to make day to day decisions about their care and support. Staff supported 1one person to make decisions about actions they could take to alleviate pain.
- Staff gave people time to express what they would like to do. Staff encouraged people to not always ask for permission when they wanted to do something. For example, going to the toilet, however staff supported people with validation to make their decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff supported and respected people as individuals. Staff understood the importance of people developing their skills and independence. Staff shared examples how they supported people to be more independent for example with making choices and developing their skills at making food and preparing drinks. One relative told us they felt their relative had become more independent since being supported by Engage Support.
- Staff respected people's privacy. Staff gave people privacy and their own space including during periods of heightened behaviour.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were highly personalised. Care plans included sections describing what people were like as individuals as well as their needs. Care plans included details around people's likes and dislikes.
- Care plans included clear information about how to support people apart from the previously mentioned example of the positive behaviour support plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff supported people with their communication needs. Staff supported 1 person with the use of PECs (Picture Exchange Communication). This is a way for people to communicate without relying on speech as they use cards and symbols to communicate. Staff told us this had expanded this person's ability to communicate.

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

- Staff supported people to maintain relationships with their families. Staff supported people to visit their families at their home or welcome them as guests.
- Staff supported people to engage in activities they enjoyed. People had an activities plan in place including activities inside and outside their home. People were supported with arts and crafts and attending hydrotherapy sessions. One relative told us, "They (staff) take (person) out, (person) gets to do things they like and (person) is happy, you can tell."
- Staff supported people to continue their education and attend college. Some people at the service also attended the ASDAN college which was tailored to supporting and encouraging people to develop their skills and independence.

Improving care quality in response to complaints or concerns

- The service managed complaints appropriately. The service had a complaints policy in place.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- The registered manager understood their role and responsibilities. The registered manager monitored the service including the regular monitoring of restrictive measures in place at the service. However, we found this document did not include the restriction around locking someone in their room.
- The service had not ensured that appropriate documentation was in place surrounding restrictions on people's freedoms following the change to a care home.
- Managers monitored the service closely. Staff completed thorough handovers regarding people at the services which were regularly reviewed.

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

- There was a positive culture at the service. Staff were curious about getting to know people better and explored new opportunities and ideas for them in a compassionate way. For example, staff had noticed that 1 person enjoyed dancing and regularly danced with them at their home. Staff were exploring classes for them to attend and were conscious of introducing this slowly to the person in line with their needs.
- Staff told us they felt supported by all the management team and felt able to raise suggestions during team meetings and handovers.
- A relative told us they were regularly asked for feedback and also completed an annual survey.

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

- The registered manager told they had good relationships with people and their families. The registered manager under their duty of candour responsibilities and had been open when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the service. Staff had a good relationship with people's families and helped people to maintain these relationships/
- The service had multiple incentives in place for staff, such as bonuses for referring a friend to being recruited by the service.
- The registered manager acted upon the responses to staff surveys. The staff survey from last year highlighted that staff wanted more support around their mental health. As a result, the service supported

staff to train as mental health first aiders.

#### Continuous learning and improving care

- The registered manager was focused on improving the service going forward and thinking of ideas that would improve the support for individuals. For example, changing the layouts of services and including more sensory areas.
- The registered manager was involved in the local registered manager's network.

#### Working in partnership with others

- The service worked with other health professionals to support people.