

London Borough of Merton

London Borough of Merton - MILES

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

London Borough of Merton – MILES provides personal care and support to people in their own homes. The service is run by the local authority and specialises in providing a reablement service to people when they leave hospital. This is when people need support to learn or relearn skills to help them live independently at home following an illness. The service is provided, free of charge, for up to six weeks. At the time of this inspection there were twenty eight people using this service.

Since our last inspection the service has changed its name to London Borough of Merton Reablement Service. The local authority has not yet applied formally to CQC for this change of name to be included on this report. But we will refer to the service in this report as the 'reablement service.'

At our last inspection 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 on-going 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.

People remained safe using the reablement service. The provider managed risks associated with people's independency and mobility in their own homes. There were enough staff to meet people's needs. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. People had access to a range of healthcare professionals.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People said staff continued to be caring and gave them the privacy, respect and dignity they needed, while supporting them to be independent.

People's needs were assessed and support was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

We observed during our visit to the providers office that management were approachable and responsive to staff needs. Systems were in place to monitor and improve the quality of the service.

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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

London Borough of Merton – MILES

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 was a comprehensive inspection. The inspection took place on 5 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and staff are often out during the day. The manager was on annual leave and we were met by the service manager, who was the former registered manager.

The inspection was carried out by a single inspector. After the inspection an expert by experience telephoned people and their relatives to get their opinion of the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for example elderly, dementia and palliative care.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection CQC emailed a questionnaire to 41 staff, 12 people who used the service and 12 relatives and seven healthcare professionals.

During the inspection we spoke with the service manager, the assistant director of adult social care and seven members of staff. We also spoke with staff from Age UK and the Wimbledon Guild. We looked at a

range of records including four people's support plans, staff supervision files and other records relating to the management of the service.

After the inspection an expert by experience telephoned 10 people and two relatives to ask for their opinion of the service they were receiving. We emailed a short questionnaire to nine care staff and six healthcare professionals.

We have included comments from all the responses we received in our report.

Is the service safe?

Our findings

People continued to be safe using the reablement service. All of the people, relatives and healthcare professionals who replied to the CQC questionnaire said they felt the service was safe.

People and relatives commented, "I have no issues about feeling safe or comfortable when the support workers come, they are very pleasant," "Yes I do feel safe, they are nice ladies [staff]," "Absolutely, I have no issues with the care workers making me feel comfortable," "They are very good, the care workers make you feel safe at all times" and "They are very welcoming, I always feel comfortable with them."

Two healthcare professionals told us, "We feel that our client is safe using the reablement service. I always note they are professional in their approach with clients. Some of our clients and families also informed us that the reablement team are very professional and have given us positive feedback about the service" and "I have every confidence that our clients are safe using this service and this is borne out by feedback we get to this effect. We are always confident that the service will be delivered in a safe and effective way."

The provider and staff took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. People had appropriate risk assessments in place. Staff assessed the risks to people's health, safety and welfare. Risk assessments of the home environment were also conducted to ensure staff and people were kept safe at all times. Where risks were identified management plans were in place.

Recruitment practices remained safe. The reablement service had a consistent and stable staff team. Recruitment was managed by the local authority human resources department and staff files were not available to be seen on the day of the inspection. The service manager explained the process for recruitment which included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines continued to be administered safely. People were supported by staff to take their medicines when they needed them and medicines administration records (MAR) were kept. Senior staff checked the MAR charts in people's homes when they visited and could confirm these were up to date and correctly completed. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults. Staff were aware of how to report any accidents or incidents that may occur. The actions taken showed staff had learnt from the incidents which helped to prevent future occurrences.

Is the service effective?

Our findings

People were cared for by staff who continued to receive appropriate training and support. People and relatives commented, "They are very good, they know I do not speak good English, so they speak to me slowly so I can understand," "Yes staff are certainly trained and skilled, all my tasks are done to a good level," "The care workers do have the skills and in their work it shows to me they are trained" and "From what I have seen they [staff] are skilled and trained, we have never had any issues with them completing any tasks, they always do to a good standard."

A healthcare professional commented "The staff in this team have excellent training and skills in all aspects of care including moving and handling and using specialist equipment. I have never had any negative feedback from any of our clients in terms of training and skills."

