

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 well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Merton Shared Lives Scheme provides a housing with support service and is registered to provide an accommodation based service for people that need some support in their everyday lives. The scheme is for adults aged 18 and over, with a learning disability, mental health issue, older people, and those with a sensory impairment. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection there were 16 people receiving personal care in different supported living settings.

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

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

The service was safe for people to use and staff to work in. Staff supported people to have the maximum possible choice, control, independence, and were focussed on people's strengths and promoted what they were able to do. This meant people were able to pursue their interests, with staff support. The quality of the service provided, was reviewed regularly, and changes were made to improve people's care and support. This was in a way that suited people best. The service established working partnerships that promoted people's participation and reduced their social isolation. People were enabled by staff, to access specialist healthcare services and followed best practice when supporting them with communication and making decisions.

### Right Care

Staff who supported people, promoted their equality, diversity, and understood people's cultural needs and provided appropriate care. Relatives told us staff were kind, compassionate, caring, and promoted people's privacy and dignity. There were enough well trained and appropriately recruited staff to support people to

live safely, whilst still enjoying their lives. Any risks to people using the service and staff were assessed, monitored, and reviewed. Complaints, concerns, accidents and incidents and safeguarding issues were appropriately reported, investigated, and recorded. Trained staff safely administered people's medicines.

#### Right culture

The service leadership and management were identifiable, transparent, and there was an open, positive, and honest culture. The provider had a clearly defined vision and values, that staff understood and followed. Staff understood people, were responsive, and supported them in their aspirations to live a quality life of their choice. This was by placing people's wishes, needs, and rights at the heart of everything they did. Staff were aware of their responsibilities, accountability and prepared to take responsibility and report any concerns they might have.

#### Rating at last inspection

The last rating for this service was Good (published 22 September 2017).

#### Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service for people.

The overall rating for the service remains Good. This is based on the findings at this inspection.

We did not inspect the key questions of effective, caring, and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Merton Shared Lives Scheme on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-Led findings below.</p>	<p><b>Good</b> ●</p>

# Merton Shared Lives Scheme

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection as we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 2

December 2023 and ended on 21 December 2023. The inspection visit took place on 6 December 2023.

#### What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke in person with the registered manager. We spoke with 1 person using the service. They did not comment directly on whether the service was safe, and well-led. We spoke with 4 relatives, 4 staff, and 4 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 4 people's care plans and risk records. We looked at 3 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection visit. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People did not comment directly on whether the service was safe. A person did say they liked their carer [Support worker]. A relative said, "I visit about once a month when in the country and [Person using the service] is very happy and kept safe." A staff member told us, "We provide as safe a service as possible."
- Staff received training in how to identify signs of possible abuse, and the action to take as required. They knew how to raise a safeguarding alert; the provider made the safeguarding procedure available to them and they were required to confirm they had read it.
- People were advised by staff how to keep safe and if there were areas of individual concern regarding people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- People were supported and enabled by staff to take acceptable risks by staff following their risk assessments. The risk assessments included all aspects of people's health, daily living, and social activities. People were also kept safe by risk assessments being regularly reviewed and updated as their needs, interests and pursuits changed.
- Staff understood people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. A relative said, "I am always kept up to date with what is going on."

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities and mental health. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a minimum 3 months, probationary period with reviews.
- There were enough staff available to provide people with flexible care to meet their needs.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited, and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff received medicines administration training that was regularly refreshed.

### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, as required.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing, and reporting possible and confirmed COVID-19 cases.

### Learning lessons when things go wrong

- Staff said they would be prepared to use the provider whistle-blowing procedure. The provider kept accident and incident records.
- Any safeguarding concerns, complaints, accidents, incidents, and whistleblowing was reviewed and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood their responsibilities regarding the MCA and DoLS.
- People using the service had up to date DoLS authorisations in place, if required.
- Mental capacity assessments and reviews took place as required.
- Consent to treatment of relevant persons was obtained and recorded in care plans.
- Best interest decisions were used where people were unable to consent and support plans addressed how people communicated including body language and gestures.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a culture that was open, positive, inclusive, empowering, person-centred and people experienced good outcomes.
- People did not comment on whether the service was well-led. A relative said, "Very, very happy. An excellent service." Staff said the management team are always available, even out of hours, and very supportive. A staff member said, "The [Registered] manager is very supportive." Another staff member commented, "The [Registered] manager is always there for guidance and advice."
- Relatives told us the service was well-run, the registered manager was approachable, and they and staff worked hard to make people's lives enjoyable and to meet their needs. This reflected the provider's vision and values. A relative told us, "The service couldn't be better managed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities regarding duty of candour and were open and honest with people when things went wrong.
- People using the service and their relatives were informed if things went wrong with their care and support and provided with an apology.

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

- The registered manager and staff understood their roles, the quality assurance (QA) systems and there were clear boundaries and lines of communication in place.
- The registered manager maintained day to day oversight of the service. Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- Staff had specific areas of responsibility such as record keeping, and medicines management, and carried them out. This was reflected in the positive comments from relatives. The QA systems contained indicators that identified how the service was performing, any areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. The QA systems were being used effectively to monitor quality of care.
- The provider, registered manager, and staff carried out thorough, regularly reviewed audits, which were kept up to date. There was an internal audit that checked specific records and tasks were completed. These

included finances, staff training, staff observations, health, and safety. There was also a service development plan. This meant the service people received was focussed on them and efficient.

- The provider records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- People, relatives, and staff were engaged in partnership working, listened to and people's wishes acted upon.
- Each service sought the views of people and staff daily, and made sure people were provided with choices. A staff member told us, "We are listened to and what we say is acted upon."
- People were able to be a part of their local community. For example, shopping, going out for drinks and meals and attending community day services and events within the immediate locality and with their peers.
- The provider maintained close links with services, such as social workers, local authority quality, and learning disability teams. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Relatives told us they were kept informed and updated regarding anything that affected the service people received, and adjustments were made from feedback they gave. A relative said, "[Person using the service] is treated like 1 of the family."
- Surveys were provided to people, relatives, and staff. People's surveys were available in pictorial format to make them easier to understand, if required. Suggestions made were acted upon.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.
- People and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes. Feedback from people using the service who could not use words to communicate was gathered by staff and the management team interpreting their positive or negative body language and gestures regarding activities and towards staff.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- Relatives and staff said they could voice their views about the service. A staff member said, "They [registered manager] go the extra mile for us."
- People and their relatives said staff checked that people were happy and receiving the care and support they needed within a warm, friendly environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, 2 to 3 monthly supervisions and monthly staff meetings so that they could have their say and contribute to improvements.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership

and staff support that promoted a nurturing and caring environment.