

London Borough of Merton

Merton Shared Lives Scheme

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

This inspection took place on 8 April 2015 and was announced. We told the service before our visit that we would be coming. At the last inspection of the service on 2 April 2013 we found the provider was meeting the regulations we checked.

Merton Shared Lives Scheme is provided by the London Borough of Merton. The scheme employs shared lives carers who provide support to adults to enable them to live their life in the community. Carers are supported by an office based team who are responsible for matching

people with carers and ensuring people's care and support goals can be met. The scheme specialises in looking after adults with learning disabilities, mental health conditions, physical disabilities and sensory impairments. People using the service may live in the carer's own home as part of their family or in other accommodation such as rented homes, with regular support from their carer. At the time of our inspection there were 47 people using the service of which 34 people lived in their carer's home. The remaining 13 people lived in other accommodation.

Summary of findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People said they felt safe with the support they received from the service. Carers and office based staff knew what actions they needed to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and there were plans in place to manage these to protect people from foreseeable harm.

The service ensured prospective shared lives carers were suitable to support people who use the service. Their suitability and eligibility was checked and assessed before they could join the scheme. Carers and office based staff received appropriate training and support and the registered manager ensured their skills and knowledge were kept up to date.

People's consent to care was sought by the service prior to any support being provided. People were supported to make decisions and choices about their care and support needs. Their support plans reflected their specific needs and preferences for how they wished to be supported by their carer so that they retained as much control and independence over their lives. These plans were reviewed regularly with them by their carers and other people involved in their care to evaluate how effectively the service had been able to meet their needs. Where any changes to people's needs required a change in their support, this was actioned promptly by the service.

People were encouraged to eat and drink sufficient amounts. Carers monitored people's general health and wellbeing and ensured that people took their medicines as prescribed. Where they had any issues or concerns about people, they sought appropriate medical care and attention promptly from other healthcare professionals.

People told us their carers were kind and caring. People's rights to privacy and dignity were respected. People were encouraged to take part in activities at home or out in the community aimed at increasing their confidence and level of independence. People were supported to undertake work based activities and to build and maintain social relationships.

People said they were comfortable raising any issues, concerns or complaints with their carers or with office based staff. The service had arrangements in place to deal with these appropriately.

The service promoted a positive and inclusive culture in which people and their carers felt able to share their views and experiences of the service and how it could be improved. There were systems in place to monitor the safety and quality of the support provided to people. Where any shortfalls or issues were identified through the registered manager's checks and audits of the service, these were dealt with appropriately.

The service worked proactively with key organisations to ensure people received care and support which was joined up.

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. People said they were safe. Carers and staff knew how to recognise if a person was at risk of abuse or harm and the appropriate action they must take to make sure people were protected.

Plans were in place to manage known risks to people's health, safety and welfare. Carers and staff ensured people took their medicines as prescribed.

The suitability of carers was robustly assessed and checked before they were able to join the scheme.

Good



Is the service effective?

The service was effective. Carers and staff had the skills and experience to support people using the service. They received regular training and support from the service to keep these updated.

Carers and staff were aware of their responsibilities in relation to obtaining people's consent to care and support. They ensured people had capacity to make choices and decisions about specific aspects of their care and support.

People were supported by staff to eat and drink sufficient amounts. Staff monitored people's general health and wellbeing and sought advice and assistance from other healthcare professionals promptly if they had any concerns about this.

Good



Is the service caring?

The service was caring. People said staff were kind and caring.

Carers and staff ensured people's rights to privacy and dignity were respected. They supported people to do as much as they could and wanted to do for themselves to retain control and independence over their lives in their home and in the community.

People were supported to build and maintain social relationships so they led fulfilling lives.

Good



Is the service responsive?

The service was responsive. People were actively involved in planning the support they needed from the service to achieve their care goals and aspirations.

People's needs were assessed and their support plans set out how these should be met. Plans reflected people's individual choices and preferences and focussed on giving people as much independence as possible. These were reviewed regularly with people.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Good



Is the service well-led?