We also received two comments from people saying they felt staff spoke to them on occasions in a 'childlike manner' which they did not like. They did not elaborate on what they meant by 'childlike.' We spoke with the service manager about these comments and she said she would take this forward with the team, to ensure staff respected people's age, background and intelligence and ensure people were spoken to appropriately.

Records showed that staff were undertaking the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff had also completed training in a number of relevant courses including infection control and prevention, moving and handling, emergency first aid and fire safety. Specialist training was also available in behaviours that may challenge, end of life care and in medical issues that would require more knowledge and skills from the staff member, such as epilepsy and diabetes.

The service continued to work within the guidelines of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. Staff gained knowledge of people's likes and dislikes and preferences as to when they liked to have a meal, by talking to people and ensuring this was included in the person's support plan. Details of any support given with preparing meals was included in the daily notes.

Staff continued to support people to achieve their personal goals for reablement. Each person's needs were very different, following their stay in hospital, possibly following a stroke, fall or operation. Staff assessed people's needs on a daily basis and ensured the correct help was available. The reablement service had

access to occupational and physio therapists, the speech and language team (SALT) and other healthcare professionals as may be needed.

One healthcare professional said, "I find the staff friendly, knowledgeable and professional. They care about the client's they see. We work well in partnership."

Is the service caring?

Our findings

The service continued to be caring. People and relatives commented, "They [staff] are very nice, friendly, always caring and kind towards me," "Brilliant, I really do look forward to them [staff] coming, kind, caring, always smiling, which makes a great difference to someone who is ill" and "The support workers are very caring and kind to me, they do give me the utmost dignity and respect." "The care workers are very good, they have a great relationship with my relative, they speak to her as a person always giving her respect and dignity" and "They [staff] are very caring, respectful, they are smiling and they make my relative happy too, they smile."

Staff told us, "I love meeting all the different people, they are so knowledgeable about life and the borough, you can learn a lot from them, while helping them to regain their independence," "Each person is an individual and that is important. You have to discover who they are what they can do and how we can help them" and "When I provide care to the clients I feel good to have made another person's life better and to be part of a caring society. It gives me a sense of satisfaction that I have given back something to my society and I have fulfilled my duty of care."

People's care plans continued to be well written and informative, giving details of people's background, their skills and their challenges. People had a variety of support needs and abilities, with some people being more independent than others.

A healthcare professional commented, "My clients inform me that they have regular review meetings with a senior person from the reablement team, and are given all the options which are available to them and are supported with their choice of support."

People were also supported by staff from the voluntary sector including Age UK and the Wimbledon Guild. We spoke with staff from both these services at the provider's office and they explained their role of working with the reablement service. They provided an outreach service, helping people with companionship, shopping, cleaning, befriending, and emotional support and accessing activities. They both said this joint working with the reablement service helped to keep people in their own homes and in their community.

Staff continued to respect people's privacy and dignity. People told us, "The care workers are very friendly; they always do the tasks for me with a smile. They give me respect and dignity at all times whilst they are with me," "I look forward to them [staff] coming, they respect me, they are friendly, they always do things with dignity and respect for me" and "They are nice, friendly, they sit and speak to me which means a lot to me and they do this with respect. I am very happy with them."

A staff member told us, "Privacy and dignity is every person's basic human right. I respect people's privacy physically and emotionally, say when providing personal care; I give clients a choice on what their preference maybe. I also protect people's dignity by upholding the following factors, communicating respectful, taking care of the person's eating and nutritional care and social inclusion."

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Two people commented in the CQC questionnaire sent out before the inspection, "The service was excellent. I only used this for a short time as they helped me gain my confidence back" and "I am not now receiving care. This was provided for several weeks on my discharge from hospital. They [staff] certainly do their best."

People and relatives we spoke with commented, "They are approachable, they listen to me and we have been through the support plan at the beginning," "Great, what I tell them to do they do, they listen and try to work around me. The care plan has me at the centre, this is what you call a plan," "The senior person does come to see us and we have been through the care plan. We have a good relationship with them" and "I have a good relationship with the management, we speak and discuss with my relative her care plan and if it needs changing they are very flexible."

