

Together for Mental Wellbeing

Together for Mental Wellbeing Supported Living Branch

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 

Overall summary

We carried out an announced inspection on 28 October 2015. The last inspection of this service was carried out on 14 February 2014 and all the standards we inspected were met.

Together for Mental Wellbeing Supported Living Branch currently provides personal care in the home for two people living in one location in Surrey. The service provides support for people living with mental health conditions. There are eight rooms in total at the location.

Summary of findings

A registered manager was in place at the time of the inspection. 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.

There were suitable arrangements in place to safeguard people including procedures to follow regarding how to report and record information. Staff had received training in safeguarding adults and we saw from training records that this was in date.

Risks assessments and regular reviews were undertaken to ensure steps were put in place to minimise any risks identified.

We saw from rotas and people told us that there were sufficient numbers of staff to support people safely.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

We saw training records and noted that staff had completed an induction as well as mandatory training.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked mental capacity in line with the principles of the Act and particularly around decision making.

Staff were aware of the food people were buying and encouraged them to eat a balanced diet as much as possible. People we spoke with told us they were able to eat and drink independently and this was reflected in their support plans.

People were registered with a local GP and staff supported people to access health services and appointments to ensure they were able to maintain good health.

We found that staff treated people with dignity and respect and his approach was embedded in the values and culture at the service.

Areas relating to equality and diversity were discussed and addressed in people's support plans and included in areas such as personal information, social networks and relationships.

Staff assessed people's needs and we saw evidence of continual involvement in decisions about their support from people using the service.

The service had introduced an initiative called the 'Recovery Star.' This was an opportunity for people to record how they felt they were progressing in terms of their recovery. The keyworker also completed the information independently in order to demonstrate how they felt a person was doing. The two completed versions and any variance would form a basis for discussion with people about recovery as well as encouraging progress and agreeing what more needs to be done to achieve the agreed goals.

The service had a complaints policy in place and information was available to people in a 'Welcome Pack' that people received when they started using the service.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received as well as monitoring the key-working sessions provided by staff. Monthly audit visit conducted by the registered manager that focused on the environment, maintenance, whether support plans had been reviewed, key working, monitoring of medicines, complaints and feedback.

Summary of findings

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 safe. Staff knew how to report concerns or allegations of abuse and procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

There were suitable arrangements for the safe prompting and recording of medicines.

Good



Is the service effective?

The service was effective. Staff received induction training and relevant mandatory training to help provide people with effective support.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

People's requirements around being supported to eat and drink were detailed in their support plans to ensure they received appropriate support to maintain a balanced diet.

People were assisted to access their GP and on-going healthcare support.

Good



Is the service caring?

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Positive caring relationships were encouraged between people at the service and it was evident that this was being achieved.

Staff were trained to ensure they supported people appropriately in relation to equality and diversity.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their needs.

People were involved in planning their support and decisions around how their support was delivered.

The service had a complaints policy in place and people knew how to use it.

Good



Is the service well-led?

The service was well-led. The service promoted a positive culture which was open and honest.

There were regular audits and checks taking place to ensure high quality care was being delivered.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

Good



Together for Mental Wellbeing Supported Living Branch

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 inspection took place on 28 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. A single inspector conducted the inspection.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We interviewed three staff including the registered manager. We gained feedback from the two people who used the service. We also gained feedback from health and social care professionals who were involved with the service.

We reviewed two case records, three staff files as well as policies and procedures relating to the service.

Is the service safe?

Our findings

People we spoke with said they felt safe. They explained that although they felt able to do most things for themselves, it felt good to know staff were around if they needed support or reassurance. One person said, “I see my key-worker on most days and that helps.”

Staff had a good understanding of safeguarding people and was able to describe the process for dealing with concerns or alerts. All staff had received training in safeguarding adults and we saw from training records that this was in date. A safeguarding policy and procedure was available as well as flowchart describing the steps to follow. Staff were aware of how to use the whistle blowing procedure if they had concerns they felt were not being addressed appropriately.

The registered manager understood the process for dealing with safeguarding concerns appropriately and was able to give examples of how they had worked with the local authority and the police in such cases.

Risks assessments and regular reviews were undertaken to ensure steps were put in place to minimise any risks identified. Assessments included medicines, trips and falls, burns and scalds, and nutrition. We saw information about action to be taken to minimise the chance of harm occurring and each assessment and action plan was devised personally for each person being supported. A Personal Emergency Evacuation Plan was also on each record (PEEP). It identified the level of support the person needed to evacuate the building safely in the event of an emergency.

