

Engage Support Limited

The Crescent

Inspection report

50 The Crescent
Davenport
Stockport
Cheshire
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 20 September 2018. We gave the service 36 hours' notice that we were coming as it is a small home supporting people with a learning disability and autism.

The Crescent is a care home for up to six people with a learning disability and autism. People had complex needs and may display behaviours that challenged the service. The home is in a residential area of Stockport and has been adapted to meet the needs of the people living there. People have their own rooms and some share lounge areas, whilst others have their own lounge area. At the time of our inspection there were four people living at The Crescent. Due to the needs of the people living at the service we were told that there would not be any more admissions to the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in March 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

A registered manager was in place at The Crescent. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager had moved to The Crescent from another of the provider's services in April 2018.

The ethos of the service was to promote people's skills and independence. People were trained and encouraged to do tasks for themselves, for example making their own drinks and buying their own snacks. People were supported to take positive risks. For example one person with complex behavioural needs was now travelling independently by bus and completing some of their own shopping.

Thorough holistic assessments were completed for people moving to the service. We saw a very positive example of the service assessing and planning a move to the service for a person with complex behavioural needs. A small team was identified and trained in the person's specific needs. A specialist 'pod' identical to one used as a safe space when the person was at school had been bought to provide familiarity and they

used it to help them manage their anxieties. After three months it had been possible to reduce the person's medication as their anxiety had reduced and they had settled into their new home.

Care plans gave detailed step by step guidance for the support people needed, for example with personal care and going out on activities.

The service was very responsive to people's needs. For example, the service identified that one person did not like to share their space with other people and so was arranging for them to move rooms within the home and were in the process of adapting the room with underfloor heating and window coverings to meet the person's needs.

Each person had a communication passport which comprehensively detailed how they communicated what they wanted and how they were feeling. This included verbal and non-verbal communication, with communication aids being used where required, for example Picture Exchange Communication System (PECS) cards. This enabled people to be involved in their care and support and reduced their frustration as they were able to communicate their needs to the staff team.

Social stories were written with easy read symbols and simple words to inform people about their care, support and activities. Information was available in an easy read format, for example the guide to services and complaints procedure.

A tenant's voice easy read document was used to enable people to say what they thought about their support, activities and home. This was used in the staff meetings to drive changes and improvements at the service.

Risks people may face were assessed and clear guidance was provided for staff to reduce and manage these risks. A daily risk assessment was used to assess people's moods and the activities were tailored to the person's current mood and level of anxiety.

Detailed positive behaviour support plans were used to identify people's complex behaviours and the strategies and distraction techniques required to reduce their anxieties. Any physical intervention techniques that could be used were specified in the positive behavioural support plans. These were reviewed each month or following an incident.

Comprehensive annual reviews were held, with family involvement, which identified what was working well, areas for development and strategies and plans for the future.

All incidents were recorded in detail and de-brief meetings were held to discuss any changes that could be made to people's support plans to reduce the chance of further incidents.

Staff knew people's needs well and we observed positive interactions between people and the members of staff.

There were sufficient suitably qualified staff on duty to meet people's assessed needs. Staff were safely recruited. The staff were organised into small teams around each person so both the person and staff could get to know each other really well and build confidence and trust in each other. Each team was led by a senior support worker who ensured all care plans and risk assessments were up to date.

Staff said they enjoyed working at the service and felt well supported by the senior care staff and registered

manager.

Following our last inspection action had been taken to ensure all windows had restrictors in place and radiator covers were fitted where required to help keep people safe.

People received their medicines as prescribed.

Each person had a health action plan and was supported to maintain their health and their nutritional needs were being met.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

A robust quality assurance system was in place. The registered manager had introduced new checks and increased the focus on infection control at the home.

Further information is in the detailed findings below.

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 has improved to Good.

Comprehensive risk assessments and behavioural support plans were in place which gave detailed guidance for staff to manage the identified risks.

Medicines were administered as prescribed.

Incidents were recorded and reviewed for patterns and learning to reduce the risk of further incidents occurring.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Up to date care plans provided detailed step by step guidance for people's support so they could increase their independence and take positive risks.

The service responded to people's needs through individual holistic assessments of needs and changing people's environment to meet their needs and reduce their anxiety levels.

Easy read care plans, policies and ways to gain their views were used to involve people in their care and support.

People with complex behavioural needs were supported to safely access their local community.

Is the service well-led?

Good ●

The service remains Good.

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 comprehensive inspection took place on 20 September 2018. We gave the service 36 hours' notice of the inspection visit because it is a small home supporting people with learning disabilities and autism, who can display behaviour which can be described as challenging. We wanted to ensure people were in and to give the home time to inform and support people before our visit. One inspector completed the inspection.

