

Independence Support Ltd

Mersey Gardens

Inspection report

Downham Road
Birkenhead
CH42 5NJ

Tel: 07590883053

Date of inspection visit:
28 February 2020

Date of publication:
17 April 2020

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

About the service

Mersey Gardens is a supported living service, providing support and personal care for people who live in their own self-contained apartment within a modern purpose-built apartment block.

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.

The service had been designed and developed in line with the principles and values underpinning Registering the Right Support. The apartment block had been designed to fit into the local community, each person had their own self-contained home enabling them to live an independent and ordinary lifestyle. Also, services had been installed as part of the building design to make it easier for people to use assistive technology; which may also enable people to increase their autonomy.

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

People told us that they were treated with kindness dignity and respect. Staff had a respectful approach towards people and listened to them. Staff were skilled in adapting their approach and supporting people to express themselves. One person told us, "I like it here, the staff are nice and kind."

The service was designed and provided in a manner that promoted people's dignity, privacy and independence. 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 applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The provider had taken appropriate steps to ensure that people were safe. Risks were identified and effective steps were taken to reduce them, people were safeguarded from the risk of abuse. People's right to take informed, positive risks was respected and people were supported to be as independent as possible. The service made thoughtful use of assistive technology to promote this.

People were encouraged to maintain their personal relationships and to build new ones. They were supported to be active members of their community, use community facilities and socialise with family and friends.

There was an in-depth and person-centred assessment process that helped ensure that the provider was aware of people's needs, choices and equality characteristics that they wanted to share.

Each person had a detailed and personalised care plan. Support plans were very detailed, positive and written in a manner that was respectful towards and dignified people. People's care plan covered their needs and choices relating to their health, support, social needs and other detailed information that a person had chosen to share. Staff were knowledgeable about people, their support needs and how they communicated.

There were enough staff to safely meet people's needs. Staff were supported to be effective in their roles; there was an ongoing program of training, team meetings, supervision meetings, appraisals and competency assessments.

The provider was an advocate of people living ordinary lifestyles in their own community and had given attention to the design of the service to ensure that it promoted people having as much control, choice and independence as possible.

There was a very positive and person-centred culture amongst the staff team. Amongst senior staff there was a focus on the quality of the service being provided for people. The provider and registered manager had effective systems in place for checking the quality and safety of the service being provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09/08/2019 and this is the first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Mersey Gardens

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

The service was inspected by one inspector.

Service and service type

This service provides care and support to people living in block of 20 individual apartments, which enabled people to 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. At the time of our inspection five people received support with their personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two relatives and one social worker about their experience of the care provided. We spoke with six members of staff including the provider and registered manager. We reviewed a range of records. This included three people's care records, two staff files in relation to recruitment and staff supervision. Also, we reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Any concern of a person being at risk of abuse was quickly and thoroughly investigated. There was a system for recording any investigations and highlighting learning opportunities to help ensure people remained safe.
- All staff received face to face training on safeguarding people from the risk of abuse. During these training sessions staff were encouraged to ask questions and their understanding of safeguarding was assessed.
- Some people were supported to keep their money safe. When this happened, this was appropriately documented and the system for supporting people to keep their money safe was robust.

Assessing risk, safety monitoring and management

- The provider had taken appropriate steps to ensure that people were safe. Staff checked people's care and support for any possible risks. If any were identified there was an in-depth analysis of the risk, including how the risk can be reduced and how the person themselves can be supported to reduce any risks. People's opinions about any risks and their right to take positive risks was respected.
- Important information that would be needed quickly in an emergency had been organised and was accessible; this included an evacuation plan for each person living within Mersey Gardens.
- Regular checks were made to ensure that people were safe in their homes. For example, staff had fire safety training, there had been fire drills and regular checks of the fire alarms.

Staffing and recruitment

- There were enough staff to safely meet people's needs. There was a manager on call 24 hours a day and a staff member on stand-by to ensure that there was always enough staff available, even during unexpected events.
- Staff members had been recruited safely. There were appropriate checks of each applicant's suitability for the role.

Using medicines safely

- The provider kept a detailed record of the medication that staff administered to people or supported them to take. The administration of medication was regularly checked for safety by a senior member of staff.
- All staff had been trained in the safe administration of people's medication and their competency in doing so was regularly reviewed.

Preventing and controlling infection

- Staff were knowledgeable about safe practices and preventing the spread of any infections. Personal

protective equipment was available to and used by staff.