The service was well led. People and carers said office based staff were approachable, accessible and supportive. They were asked by the service for their views on how the care and support they received could be improved.

Good



Summary of findings

There were systems in place to monitor the quality of service people experienced. The registered manager carried out checks and audits and took appropriate action if any shortfalls or issues with the quality of service were identified.

The service worked proactively with other organisations to ensure care and support people received was joined up.

Merton Shared Lives Scheme

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 checked 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 8 April 2015 and was announced. We did this because office based staff were sometimes out of the office supporting shared lives carers or visiting people who use the service. We needed to be

sure that they would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector. Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC.

During our inspection we spoke with the registered manager. We reviewed the care records of five people using the service, four staff records and other records relating to the management of the service. After the inspection we contacted and spoke with eight people using service and three shared lives carers and asked them to share with us their views and experiences of the service.

Is the service safe?

Our findings

People said they were safe. One person said, “I feel safe, I feel happy.” Another person told us, “I feel very safe living here and the area I live in is safe too.” And another person said about their shared lives carer, “I feel safe in the house with them.” People’s responses in a recent ‘service user survey’ also showed that people felt safe. Comments we saw included, “I’m very happy and safe and get a lot of support from my carers”, “[My carer] won’t let anyone harm me” and “I feel at ease”.

The service had taken appropriate steps to safeguard adults at risk of abuse. Shared lives carers and office based staff had all received relevant training in safeguarding adults which was refreshed regularly. There was an established procedure in place for carers and staff to follow, to report any concerns they had that an individual may be at risk. Carers and staff spoke knowledgeably about their responsibilities for safeguarding the people they supported and the actions they would take to ensure they were appropriately protected. Records showed where concerns about people had been raised the registered manager had worked closely with other agencies to ensure people were appropriately protected.

Appropriate plans were in place to ensure risks to people in their home or in the community were managed. Records showed people had been involved in discussions with their carer and office based staff in identifying and assessing risks to their health, safety and welfare. These discussions took account of people’s decisions about how they wished to live their lives and the potential risks that these choices could pose. Plans to minimise identified risks were agreed with people and set out how people’s carers and office based staff would manage these to protect people from foreseeable harm. These plans were regularly reviewed with people and updated when there had been a change in an individual’s circumstances. Shared lives carers demonstrated a good awareness of the risks faced by

people they supported. They understood how they could support people to stay safe whilst enabling them to retain control and independence to make decisions about what they wanted to do.

The provider had robust arrangements in place to ensure people who applied to the scheme to become a shared lives carer, were suitable. As part of the application process people’s reasons for applying and their suitability to join the scheme were assessed by office based staff. This included undertaking background checks such as requesting references from employers and criminal records checks. Office based staff discussed the suitability of the individual and their findings from the assessment process with an assessment panel made up of health and social care professionals, current carers and people who had previously used the service. The role of the panel was to make a final decision as to the suitability of the individual to become a shared lives carer. As part of the decision making process the panel also interviewed prospective carers. This ensured only people who demonstrated the appropriate competencies, experience and knowledge would be deemed suitable to work for the scheme.

The service took prompt and appropriate action to protect people from unsafe or unsuitable practices. Records showed the registered manager undertook an investigation when concerns were raised about a shared lives carer. As a result of their investigation they formally dismissed the carer as their conduct was deemed to pose a risk to the safety and welfare of people using the service.

There were arrangements in place to check people took their medicines as prescribed. People using the service self-medicated. Very few people required prompting to take their medicines. Shared lives carers monitored and recorded that people were taking their medicines as prescribed. One carer told us, “As part of my daily checks I make sure that they have taken their medication. If they haven’t, I will check to see why and if I’m worried they are missing them or not taking them I will let their care coordinator know.”

Is the service effective?