We saw evidence that health and social care professionals associated with people’s care were involved in how risks were managed to ensure people were supported safely. This included information confirming the provider had regularly sought advice and intervention from professionals such as GPs and mental health professionals.

We saw evidence from rotas as well as from people we spoke with that there were sufficient numbers of suitable staff to meet people’s needs and keep them safe. One person said, “My key-worker is in most days but I can talk to any of the staff if I need to.” Another person said, “There is enough staff to help us.” Staff told us that there are always between two and three staff on duty to cover the unit during the day and at night a member of staff sleeps in.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. Checks on people’s references, eligibility to work, and Disclosure and Barring Service (DBS) results had been undertaken to ensure they were fit to work.

Staff prompted people to take their medicines where needed. Records of support had been completed appropriately. We saw how people were involved as much as possible in taking their medicines independently and risk assessments were in place to indicate the steps to take to ensure safe and proper administration of medicines. Regular checks took place for people administering their own medicines.

Is the service effective?

Our findings

People told us they thought the service was effective and their needs were met. One person said, “I think staff are highly skilled.”

We saw training records and noted that staff had completed an induction as well as mandatory training. Training was regular and on-going to ensure staff kept up to date with professional guidance. It included fire safety, safeguarding adults, emergency first aid, and moving and handling. Staff told us they undertook specialist training from the provider, including, understanding psychosis, personality disorders and self-harm.

Staff received regular supervision and records from each session were retained in their files. We saw the content of supervision was appropriate and areas covered included work life, balance/general feelings, key-client updates, health and safety issues, and training and development. Appraisals were conducted annually with staff and reviewed regularly. Staff told us they found supervision supportive and they were able to discuss any issues relating to people they supported or any personal issues they wished to share.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around

making decisions. We saw evidence of staff involvement with health and social care professionals around issues of mental capacity and this included prompt action to ensure people were supported safely and in a least restrictive way. We saw that people’s written consent was obtained about decisions regarding how they lived their lives and the care and support provided. Staff told us they always presume people have capacity and encourage independence. One person said, “I can do most things for myself but staff will help me if I need it

Staff supported people to do their own food shopping where needed, and we saw that people were able to cook for themselves. Staff were aware of the food people were buying and encouraged them to eat a balanced diet as much as possible. People told us they were able to eat and drink independently and this was reflected in their support plans. One person said, “I like to cook for myself and at times I microwave but someone will accompany me when I’m using it.” Another person told us they were good at cooking and they liked good food. They went on to say they usually managed on their own and it was fine.

People were registered with a local GP and staff supported people to access health services and appointments to ensure they were able to maintain good health. Any actions and outcomes from appointments were shared and recorded on the ‘medical monitoring form’ in people’s case file

Is the service caring?

Our findings

People told us they thought the approach of the staff was positive and caring. One person said, “They are very caring and kind and want the best for us.” Another said, “They are very sympathetic and kind.”

The registered manager told us that people who used the service were at the heart of everything they do at the service. He told us that he always reminded people of the saying, “Nothing about me without me” and that was their philosophy, which inclusivity was the essence of what they were trying to achieve. Staff encouraged positive caring relationships between people using the service and from the feedback we received from people, it was evident that this was being achieved. People had been living at the service for many years and one person described it as, “A big family” and another spoke of looking out for each other.

Staff understood the importance of treating people with dignity and respect and they told us that this approach was embedded in the values and culture at the service. They told us they respected people’s personal space. They always knocked on people’s doors, asked for permission

before supporting people, and would never discuss personal issues whilst in their presence. One staff member said, “People have their own opinions and preferences and we respect that.”

We saw that issues relating to equality and diversity were discussed and addressed in people’s support plans and were included in areas such as personal information, social networks and relationships. Staff had a good understanding of the need to uphold and value equality and diversity and had received training from the provider. An equality and diversity policy was also available for guidance.

There was a key-worker system in place. This meant that staff were allocated to work closely with people allocated to them in order to assist them with day to day activities as well as assisting them to reach agreed goals and outcomes. People spoke highly of their key-workers and saw them as an important part in their lives. They also explained that they had built good strong relationships with them and trusted their judgement. Key-workers held regular meetings with people to discuss their support plans and goals as well as any other issues they may have. They also helped to arrange social events and outings.