Staff told us that due to the type of service they were, reablement following a hospital stay, it wasn't always possible to know everything about a person before they returned home. But they started to gather this information at the first visit and to build the support plan on what people and relatives told them. They said this process helped them to get to know the person and to support them appropriately, including any cultural or religious preferences they may have.

Two healthcare professionals commented, "They [reablement service] keep me and my colleagues informed of our clients progress. There are regular reviews and our clients are given all the options which are available to them and the team supports them with their choice" and "Clients and their carers/families are directly involved in reviews and plans for any on-going care and support. Where a client is allocated to a member of my teams, the reablement service are effective at feeding back and working collaboratively to ensure the best possible outcomes for the person in question and a plan is agreed as to what is to be provided, by whom and when and when this will be reviewed. They also ensure that all other appropriate referrals are made prior to any handover to ensure the safety and wellbeing of the client."

The provider continued to have arrangements in place to respond appropriately to people's concerns and complaints. Complaints were escalated to the local authority's complaints department and dealt with accordingly.

Of the 10 people we spoke with seven people commented positively on the timings that staff visited and the amount of time they stayed. Comments included "Yes they come on time, they stayed for the full length of time," "The timing is the best of the service, it is when I need them to come, they work around me which is brilliant," "We have a window which we have agreed, they [staff] always come within this time, they never rush off" and "Timing is good, they are flexible in case I need to go out and they stay for the full length of time."

We also received several concerns about the time staff arrive and the length of time they spend with each person. People and relatives commented, "The staff are all good, I do not like complaining about anything

as they do try their best. We have been through the care plan and the only issue for me is timing," "Staff timing is not good, they came when they wanted to and there was no structure at all," "The staff timing is not good. Staff come at 1pm, by which time I have already washed and made my own breakfast myself" and "Timing is becoming an issue now." People and relatives also gave us the reasons why they would like a timed visit.

However, people and relatives also told us they had not spoken to the management about their concerns of staff timing. We spoke to the service manager about people's concerns without giving any names or any information that would recognise a person. They told us they were aware of the concerns people had with staff timing and were in the process of recruiting more staff which would help alleviate the problem. They also explained that the reablement service was for a limited number of weeks, up to six weeks and was free of charge. People could receive from one to several visits a day, dependent on their need. Staff were there to help people regain their independence at home and how long this took each day was dependent on a person's abilities, which could change daily.

A staff member told us "I do plan and deliver care to clients according to their care plans and prioritise according to the number of calls, their medicine and health needs. Whether the person is supported at home by family or not. For example if a client is diabetic and lives by themselves I always give them the first care call, then those with more than four times of medicine in the day will be next so as to space the times in between the medicine administration as per their prescription."

Is the service well-led?

Our findings

The service continued to be well led.

The service had a manager who was in the process of registering with CQC. 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.

Staff spoke positively about the management and office staff team, "The team is good and makes me feel part of one big family that prides itself in our service," "The office is very good with communicating with support staff in many ways. We do communicate through the telephone with the office, manager, administrators and write in the communication book in the office for everyone to follow up. We all have personal work mobiles that make it easy to be reached by the office."

We also received a couple of comments from staff who said they would like to be more listened to at staff or other meetings. They also wanted any concerns they had taken seriously and wanted to work with management to find solutions. The issues they spoke about all related to the service provided, including timings and duty rotas. They also spoke about the information they needed before visiting a person for the first time, although they also said given the nature of the service, reablement, being able to assess a person's ability first hand was very helpful in planning the support they needed.

A healthcare professional told us, "We enjoy a positive working relationship with the reablement team at all levels. I often contact the manager as a matter of professional courtesy but I am confident that in their absence, I can discuss a case with any member of the team and that communication will be effective and timely. We have contact with team members in person, by e-mail and by telephone and the quality of the communication are always positive, polite and professional."

Senior staff checked the daily notes and medicine administration records when they visited a person at home. If they found any errors or omissions they would speak with staff immediately, if this was suitable or during their one to one supervision meetings or sooner if needed.

We asked people and relatives what was good about the service and would they recommend it to others. Overall we received positive replies saying, "Care workers, they work around me," "I am happy with the service, I can recommend them," "Good service, happy to recommend to family and friends," "The pleasant, kindness of the support staff and management, very approachable," "The friendliness of the staff and support workers" and "They support me to become independent."