Our findings

Shared lives carers received regular training to support them in their role. One person told us the skills and experience of their carer was reassuring to them. They said, "They used to work in mental health so they have a good idea about what you're going through. They keep in touch with my family and give them regular updates." A carer told us, "We get a lot of training arranged for us. The training is really helpful and we learn about new techniques and guidance." Another said, "[The service] are very good with training. They always let us know when training is coming up to remind us to attend." And another carer told us, "We all go on training courses and also refresher courses." Records confirmed staff received regular and appropriate training. The registered manager ensured shared lives carers as well as office based staff received training in topics and subjects which were relevant to their roles. They monitored training records to assure themselves carers and staff were up to date with their training and when they were due to attend refresher training to update their skills and knowledge.

Shared lives carers felt well supported by the office based team to help them carry out their roles effectively. One carer said, "They are very accessible and you get a lot of information and help from them." Another carer told us, "The support is very good. If you have a matter to discuss they are quick to come and talk to you." Records showed all carers met with their designated shared lives officer regularly and discussed the progress of people's care goals and objectives. Carers were able to discuss any issues or concerns they had as well as their personal learning and development needs. The service also held quarterly forums with carers in which information and guidance relevant to their roles was shared with them. This included useful updates and latest developments in adult social care.

Records showed none of the people using the service lacked capacity to make decisions or consent to the care

and support they received. There was clear involvement and discussions with people about the care and support they wanted. The decisions and choices people made about this were documented. Shared lives carers and office based staff had received training in relation to the Mental Capacity Act 2005 (MCA). They were aware of their responsibilities in relation to obtaining people's consent to care and ensuring people had capacity to make decisions about specific aspects of their care and support.

People were encouraged to eat and drink sufficient amounts to meet their needs. People said they were supported by their carer to cook meals that they wanted to eat. One person said, "We can eat what we like." Another told us, "My [carer] helps me with the cooking." People's responses from a recent 'service user survey' indicated that people were happy with the support they received with the preparation of their meals. People said they were able to eat what they liked. One person had commented, "The food is good and [my carer] makes it all small for me". People's likes and dislikes for the food they ate were discussed with them and documented in their support plans. This information was used to plan individualised meals that met people's personal preferences. People were able to eat at times which suited them. Carers monitored how much people ate and drank to check they were eating and drinking enough.

People said their carers supported them to seek support or assistance from other healthcare professionals particularly when they felt unwell. One person said, "I go out with my carer and they always come with me to appointments." Another person told us, "When I had a relapse last year, [my carer] came with me to hospital, reassured me and supported me." People's records showed outcomes from all healthcare visits and appointments were clearly documented and any changes or additional support people may need as a result were documented.

Is the service caring?

Our findings

People said their carers were kind and supported them well. One person said, “People are very kind.” Another person told us, “The care I get here is so much better than my last place. [My carer] has helped me a lot and I wouldn’t change a thing.” The positive comments we heard were reinforced by people’s responses in a recent ‘service user survey’. These included, “My carer keeps the home warm, comfortable and always encourages me to eat properly”, “My carer is my rock” and, “[My carers] are helpful, caring and supportive”. People said their shared lives carer and the office based team were supportive, particularly if they ever became anxious or upset. One person said, “My carer comes every day, talks to me, reassures me and is very comforting.” Another person told us, “If I have any problems I can talk to someone.” And another person said, “My carer is a very good listener.”

People told us they were asked for their views and felt their opinions mattered. One person said about their shared lives carer, “I feel they listen to me.” Another told us, “My carer comes in every day and makes sure we’re all ok. [My carer] is very nice and we have really good conversations and I feel I can be honest with them about how things are going.” People’s responses from the ‘service user survey’ also showed that people felt listened to, were able to discuss what was important to them and that their carers were easy to talk to.

Carers knew the people they supported, well. Most people using the service lived in their shared lives carer’s home. One carer told us this helped them to get to know the individual and their preferences for how their support was provided. Another said, “I do everything to make them feel part of the family and encourage them to join in with us in activities such as meal times.” People’s responses from the ‘service user survey’ indicated where people lived with their shared lives carer, they felt included and part of the home.