Learning lessons when things go wrong

- If something went wrong, it was used as an opportunity for learning. There was a system for recording and ensuring that any accident or incident was responded to effectively and in a timely manner. Any patterns were investigated and people's care and support was then reviewed with their staff team. This helped to ensure that people were supported to be as safe as possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was an in-depth and person-centred assessment process that helped ensure the provider was aware of people's needs, choices and information about their equality characteristics that they wanted to share. This meant that people were provided with support that met their needs and preferences.

Staff support: induction, training, skills and experience

- Staff were supported to be effective in their roles. New staff received a thorough induction program when starting their role, during which their knowledge, skills and development was reviewed.
- There was a program of ongoing training for staff. This included online courses, face to face training and training on specific people's needs by external experts. The effectiveness of training was checked using competency assessments. Staff members told us that the training had helped them feel ready for the role.
- Staff received on-going support through supervision meetings and appraisals. There were also regular team meetings, during which the effectiveness of people's support was reviewed with staff. This support had helped staff to be effective in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- If needed, people received effective support to have a balanced diet. Some people had an eating and drinking care plan; this outlined for staff what support people had agreed to.

Staff working with other agencies to provide consistent, effective, timely care

- The provider and staff had worked effectively with other agencies to provide good quality support. Often, they did this in partnership with the person being supported.

Supporting people to live healthier lives, access healthcare services and support

- People received effective support with their healthcare. Each person had a health care plan covering any specific health need a person may have. These had been written in partnership with healthcare professionals.
- People's health care plans contained guidance for staff on how to support a person with any identified health need. This included how to recognise early signs if a person was becoming unwell, what actions to take and how to record these actions.
- The provider was trialling the use of assistive technology in partnership with people that would help staff recognise very quickly any change in a person's health.

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

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 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.

- The service was providing care and support in line with the principles of the MCA. People were supported to make as many decisions as possible for themselves and their consent was sought before offering any care and support. Adaptations had been made to help people understand their decisions; such as explaining them in a practical or pictorial manner. This had helped people at times to make their own decisions.
- If a person lacked capacity to make a particular decision, one had been made for them following the principles of the MCA to ensure that it was in the person's best interests. These decisions had been made in partnership with people's social workers and family members.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, dignity and respect. Staff had a respectful approach to people and listened to them. They checked on people's wellbeing in a friendly and unobtrusive manner, respecting their independence. Staff showed people respect by not communicating over them or talking about them in front of others. It was clear that people were comfortable and confident being around and speaking with staff members.
- People told us that they were treated well by staff and were happy with the support they received. One person said, "I like it here, the staff are nice and kind." People's family members had the same opinions. One person's family member said, "Staff are very helpful, respectful and kind." Another relative told us, "The staff provide absolutely brilliant support; they all seem really experienced. They have gone out of their way to make us feel happy. I feel very confident in the staff."

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to express their views in planning and reviewing their support. This was done in a natural and everyday manner. Staff consulted with people and asked them questions before providing any support. We saw examples of people giving feedback and being listened to.
- Staff were knowledgeable about people and were aware of signs and body language that may indicate a person was unhappy with a particular event or decision. Staff were skilled in adapting their approach to each person and supporting them to express themselves.
- We happened to visit on the day of the official opening celebrations for the service. The building developer, landlord, provider and other guests celebrated with the people supported. People were encouraged to give their feedback, and some had wanted to deliver a speech as part of the opening event.

Respecting and promoting people's privacy, dignity and independence

- The delivery of people's support worked with the facilities and services within the building to promote people's dignity, privacy and independence.
- People were in control of their own apartments and chose who could enter and when. Staff respected people's private space. People told us that they felt dignified by this. One person said, "I feel like this is my home." One person's family member told us, "It's his apartment and he is in control of it." Another person's relative said, "It really feels like this is [name's] flat and home."
- Staff were conscious that their speech and actions could promote or detract from people's dignity and independence. They were thoughtful in their interactions with people. One staff member told us, "I always ask if it is ok if I sit down in their home, or if it is ok that I come and ask them a question."
- The provider had given thought to promoting people's dignity. For example, the staff office base was on

the first floor, away from any of the main entrances. This helped to avoid the perception that people's homes were different from others in some way. This also meant that people were not walking past staff when coming or going, therefore avoiding any feeling that they were being monitored.