Before our inspection the provider completed a provider information return (PIR). The PIR 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 we held about the service. We looked at the statutory notifications the home had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We contacted the local authority safeguarding and commissioning teams. Details of their feedback is included within the main body of this report. We also contacted Stockport Healthwatch who did not have any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with one person who used the service and observed people and staff interactions as three people living at the service could not verbally communicate with us. We also spoke with four members of care staff, the director and assistant director of health and social care. We viewed feedback from relatives through surveys they had completed.

The registered manager was not available on the day of our inspection. Following the inspection, we spoke with them by telephone.

We looked at records relating to the management of the service such as the staffing rotas, policies, incident and accident records, four staff recruitment files and training records, two care files, meeting minutes and auditing systems.

Is the service safe?

Our findings

At our last inspection in March 2016 we rated this domain as Required Improvement. At this inspection we found improvements had been made and this domain is now rated as good.

At our last inspection we found a breach in Regulation 15 as not all windows had window restrictors fitted, some radiators did not have radiator covers in place and a wardrobe in a bedroom, where the person was known to bang on the furniture, was not affixed to the wall. All these issues had been addressed by the provider.

The risks people may face had been identified, for example activities within the community, risks within the home and travelling in the car. Detailed individualised guidance was provided for staff to reduce and manage these risks.

The people living at the service had complex needs and may have behaviour described as challenging. Each person had a very detailed positive behaviour support plan in place. These described people's behaviours and interactions when they were calm (at baseline), possible triggers for their anxiety and the signs that they were becoming agitated. Clear information was provided for staff about how they should respond to support and distract the person if they were becoming anxious to try to re-assure them and enable them to return to their baseline.

The positive behaviour support plans included detailed guidance about the possible behaviours each person may have when they were agitated. This included a description of the physical interventions that could be used by members of staff, if necessary, to keep the person and staff safe. All staff were trained in the use of physical intervention through a course called CITRUS (Creative Intervention Techniques in Response to Untoward Situations). The director of health and social care told us they were changing their physical intervention training to a system called ARC (Attachment, Regulation, Competency). Three staff had completed a 'train the trainer' course and would be training the rest of the staff team.

A daily assessment of people's moods was made to judge whether the person was at baseline or was anxious. The activities offered were then tailored to the person's presenting mood.

All incidents were recorded and reviewed by the registered manager and senior carers to look for any patterns to them. Debriefs were held with the staff involved to discuss what happened and if there were any changes in the support plans that may reduce the risk of further incidents. Staff were knowledgeable about the incident and safeguarding reporting system used at the service.

The service continued to have key fobs to open some doors within the home. This reduced the risk of people entering other people's bedrooms or rooms where they may be at risk if they were on their own.

The staff recruitment system remained robust to help ensure staff were suitable to support vulnerable people. There were sufficient suitably qualified staff on duty to meet people's assessed needs, including 2:1

or 3:1 support where required to people's potential anxieties and behaviour.

Medicines were safely managed at the service. Clear protocols were in place for when medicines prescribed to be used 'as required' should be administered. This prompted staff of the support and actions that should be used before the as required medicine was administered. This should help ensure that people were not over medicated. A positive medicines audit had been completed by Stockport Care Commissioning Group (CCG) in August 2018.

We found the home to be clean and free from malodours. A cleaning schedule was in place for each floor of the home. An infection control audit by the local authority in May 2018 had resulted in a score of 61%. Actions had been taken and cleaners had recently been recruited to complete thorough cleaning of all bathrooms and bedrooms twice per week. Staff had completed training in infection control. Internal infection control audits showed marked improvements since May.

Equipment and services continued to be maintained and serviced in line with national guidelines and the manufacturer's instructions. Emergency procedures and evacuation plans were in place.

Is the service effective?

Our findings

At our last inspection in March 2016 we rated this domain as Good. At this inspection the rating remained Good.

All staff had completed a range of training courses to be able to meet people's needs. This included medication, health and safety, first aid, autism and physical intervention. Specific courses to meet people's clinical needs were also completed, for example epilepsy training. Staff were also enrolled on a level three course in positive behavioural support.

All new staff completed an induction and shadowed experienced members of staff to get to know the people they would be supporting. One staff member said, "I shadowed each person for two weeks. I only went onto the rota after I'd spoken with [registered manager] about people's support needs and was confident to work with people."

Staff said they had a daily handover which provided them with an update on people's wellbeing. A handover log was written, which also included planned activities for the day and a check on people's finances and medicines. Staff also read the daily log which recorded what the person did each day.