Through our discussions with shared lives carers and office based staff we found they had good awareness and understanding of the diversity of people’s needs and they provided us with positive examples of how people’s rights had been upheld in a caring way. For example, one shared lives carer had learnt to cook culturally specific meals that the person they supported was used to and wanted to eat.

People said they were afforded privacy and treated with dignity and respect. One person said, “When I need some space [my carer] respects that and doesn’t bother me.” Another person told us, “They do look after you but leave you to live your life how you want.” People’s responses from the ‘service user survey’ indicated that carers were respectful of people’s personal space. People said their carer always knocked on their door and waited for permission to enter their rooms.

People were supported to be as independent as they wanted to be. One person said, “I can’t imagine a better situation for myself. I like to be independent. We do what we like.” Another person told us, “I’m so pleased to have a roof over my head and a carer to look after me. It’s given me independence and I’ve been shown how to cook for myself and it’s good to have my own space.” Another person said, “Before I came here I couldn’t do anything. But now I can cook and clean.” People’s care records showed they had individual goals and aspirations, which had been agreed with them, aimed at increasing their independence at home and in the community. Staff encouraged people to achieve these by supporting people to attend activities and college courses, and undertake voluntary work in the community. In the home, people were encouraged and supported to help in the preparation of their meals and with general tasks around the home.

The service had ensured that people who wished to exercise their right to vote were able to do so. Shared lives carers were taking appropriate steps to support people to register so they were able to participate in elections.

Is the service responsive?

Our findings

People spoke positively about the care and support they received from the service. One person told us, “They are very good, they are looking after me.” Another person said, “My carer is so good.” People’s overall satisfaction with the service was high. We looked at people’s responses from a recent ‘service user survey’ and noted positive comments made such as, “My carer and I have a good rapport”, “I’m happy, I enjoy being here and got a life here”, and, “It’s really cool and great”.

People were actively involved in planning the care and support they received. One person told us they felt involved, were asked for their opinions and felt in control of what happened to them. Another person said they felt listened to by their carer and the office based team.

Records showed people and their representatives met with their shared lives carer and other people involved in their care and support to discuss how this should be provided. People’s views about the level of support they needed and how this should enable them to retain control and independence were routinely obtained. This was then used by staff to plan the appropriate level of support that people needed. For example, the help people needed with their personal care was discussed with them. People were able to specify the specific help they needed and how this was provided such as whether this support came from a male or female carer.

The office based team used the information obtained through discussions with people and their representatives to develop for each person an individualised plan. These were reflective of people’s views and preferences, for how care and support should be provided by staff. People’s plans covered all aspects of their lives such as how they should be encouraged to stay healthy, well and safe, and the activities that they should be supported in to enable them to live independently. These activities ranged from managing personal finances, running and maintaining a home, learning and work opportunities and maintaining family and social relationships. People’s care plans also took account of their diverse needs such as their spiritual and cultural needs, so that support could be appropriately planned to meet these.

People’s support plans were regularly reviewed and records showed people were able to take part in evaluating the

effectiveness of the support they received and how this met their goals and aspirations. Where changes to people’s needs were identified, their plans had been updated to reflect this.

People were supported to achieve their aspirations by the service. The service had built good links with agencies, organisations and local colleges within the community. Through these arrangements the office based team were able to identify appropriate activities and courses that suited people’s specific needs and wishes. One person told us they had been interested in information technology and after attending a course now knew how to use a tablet to access the internet. A shared lives carer said they found out one person they supported really enjoyed cooking. Based on that, they were able to arrange for them to attend a cookery course to pursue this interest further.

People were also able to access work based opportunities. The service had developed good links with the voluntary sector. As a result people that wished to were able to undertake voluntary work in the community. One person told us, “I was a bit worried at first as I wasn’t sure I would like it, but now I really enjoy it.”