- The service made thoughtful use of technology to promote people's independence. People could call for assistance at any time, which for some people stopped the need for staff to regularly check on their wellbeing. People could use their intercom to speak to any visitors at the front door and allow them entry, independent of staff members.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a detailed and personalised support plan. These were very detailed, positive and written in a manner that was respectful towards and dignified people.
- People's care plans contained details of what was important to the person. Including what the person prefers to be called, information that they wished to share about their lives and what relationships, places and people were important to them. Exploring this information with people had prompted some people being supported to reconnect with people and go back to visiting places they had enjoyed.
- People's care plans were written in partnership with them, also involving the people who were important to them. These were regularly reviewed with people to make sure that they were meeting their needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information and communicated with in a variety of different ways that met their needs. Staff were aware of people's communication methods including gestures and body language. This enabled support staff to help people understand important information and gain their views.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain their personal relationships and to build new ones. People were supported to be active members of their community, use community facilities and socialise with family and friends. Some people had been supported to reconnect with people who they had not seen for some time; and to go to places they had previously enjoyed attending.
- The provider had built links with local community organisations and had ensured that people were aware of what was available to them. They had also arranged for day trips to help people to get to know each other, this had led to friendships between people developing. One person's social worker told us that they were happy that one person had very quickly formed good positive relationships with their neighbours.
- Staff spent time with people before starting to support them. One staff member told us that when starting to support a person the new staff team play games with people as a way of getting to know them, build relationships and break down barriers. Staff members told us that this had helped many people quickly "come out of their shells" and be comfortable with their support team.

Improving care quality in response to complaints or concerns

- Any complaints or concerns were taken seriously. There was a system for recording any concerns and ensuring that they were looked into and people were responded to. The response to any concerns was regularly audited by a senior member of staff
- People told us that they felt comfortable raising any concern. One person's family member said, "Any problems and concerns are always sorted out and we feel comfortable."

End of life care and support

- Nobody was receiving end of life support. The provider had plans in place so that this could be provided in people's own homes if needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 was an advocate of people living ordinary lifestyles in their own community and had given attention to the design of the service to ensure that was in line with the principles of Registering the Right Support. These principles include people having as much control, choice and independence as possible; and people living an ordinary lifestyle, like any other citizen.
- The provider was aware of the need to constantly assess the culture of the service; to ensure that they did not initiate or support any practises at the service that detracted from people living an ordinary lifestyle.
- Each organisation involved in people's housing and support had a clear role. Every person had an individual tenancy agreement with a social landlord which ensured that they had the same rights as every other tenant. Although some background and on-call support were part of the arrangement, people had the option to choose another support provider for any other social and day to day support time if they wished.
- There was a very positive and person-centred culture amongst the staff team. The provider had a set of agreed values that were known and used when reflecting on and reviewing any aspect of people's support. For example, staff used them during team meetings and compared their practise against them as a team to look for areas of improvement.
- The provider told us that it was important that people's social and community needs are met. One way they did this was by helping to ensure people moved into Mersey gardens who were from the local area to stay close to and involved with their network of family and friends. Some people already had community connections with their neighbours before moving to Mersey gardens. If somebody wished to move to Mersey Gardens from out of area, the provider told us they would give this careful consideration to ensure this would meet the person's needs.

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 was aware of their responsibilities under the duty of candour. There were policies and systems in place to help ensure that they were candid if something had gone wrong.
- The provider was open and had shared appropriate information with the local authority and the CQC as required.

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

- There was a focus on the quality of the service being provided for people. The provider and registered

manager had effective systems in place for checking the quality and safety of the service being provided. These checks at times had led to improvements being made.

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

- The provider and registered manager regularly engaged with people, the public and staff in planning and delivering the service. People and their family members were regularly involved in reviewing the service and the support they received; and people's family members had been involved in mentoring and providing practical training for new staff teams.
- Staff members told us that they felt involved and engaged in helping people to plan their support. One staff member told us, "I feel well supported. I feel comfortable speaking up, getting involved and asking questions."

Continuous learning and improving care

- There was a focus amongst the staff team on continuous improvement. If something went wrong when supporting and caring for a person this was reviewed as a staff team and if they wished with the person themselves.
- Staff told us about team meetings where their response to difficulties when supporting people were reviewed and discussed in a positive and non-blame manner. One staff member told us that if something was going wrong, first they "questioned if they were providing the right support." They added, "It's our responsibility to review our actions first." This showed a commitment from staff to learning and improving the support provided.

Working in partnership with others

- The provider worked in partnership with other organisations to provide effective care and support that met people's needs. We saw examples of how they had worked in partnership with the local authority, social workers, healthcare workers and the local MP. They had built up relationships with local community organisations which had enabled them to be effective in supporting people.