

Together for Mental Wellbeing

Together for Mental Wellbeing Supported Living Branch

Inspection report

52 Walnut Tree Walk
London
SE11 6DN

Tel: 02077807300
Website: www.together-uk.org

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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

Together for Mental Wellbeing Supported Living Service is registered for 'personal care'. The service provides care and support to people living in 'supported living' schemes so that they can live in their own home as independently as possible. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

Some people living at Together for Mental Wellbeing Supported Living Service did not receive a regulated activity from the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service supported 31 people living in three locations and they only provided regulated activity of personal care to nine people.

Together for Mental Wellbeing Supported Living Service provided support for people living with mental health conditions.

At the last inspection, carried out on 4 December 2017, the service was rated Requires Improvement, with Requires Improvement in well-led. We found that the Care Quality Commission was not notified about the important events taking place at the service as required by law.

At this inspection we found that improvements had been made and we rated the service Good.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. The registered manager was managing one of the supported living sites and they were supported by two project managers who managed the other two sites of the service.

Staff followed the service's procedures to provide immediate support to people should they notice them being at risk to abuse or when incidents and accidents took place. Staff provided references and carried out criminal records checks before they started working with people. People were enabled to manage their medicines independently as necessary. Risks to people's social care needs were appropriately identified and assessed which provided staff with guidance on how to mitigate the potential risks to people. However, it was noticed that risks related to sharps were not recently assessed and that information was missing regarding the severity and likelihood of the identified risks which the registered manager agreed to review as necessary.

People had their care needs identified and the support plans put in place to meet their chosen life styles. People's health needs were adhered to when they needed medical attention. Staff were provided with effective support and training to help them to carry out their responsibilities as required. The staff team were

trained to support people in the decision-making process as required by the Mental Capacity Act 2005 (MCA). However, some staff were not up-to-date with the required training courses but the service took immediate action to address this.

People spoke positively about the staff team that supported them and noted that staff knew what was important to them. Staff attended to people's needs with care and kindness. People felt they were respected and had their personal information kept securely. Staff supported people to learn new skills in all areas of their daily lives to increase their independence as much as possible.

Care records were detailed and held information related to the support people required to go out in the community and meet their personal care needs. People were encouraged to share their experiences and provide feedback about the services they received. Staff helped people to gather information about the external resources available for them to use which supported their social inclusion.

People felt that the service was well led and the management team was available for support when they needed it. The culture of the service promoted team working and staff's involvement in making decisions about the care delivery. Regular audits were carried out to review the quality of the services provided for people and to ensure ongoing monitoring and improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well-led. The management team was overseeing the day-to-day running of the service and was available to address people's concerns if they had any.

Staff took responsibility for the actions they carried out in the job and followed the service's procedures making sure they consistently delivered good care for people. There was good communication between the staff team to ensure effective care provision.

Regular quality assurance checks were carried out to identify any improvements required.

Together for Mental Wellbeing Supported Living Branch

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 January 2019 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be in.

This inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service, including any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

During the inspection we spoke with two people asking for their feedback about the service. We also talked to the registered manager, a project manager and three staff members working for the service. We looked at care plans for three people and reviewed records related to staff training and recruitment, safeguarding, incidents and accidents, medicines, audits and other aspects of the service management.

We also contacted one healthcare professional asking to share their experiences and provide us with feedback about the service.

Is the service safe?

Our findings

People told us they felt safe and well supported by the staff team. Their comments included, "I feel safe. We need to let staff know when we are going out because of the fire safety" and "I am safe here. No concerns at all."

Staff were trained and had skills to protect people should they notice people being at risk to harm or abuse. Staff were aware of different types of abuse and provided us with examples of the actions they would take if they witnessed abuse taking place. Staff told us that any concerns they had would be reported to the management team and social services as necessary.

There were comprehensive risk assessments in place which were regularly reviewed and updated to reflect people's changing needs. A healthcare professional told us, "Staff appear to be aware of possible risk and how they would manage an escalating risk." Risk management plans were used to guide staff on the support people required to manage their daily activities and finances safely. Records showed that any potential risks to people were appropriately identified and assessed, although some information was missing relating to the level of severity and likelihood of the identified risks. This was discussed with the management team who agreed from now on to include this information as necessary.

The registered manager told us that people had to ask staff for keys to access sharps such as cooking knives. However, this restriction was not recently risk assessed and therefore the registered manager could not tell us if there continued to be at risk to people. After the inspection, the registered manager wrote to us to say they would reassess these risks and put appropriate measures in place to ensure people's safety. We will check on their progress at the next inspection.

People told us they had enough staff to support them when they needed assistance with personal care and going out and about in the community. One person said, "There is always someone to help me when I need help."

Recruitment procedures were in place to help the registered manager to check staff's suitability for the role. Records showed that staff had to complete a job application form, attend an interview, provide references and carry out a criminal records check before they started working with people. The registered manager told us they were in the process to recruit three new staff members and that they used bank staff to cover shifts where necessary.