Is the service responsive?

Our findings

People told us they received responsive care that was delivered in a personalised way and met their needs. One person said, “I am fully involved in my support plan and it’s constant.”

The registered manager and staff showed a good awareness of people’s individual needs and circumstances and that they knew how to provide appropriate support to people based on their individual needs and preferences. There was evidence of good engagement with community health and social care professionals, for example, occupational therapists and mental health workers.

Staff assessed people's needs and we saw evidence of continual involvement from people using the service. Support was planned and delivered in line with people's individual support plans. There were a number of assessments on each file including, medicines, self-care/physical health, social networks, work/activities, relationships and responsibilities. Each support plan was reviewed on a monthly basis or when there had been any changes that affected how a person’s support was to be delivered. We also saw the introduction of a new process to ensure people were able to engage and feedback formally regarding their support plan. This involved a discussion with people and their key-worker called ‘How’s it Going.’ Topics discussed were related to their support plan. This prompted useful discussions and suggestions to improve people’s quality of life and to support them to achieve the goals they had identified.

The service had introduced an initiative called the ‘Recovery Star.’ This recorded information based on how well people felt they were progressing in terms of their recovery. The keyworker also completed the information for the star independently in order to demonstrate how they felt a person was doing. The two completed versions and any variance would form a basis for discussion with people about recovery as well as encouraging progress and agreeing what more needs to be done to achieve the agreed goals.

We also saw the use of ‘Recovery Vouchers.’ They acted as a form of currency to be used to purchase staff time and in anticipation of self-directed support and individualised budgets being introduced. It also helped people understand how to make full use of their contact time with staff. As the people move on into more independent accommodation, the use of these vouchers aimed to help ensure people gained all the necessary skills in order to manage their individual budget effectively and with confidence and understanding.

The service had a complaints policy in place and information was available to people in a ‘Welcome Pack’ that they received when they started using the service. People told us they were confident about how to make a complaint and that they would speak to their key-worker or the registered manager if they needed to. Staff knew how to support people to make a complaint. One said, “I would speak to the manager or the area manager and there is a phone number for residents to use on the notice board.” There were no complaints recorded for the previous twelve months and we saw two compliments from relatives thanking staff for the support given to people at the service.

Is the service well-led?

Our findings

People we spoke with told us they thought the service was good and offered reliable personalised care. The registered manager and the staff team were committed to the recovery model of support for people in order for them to achieve the outcomes and goals identified to improve their quality of life. The recovery model is based on the personal process that people with mental health conditions experience in gaining control, meaning and purpose in their lives and this involves different things for different people.

People had been using the service for a number of years and it was clear from what they told us that a culture of openness and trust had developed and people felt comfortable and safe. One person said, “They have a frightfully difficult job and I’m not sure how they do it but they’re very supportive to me.”

We saw that the vision and values of the service were clearly displayed in a quarterly report produced by the registered manager which included statements about breaking down barriers and creating a world where there is no prejudice. The staff team we spoke with clearly demonstrated the values of offering choice, listening and valuing people in conversations we had with them. People spoke highly of the positive attitude of staff when they were providing them with support.

Staff told us they thought the registered manager was efficient, effective and supportive. They received regular guidance through monthly supervision and team meetings and if he was off site they were able to contact him by telephone. One said, “He’s very supportive and does whatever he can do to make people comfortable.” Another said, “We meet sometimes weekly, he’s very supportive.”

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received as well as monitoring the key-working sessions provided by staff. The registered manager conducted a monthly audit that focused on the environment, maintenance, whether support plans had been reviewed, key-working, monitoring of medicines, complaints and feedback. Each month the actions from the previous month were reviewed to ensure they had been completed. The quarterly report written by the registered manager was a very detailed report that was produced in a newsletter format and was accessible to people using the service. It covered a general update on the supported living scheme and included case studies, future projects, safeguarding and complaints. This was an effective way of ensuring information, learning and good news stories was shared with people.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work which they could access on the computer system. We saw individual reviews and audits were conducted for people around the administration of medicines and this included involvement from the GP and other relevant health and social care professionals. Medicine audits took place weekly by the staff team and monthly by the registered manager and any actions were fed back promptly to the rest of the team.

The registered manager told us of the plans to build a summer house that could be used as a resource centre. The funding was partly coming from donations received.