

London Borough of Merton

London Borough of Merton - Supported Living Service

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 Supported Living Scheme provides personal care and support to people living in supported living schemes within the borough. This service provides care and support to people living in five 'supported living' settings, 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.

The providers of housing are Wandle Housing, Clarion Housing Group and Evolve Housing.

London Borough of Merton Supported Living Scheme provides support to people of all ages with learning and/or a physical disabilities and mental health concerns who live in their own individual flats. At the time of our inspection the provider was supporting 39 people who lived in five different supported living settings in the Borough.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

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 were safe in their homes. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. Recruitment practices were safe and there were sufficient staff to meet people's needs. Staff were trained in medicine administration and the checks we made confirmed that people were supported to receive their medicines in a way that they had agreed. Effective measures were taken to help prevent and control infection.

People were 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 were 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 supported this practice.

When required people were supported to prepare meals to meet their nutritional needs. When required staff worked with people's GP and other healthcare professionals to ensure they stayed well and comfortable.

People told us staff respected their privacy and treated them with dignity. People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints. Systems were in place to support people with their end of life care when needed.

Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems helped ensure people received the care they needed as detailed in their support plans.

The registered manager had a clear understanding of their management role and responsibilities and the provider's legal obligations towards CQC. The registered manager worked effectively with other organisations to ensure staff followed best practice. The service had good links with other resources and organisations in the local community to support people with their needs.

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 ●

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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 and 6 February 2019 and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that managers would be available to speak with us during our inspection.

The inspection was carried out by a single inspector and an expert by experience. 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 people with a learning or physical disability, and/or a mental health concern.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the services head office and spoke with the registered manager. We looked at a range of records relating to the management of the service. We also visited two of the supported living schemes and spoke with 10 people and five staff. We looked at six support plans.

After the inspection an expert by experience telephoned four people to ask for their opinion of the service they were receiving. They also spoke with three staff.

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

Is the service safe?

Our findings

People continued to be supported safely by staff. People commented, "It is nice, I like the house and my room. You can do what you want," "I am safe and like feeling I can live without being in a hospital," "I like to be able to relax. I do that here" and "I feel very safe, they watch out for me."

The provider took appropriate steps to protect people from abuse, neglect or harm. Staff were able to explain what it meant to them to keep people safe and what constituted abuse and the action they would take to protect people if they had a concern about a person. Two people said, "They help me with things I can't do well, like the oven. They show me how to do things and be safe" and "I'm safe here because they know all about me and what I have problems with."

The provider kept people safe through individual personal risk assessments. People commented, "I can do what I want really as long as I talk through things I'm unsure about with them [staff] like going to the shops. I like to do this on my own. We plan it and I have my phone" and "We are talking about me going out on my own and we will talk about it and plan it together."

The personal risk assessments had been developed in order to keep people safe whilst enabling them to have choices about how they were supported. These were individual to the person and covered a range of daily activities and possible risks including mobility, accessing the community and travelling independently and medicines administration.

People's finances were kept safe. The provider had put processes in place to protect people's finances. These included personal money records that were signed by the person and staff, pay as you go bank cards, which were pre-loaded with an agreed amount of money and direct debits set up to pay regular bills. Where agreed, staff with the person checked personal bank statements together, to help ensure people were managing their finances in a safe way.

Effective measures were taken to help prevent and control infection. Each person was responsible for the cleaning of their own flat and staff gave people assistance and encouragement when needed. Staff had received appropriate training in infection control.

Staff recruitment practices remained safe. 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 registered 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. There were sufficient staff available to support people when support was needed.

The service had a system for the investigation and monitoring of incidents and accidents. The registered manager was able to explain the processes they used to investigate any incidents or accidents and the steps they would take to keep people safe and avoid a reoccurrence of the accident.

Medicines were administered safely. People commented, "When I have medicine they [staff] bring it to me and write down what I've had. I want it this way because I forget to take medicines," "It is written in my plan and I know what I'm taking and why but they do remind me. Sometimes I don't like to take it and they come back in ten minutes" and "I know why I have medication and my support worker and the GP discuss it with me. The support workers ask me if I'm happy with it."