Staff said they felt well supported by the management team at the home and the provider. Supervision and team meetings were held every two months. Staff said they could discuss people's support, make suggestions and raise any concerns they may have.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service continued to work within the principles of the MCA. Capacity assessments, best interest decisions and DoLS applications were all in place.

People continued to have their nutritional needs met. One person was supported with a healthy eating regime and information was available for the person and the staff team so they could support the person appropriately.

People's health needs also continued to be met by the service. Health action plans were in place which detailed the support people required to maintain their health. Each person was registered with a local GP and other medical professionals were involved where required, for example speech and language team (SALT), psychologists and community learning disability team.

The service was pro-active in adapting the home to meet people's physical and sensory needs. For example, one person had a history of damaging furniture in their room. The service had installed underfloor heating so there was no need for a radiator in their room, which they may try to pull from the wall. Window coverings had been used in a person's room as they did not like bright light.

The service had also responded to neighbours' concerns about noise levels by ordering sound proof doors and sound proofing rooms. This would reduce the impact the service had on their neighbours.

Is the service caring?

Our findings

At our last inspection in March 2016 we rated this domain as Good. At this inspection the rating remained Good.

We heard and observed positive interactions between people living at The Crescent and members of staff. The staff had formed positive relationships with the people living at the service. One relative wrote on their survey form, "Staff give [name] 100% of their attention and so understand his needs and pick up on when he is not feeling well or what the cause of his agitation is."

People were supported to communicate what they wanted. Three people living at the service had limited verbal communication or were non-verbal. All four people had a communication passport in place which detailed how the person communicated what they wanted and how they were feeling.

The communication passports explained people's communication methods, including facial expressions, actions and what they meant and Picture Exchange Communication System (PECS). One person had a range of PECS pictures which they could use to communicate what they wanted, for example a range of food, drinks and activities they could choose to do. Staff used the PECS cards to give the person choices of what they wanted, to show what activity the person was doing now and what they would be doing next. Pictorial weekly planners were used to show what the person would be doing.

People's cultural and religious needs continued to be respected by the service. One person had halal meat.

Staff were able to describe how they maintained people's privacy and dignity when supporting them. People could spend time on their own in their living space when they wanted to. People were supported to be involved in tasks wherever possible, for example cooking, to increase their independence.

People's confidential information was securely stored in the office at the home. Access to the providers computer system was password controlled so computer records were only accessible to those with permission to do so.

Is the service responsive?

Our findings

At the last inspection in March 2016 this domain was rated as good. At this inspection we found further improvements had been made by the service and it now met the characteristics of an outstanding service.

Thorough holistic assessments were completed for people moving to the service. An example we saw included information from the person's family, school and other professionals involved with the person's support over many years. Information was also sought from the person's current placement, although it was noted that this placement was not successful in meeting the person's complex needs and behaviours and the information they provided needed to be put in this context.

Prior to the person moving to the service a small staff team was identified so the person would not be overwhelmed by too many new faces at once. The staff attended a training day to learn about the specific needs and behaviours of the person and agree the initial support strategies they would use. Staff from the person's school who knew them well attended the training day to discuss what they had found to work and not work when supporting the person.

An extensive transition plan was written, with alternative scenarios for the day of the move depending on the person's mood and anxiety levels at the time. This had been agreed by the person's family and the current provider.

The service bought a specialist 'pod' identical to one that had been used as a safe space for the person in the school environment. This provided the person with some familiarity in their new home and allowed them to use the pod as a safe space when they became agitated.

A detailed review of the service was held after six weeks. This looked at the transition process and reviewed the care and positive behavioural support plans as required.

We saw the person's medication had been reduced at a medicine review three months after their move as they were less anxious and more relaxed once they had settled into their new home.

This showed the service had successfully supported a person with complex needs and behaviours to move to the service. Thorough assessments, planning and staff training had enabled them to settle into their new home.

Each person had clear care plans in place that detailed the support they required, for example with personal hygiene, attending activities and how staff should try to re-assure people if they became anxious, including giving them time on their own if they wanted. The care plans were broken down into small steps with guidance for staff at each step on what they needed to do and how to respond in different scenarios depending on the mood and anxiety levels of the person they were supporting.

New care plans were written when a person started a new activity. For example, we saw detailed care plans

for the support one person needed when visiting their family and attending their education placement.

The ethos of the service was to promote people's skills and independence. People were supported to develop their skills, both within the home and within the local community. One person had become more involved in making their own drinks and doing their laundry.