People were encouraged to build and maintain social relationships. One person said, “I really enjoy all the activities I do. I’ve met a lot of people and made some new friends.” Another person told us, “They help me to meet people and get along with people.” As part of the planning and review of their support, people’s family members were actively encouraged to participate. A shared lives carer told us, “Families are very important. We get them involved with all aspects of the care and support so that people don’t feel isolated. It can be very beneficial to people’s health.” Records showed people’s support plans set out the relationships that were important to them and how they would be supported to maintain these by the service.

The provider had arrangements in place to respond appropriately to people’s concerns and complaints. People said they were comfortable raising any issues or concerns they had with their carer or with the office based team. One person said, “If I wasn’t happy about something I would feel more than comfortable talking to someone about this.” People’s responses from the ‘service user survey’ also indicated they felt able to talk to their carer about their issues or concerns.

Is the service responsive?

People had been given information in their service user guide on how to make a comment or complaint about the service. This was in a pictorial, easy to read format. People were told how the service would deal with their complaint and about the help they could get from staff or an independent advocate to assist them in making a

complaint. We discussed with the registered manager how they had dealt with recent complaints and we were able to see from records these had been investigated thoroughly and action had been taken by the service to resolve the issues raised.

Is the service well-led?

Our findings

The service promoted a positive and inclusive culture which proactively engaged and consulted with people and their shared lives carers. People were routinely asked for their views about how the support they received could be improved. This was done through annual surveys and review meetings between people, their carers and office based staff. People's views were listened to and as a result people had been supported to access new activities and courses to help them achieve their goals to live independently. One person told us activities and courses they had been supported to undertake had increased their confidence and improved the quality of their life.

Shared lives carers told us the office based team were easily accessible, approachable and supportive. One carer said this was really important to them as it made them feel they worked as part of team to ensure people's care goals and aspirations were met. Another carer told us if they had any ideas or suggestions about ways the service could be improved, they could discuss these with the office based team. They said about staff, "They're always looking for new activities and experiences that people could do." The service held quarterly carers forums which all shared lives carers were invited to attend. At these forums carers were able to discuss ideas, suggestions, any issues or concerns they had, and share information, advice and guidance.

The provider had set clear aims and objectives for how people using the service should be supported to live independently. People were provided with a pictorial service user guide which set out clearly how the service would achieve this. This included information about how people would be supported to stay healthy and active, encouraged to access local community services, manage their money and supported to maintain relationships with friends and family. Office based staff and shared lives carers were provided with appropriate guidance on how they were expected to support people to achieve the service's aims and objectives. For example staff were provided with guidance on how to uphold people's rights to make choices and decisions about their care and support.

Records of review meetings showed the care and support provided to people was evaluated to assess how successful

the service had been in helping people to achieve their care goals and aspirations. The objectives of the service were also continuously monitored by the office based team through team meetings. Progress against the 'team plan' which set out the service's goals and objectives for supporting people to live independently, was reviewed and discussed by staff monthly so that all were clear about how these were being met.

The service also checked the quality of care and support people experienced through other means. For example the office based team carried out regular visits to check on the care and support people received. One carer said, "They visit at least once a month to check how things are going." The registered manager told us they also carried out a visit to each person and their carer every six months to gain their views and check on the quality of care and support they had experienced. They also checked people's records for outcomes from review meetings to ensure people's needs were being met by their carers and by the office based team,

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service. Our records showed the service submitted notifications to CQC promptly and appropriately.

The service worked proactively with key organisations to ensure people received care and support which was joined up. The service had established close links with local health and social care professionals specialising in the care of older people, people with mental health needs and people living with a learning and/or physical disability. One carer told us, "When people are ill or go into crisis we flag this up as early as possible with all the relevant people like their care co-ordinator [in the community mental health team] and their psychiatrist so that we can prevent an unnecessary admission into hospital. The support people get now is definitely better. People used to get passed around from one place to another. Now we all work together."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.