People were assessed for their ability to administer their own medicines or the level and type of support they may need. People with the support of staff completed their own medicine administration records (MAR). These were checked by senior staff on a monthly basis. Medicines stored securely. Staff had received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

A person was referred to the service through the local authority social work teams and a person's social worker would conduct the first of several assessments before the person came to live in one of the five supported living schemes. We saw initial assessments of people's care and support needs were in people's support records. People would visit to see the flat that was available and consider the furniture they would need before moving in. Once a person had moved into the flat, one of the senior care workers or the registered manager would conduct a further assessment that would help build into a full support plan.

The provider continued to ensure staff were appropriately trained and supported in their roles. People commented on staff's ability to fulfil their role as a care worker, "They are very kind and help me to work out any problems. If they don't know something they find out. They helped me to pick up my computer cables and we bought a special thing to fix them to the cupboard so no one can trip over," "I feel safe here and they always know what to do to help me if I have a problem. They always tell me if they think I need to do something safer" and "The support workers are so kind and know what they are doing to help me live my life how I like."

Staff said, "I have had all the mandatory training, including learning about personal health, hygiene and diet, this has helped my client manage their diet plans" and "I've trained to use a medical device so I could help my client. I've done first aid recently so I can help keep people safe and manage an emergency." Staff had completed training in a number of relevant courses including, moving and handling, emergency first aid, fire safety and behaviours that may challenge. Specialist training was also available when required, so a person could be supported in the most appropriate way. The majority of the current staff were trained to NVQ Level 2 or 3. The NVQ is a work based qualification which recognises the skills and knowledge staff need to do a job.

New staff were required to complete 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. Training was conducted in house by Merton local authority.

Staff received one to one supervision and annual appraisals. Staff commented, "We have regular supervision every few months and discuss training and if I am happy and I feel like I'm listened to. I have recently updated my safeguarding and some mandatory training. Everything is up to date" and "I've booked some training for next month, you always get time to do it and you get help if you need it. Supervision's are good because they ask how you are and if you are happy. My last job never asked that."

Staff also had team meetings within the supported living scheme they work at. Staff said, "We have daily, weekly and monthly meetings and we talk about training in the monthly ones and do training together as a group" and "At our weekly group meeting we give ideas, views, feedback on how things are working. I think this works well and we talk about how we can make things better and put things in place." The systems the registered manager had put in place, induction, support and training helped to ensure people were cared for by staff suitably trained and supported to meet their needs.

The Mental Capacity Act 2005 (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 take 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 with appropriate legal authority. 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.

People confirmed that staff gave them the time to make decisions about their support needs, "We have meetings and plan together what I would like to do like planning trips, college, holidays and then each week I choose my meals and every day we talk about my plans for the day. I choose everything I do and they never say no. They tell me if they think it's a bad idea or I need to think it through so I can do it safely," "I choose how I spend my time. There is a disco I like to go to and they help me arrange to get there and back safely. They go with me and collect me or I get a taxi" and "I choose what I do in my life, it is relaxed here."

Staff said, "I ask people if they are happy and if they need help with anything like arranging outings, meeting friends. I encourage them to do things for themselves but I'm available if they need me" and "I help them to learn skills to care for themselves and to find out about college or activities they would like to do. I give them lots of time to think what they want."

People were supported by staff to prepare their meals. People commented, "I choose what I eat and cook my food. They [staff] go shopping with me. I have help with cooking and I cook in the group too. I like it this way and the meals I eat with them are healthier and we talk about diet and how to have things I like too," "I like eating in the kitchen with others. We have group meals a few times a week but there is always someone to sit with if you want. I like eating in my flat and watching tv" and "I like to keep healthy so I don't get spots and they [staff] said drinking lots of water helps, I never used to drink much and when we went shopping I chose a water bottle to take to college and now I fill it up every time. "

Staff supported people to live healthier lives, access healthcare services and support: Staff worked with other agencies to provide consistent, effective, timely care. We saw that people's care records included advice and support guidance for staff to follow, for example, from occupational and speech and language therapists and dietitians. Information was available and shared with other health care services such as hospitals when this was required. For example people had hospital passports which outlined people's health and communication needs for professionals when they attended hospital.