People were also supported to take positive risks. One person wanted to travel by bus independently to do some shopping. A detailed tasks analysis using Assessment of Functional Living Skills (AFLS) was completed which broke the travel and shopping into small sections. Staff supported and prompted the person to learn to safely travel on the bus, with staff observing the person from a distance whilst they were learning the route they needed to take. We were told the person was now able to independently do their shopping from a list they wrote with the staff team. After completing their shopping, they met a staff member in the café at the supermarket.

One person had been supported to start some work experience at the provider's office. This had been increased with additional tasks, including going to the bank for the organisation, being introduced. A clear step by step guide to the jobs to be completed had been written.

Comprehensive annual reviews were held which identified what was working well, areas for development and strategies and plans for the future. One person wanted to save up for a trip to China or America. Staff told us they had supported the person to get a passport and were planning an initial trip to London by plane so they had an experience of a short flight as they had not been on a plane before.

One relative had said on their survey form, "Staff always keep me informed about [name's] day, sending me pictures and text messages. If there are any concerns they let me know; I am involved in everything I need to know about [name]."

The service was meeting the accessible information standard. All care plans included easy read symbols to assist the person to understand what they and the staff team would do. Easy read versions of the service user handbook and complaints policy were used. Each person had their own communication passport and systems in place to help them communicate, understand and be involved in what they did each day.

Social stories were written with easy read symbols and simple words to inform people of any changes to their routines or new activities they would be doing. For example, a social story had been written for the new tasks the person would be completing during their office work experience.

The service had recently appointed a senior support worker for each person living at the service. A staff team was also built around each person, looking at which staff would be best suited to support each person. Staff did support other people within the house, but spent most of their shifts supporting one person. This enabled both the person and the staff team to really get to know each other and build confidence and trust in each other.

Staff told us this worked well as they were able to anticipate and respond to people's needs and moods better as they knew the person they were supporting so well. The senior's role was to ensure all care plans were reviewed and up to date and discuss with the team whether there were any changes in the support plans needed. They ensured all incidents were followed up and any lessons that could be learnt to reduce further incidents were shared with all the staff team.

People were encouraged to give their views on the service. A tenant's voice document was used to try to

capture people's views of the support they received. These used pictures, colours and people's preferred communication methods to engage people in indicating their thoughts about the service. Each person's tenants voice document was discussed at the team meetings.

The service was extremely responsive to people's changing needs. For example, one person was due to move rooms within the service as they struggled sharing their current space with a person who had recently joined the service. The staff team had identified the issue and found a solution. The provider was in the process of upgrading the room they were to move to, including replicating the window covering used in their current room and underfloor heating to reduce the risk of radiators being damaged.

Due to one person's needs and being unable to share their space the director of health and social care told us that the service would continue to support four people and would not be admitting any further people, even though their registration with the Care Quality Commission was for up to six people. This showed the service was responsive to people's needs and put their needs ahead of having additional people living at the service.

Technology was used where appropriate. This ranged from two-way radios for staff to keep in contact with each other, summon assistance if needed and to check where people were in the building when they were returning from an activity. Sensors were also used, for example a bed sensor was used to monitor if one person had an epileptic seizure at night.

A complaints policy was in place. All complaints received had been looked into and responded to appropriately, with the registered manager or service director meeting with neighbours who had raised a complaint. All recent complaints were about the noise made by people living at the service. The provider had made adaptations to the house to reduce the noise being transmitted through the fabric of the building. For example, sound proof, soft closing doors had been ordered to reduce the impact of one person's banging

Is the service well-led?

Our findings

At our last inspection in March 2016 we rated this domain as Good. At this inspection the rating remained Good.

A robust quality assurance system was in place. The registered manager had introduced a series of spot checks with staff where they observed them supporting people and asked questions about their role, recording and keeping people safe. Infection control audits were now regularly completed. Incidents were logged and reviewed for any patterns. Medicines and monies were also audited.

A periodic service review had been introduced where the registered manager from the provider's Manchester service audited The Crescent. The second audit had been in August 2018. The Nominated Individual (who has responsibility for supervising the management of the regulated activity) visited The Crescent monthly and completed a review of the service. Action plans were written from these audits to further improve the service.

The registered manager had introduced the senior care role for each person living at the service to lead on the shifts, ensure all paperwork was reviewed and in place and increase the management support available for the staff teams.

Staff continued to enjoy working at the service and the registered manager was approachable. Regular team meetings were held, including separate meetings for the senior care staff.

There was a clear ethos across the staff we spoke with about promoting people's skills and independence by supporting people to engage in community activities safely and to increase their independence, for example making their own drinks or meals or travelling by bus on their own.

Feedback from families and professionals through surveys was seen to be positive.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We discussed what incidents would need to be reported with the registered manager. The incident reports we saw did not meet the threshold to be notified to the CQC.