People said "I'm free to choose what I do and they [staff] help me and give me advice to do this. I am safe and if I feel ill they encourage me to visit the doctor or buy some cough medicine. I don't get ill so much since coming here" and "I like to have them [staff] to advise me if I have a question like about things girls have problems with. They give me advice and listen to me when I'm worried. They hold my hand" and "My support worker would help me call them [GP]. They would help me find the right number in my book and give the right information. They would call if I asked them but I like to call myself."

Is the service caring?

Our findings

The service continued to be caring and to respect people's privacy and dignity. Speaking about staff, people commented, "They are really nice. They knock on my door and wait to come in. They don't treat me like a kid," "I feel like an adult here and I like that they know when I am in my place [flat] they leave me to it, if I ask. I get time when I want it," "Everyone who works here listens to me. I feel happy and like to have a chat and not be ignored" and "If you chat with them [staff] it's kept private and if they help you with personal things no one else knows. I like this."

Staff spoke about maintaining people's privacy and dignity, "I knock on doors, read their support plans and make sure I know about them and anything new, like if they are feeling ill, anxious and what they like and don't like. I record concerns and feedback to senior support workers," "I ask before assisting with things like hanging their clothes, tidying, and making food. They are independent here and their own person" and "I listen to them and give them my time. I want to help them live good and happy lives and I make sure I'm happy at work. They need happy people around them. I do all my training to learn how to support them, they deserve the best care."

People were listened to and their diversity respected. People said, "They are good listeners here," "They [staff] listen to me when I talk about where I'm from and how I did things and we celebrate days like Thanksgiving and we decorated the kitchen together. This was cool," "They [staff] are very helpful with girl things and there is always a lady working who I can ask a question to" and "They respect I don't like doing some things because it is too noisy and I choose something else to do."

During our visit to two of the supported living schemes we could see that people could freely speak with staff and ourselves. People could openly give their opinion of the service they received. We could see that people and staff got along together and were happy in one another's company. We could see that people's opinion mattered and staff commented, "We chat with clients all the time and add their views to their plans. They are always involved in house changes and know about upcoming events" and "Definitely, and all the time [people's opinion]. They are asked to join all meetings and chats and are asked their views all the time. People know where to find information in the plans and can update them with us at any time."

People commented, "I say what I want anytime and I think they [staff] listen. I wanted to change my curtains that they chose before I got here. I said they were horrible and they listened and we went shopping and they paid for new ones that I chose. They do help and listen," "I can tell them [staff] anything. I'm listened to and they then tell you what ideas they have to help" and "I'm never rushed here, there is always someone to listen to what I think about how I live or what is happening in my life."

People's support records were well written and informative, giving details of people's support and health needs. Support plans were reviewed regularly and the opinions of people taken into account during these reviews. People commented, "I have a support plan, it's written down. If I go out we plan it together, we chat about what I need to keep me safe and happy before I go. I think they help me really well. They help me order things on the internet. I like getting things like games and they look with me to make sure I get a good

price" and "I read my plan with them [staff] and we talk about if I need any other help with things or don't think I need help. They are good at listening to what I think."

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. A staff member told us "We give people the opportunity to shine, to achieve their goals; we encourage and enable them to develop as an individual person."

The registered manager told us that the person could choose the level of support they needed and this could be adjusted at any time. "We constantly check what we are doing for the person and what the person could do for themselves. We are very supportive of each individual person, there is no them and us, we have good relationships with people and good communication between the different schemes."

Each person had a person-centred support plan in place, identifying their personal and health support needs, as well as guidelines for providing support for them in an individual way. The people who used the service were involved in the development and review of their support plan. The support plans we looked at evidenced that people had signed their plans and a copy was kept in their home and on line. People commented, "I live how I would like, so I think I'm free here to do this instead of having to do what everyone else does," "I like it because they [staff] listen and everything is written down so I can see it. They write down what I want and what I've said," "I get everything I need and it's for me and not for everyone in the building. I am independent" and "I'm helped with things for me and it helps me live well."

People also spoke about being able to access activities of their choice in the community and about keeping in touch with family and friends and the support staff gave them to do this. "I speak to my family on the phone and staff help by reminding me to. I go to college and learn about computers and how to be in the community. We go to watch football in the centre down the road and I see my mate there," "I do have everything I need here. I can go out anytime, talk to family and friends and use Skype. They help me remember birthdays on the calendar and we buy cards. I am learning at college to care for myself and think about others," "Staff helped me to get my computer working again so I can Skype people and I chat with them in America and other places. Other people here help me plan surprises for my friends like going to the cinema or getting them a birthday present on the right day" and "I go shopping with my family and I like buying pretty things and I go when I want with a support worker. I go to college and I like to go on trips to cafes. They [staff] go with me anytime and we buy magazines. I feel cared for and able to have fun."

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw information was provided in a variety of formats for people and staff explained information about people's care personally with the individuals concerned to ensure they understood.

The provider had a complaints process. People commented about being able to complain, "Yes I do complain. They always listen and help to make things right. If they can't they usually find out how they can

and it's quick. I only complain if the Wi-Fi doesn't work which isn't very often and it is repaired very quickly," "I could tell anyone of them and they would help to make it right. The people who work here are cool and they always give you good answers" and "They get things done here so I don't need to complain."

The information given to people explained the complaints process and what they could do if they were not happy with the quality of service they received. The registered manager explained that any complaints or concerns received would be reviewed, investigated and responded to in a timely manner.

None of the people currently being supported by the scheme required support with end of life care. The registered manager said they would liaise with the GP, the multi-disciplinary team and the local hospice in order to provide people with end of life care and support if and when it was required.

Is the service well-led?

Our findings

The service continued to be well led by a registered manager and a dedicated team of support workers. People commented generally about the staff team and living in the supported living schemes, "They [staff] are really nice here and help me in my flat a lot, "They [staff] are great here and it feels like they all want to be here helping "and "I think they [staff] are cool dudes and I love living in my place here."

The service had a registered manager 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.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The provider asked for people's views of the service and of the staff to monitor and improve the quality of the service. People said, "I get a question and answer thing. I asked them to email it to me and they did. It said things like what would I like to change or make better or not do. It was good and then they tell you what changes they will do," "I tell them what I think if things are not right for me and they help and listen" and "We have meetings and things are on the noticeboards. We had an ideas meeting and it was fun choosing things to do like theatre trips. We went to the pantomime which was my idea."

We also saw that people were asked through an easy to read survey what had gone well in the past year and what goals if any they had for the coming year. This information was then fed into their support plan review. People could also express their views with any of the staff but also with their key worker. A keyworker is a named member of staff who has a central role in respect of a particular person.

Senior staff conducted unannounced 'Peer Visits' to each person in their home. During which they would check the person's support plan for accuracy, generally observe the support they were being given, and obtain their views on the support they received and if appropriate the views of visitors or family at that time.

We asked staff and the registered manager what they thought was the best thing about the service they provided. Staff commented, "We are well trained, we have time to do our job well and the team and people are fantastic," "My colleagues are good and support me and the people who live here are so special," "I feel valued and supported" and "I think this is a good service so I wouldn't change things." The registered manager said what they did well was, helping people maintain friendships and connections between the different schemes, this could be through parties, joint celebrations and BBQs, which staff and people planned together. Enabling people to be active in their communities and making good relationships with local shop keepers. Supporting people to try new and inventive things and supporting people's choices and risk taking to enhance their independence.

The registered manager concluded by saying "We ensure that we as staff always treat people as individuals, from our care planning, to our daily interactions with people." The registered manager then gave us examples of people's individual challenges that the staff and the service had helped them get through. Challenges from medical and mental health concerns, to family bereavement and helping people to maintain good relationships with family and friends.

The provider had quality assurance systems in place to monitor the scheme's processes. This included monitoring staff training and future training needs and auditing of peoples' support plans and MARS charts to ensure they were relevant and up to date. These systems helped ensure people received the care they needed as detailed in their support plans and delivered by appropriately trained staff.

The scheme was run by the local authority and the registered manager worked in partnership with other local authority departments to ensure people received the support they needed. This included the housing and benefits departments, the safeguarding teams and the on call emergency services. The service had good links with other resources and organisations in the local community to support people with their needs.