Care records included information on the support people required to manage their medicines safely. Staff assisted people to take their medicines as prescribed and where necessary staff only monitored people who took their medicines independently. Records showed that staff appropriately completed medicines administration record (MAR) sheets which were used to confirm that people had taken their medicines as necessary.

Staff had knowledge and skills to provide hygienic care for people. Staff told us they used appropriate

personal protection equipment (PPE) to avoid cross contamination which included gloves and aprons. A staff member said, "We also provide health and safety advice to the residents to help them to protect themselves from the risk of infection."

Systems were in place for recording, reporting and taking appropriate action when an incident or accident took place. Records showed that staff had to fill in an accident form which was then reviewed by the management team who completed an action plan to protect people involved as necessary. The registered manager told us that all the incidents and accidents reported to them were appropriately investigated and shared with the staff team to reduce further reoccurrence.

Is the service effective?

Our findings

People were provided with effective person-centred care to achieve their desired outcomes. Records showed that assessments were carried out to determine the assistance people needed to live their chosen life styles. An initial assessment was undertaken when people were first referred to the service which included information on the support people required to progress and learn new skills, including finding either a paid or voluntary job. A healthcare professional told us, "[Staff] appear to have taken time to get to know [the person]. [Staff] have tried different approaches to support [the person] and used their skills and knowledge to help them with this."

A personal training plan was used in supervisions to agree with staff on their developmental goals which then were regularly reviewed to ensure that staff had the necessary skills and knowledge to support people effectively. Records also showed that staff had an annual meeting with their line manager to appraise their work for the year which included review of their job performance and achievements in providing good care for people. A staff member said, "The manager encourages me to attend training if I feel I need to update my knowledge."

Systems were in place to monitor staffs' training needs. A staff member told us, "We receive enhanced training." Staff were provided with e-learning and face-to-face training courses, including manual handling, safeguarding, medicines management and Mental Capacity Act (2005). The registered manager told us they also booked staff on external training courses such as the training provided by the local authority which was used to support partnership working between the agencies.

However, records showed that not all staff were up-to-date with mental health awareness and self-harm awareness training courses. The registered manager told us that before staff started working with people they completed a comprehensive induction training and that they had their competences regularly checked to ensure their fitness for the role. Immediately after the inspection, the registered manager wrote to us to say that the necessary training courses were booked and would be soon completed. We will check on their progress at the next inspection.

People told us that staff helped them to plan and prepare their own meals when they needed assistance. One person said, "[Staff] ask me what I want to eat and they help me as much as I need to with cooking." People's care plans included information regarding the support people required to lead a healthy life style, including nutritional and dietary needs to maintain their good physical health.

People were supported to access healthcare services as necessary. One person said, "When I need to go to a surgery, staff help me with this." Staff had access to care records that included details of people's health conditions and guidance on how to maintain people's good health. Staff told us they ensured that people were provided with the required level of support, based on their choices, to book and attend their medical appointments. One staff member said, "We ask [people] what help they need and how they want to be helped to be healthy."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found that the management team was knowledgeable and skilled in applying the MCA principles in practice. The registered manager told us they worked in partnership with the local authority to assess people's mental capacity and make best interest decisions where it was doubted that a person had capacity to decide independently, for example relating to their finances.

Is the service caring?

Our findings

People said that staff were caring and that they had time to have conversations with them. One person said, "Staff are helpful, open with conversations and listen." Another person said, "Staff are brilliant and help me with papers. I cannot do that myself." A staff member said, "This is a fulfilling job and I like working with [people]." A healthcare professional told us, "The staff at the project are always welcoming and friendly... pleasant and polite and happy to help with any issues."

Staff were aware of people's preferences and how they wanted to be supported. A staff member told us, "People choose where they need assistance and we help them to reach their goals." From the conversations with staff we found that they knew people's individual care needs, personal history, interests, likes, dislikes and what was important to them. This information was also recorded in people's care plans which was used by the staff team to provide consistent care for people.

People had support to promote their cultural and religious values where they required assistance. The registered manager told us that currently they had not supported anyone who needed on-going monitoring with their cultural and religious needs because people were mostly independent and made everyday choices for themselves. Care records included information regarding people's religious beliefs and if they required support with this. People told us that staff were respectful and supported their dignity as necessary, with one person saying, "[Staff] are good with us, not shouting, nothing like that." A staff member said, "We prompt people to keep good hygiene. We encourage them to wear clean clothes so they could feel proud of themselves."

Systems were in place to increase people's independence by helping them to learn new skills where possible. A staff member said, "This job is very enjoyable. We see people improving, for example we see them learning to do shopping and laundry independently which is very positive." People's care plans included information on the goals people wanted to achieve to become more independent, including learning to manage their finances, medicines, cook and pay bills. One of the supported living services had a 'Gardening club' which encouraged people to grow their own vegetables.

Confidentiality principles were followed to protect people's personal information. We observed the staff team using passwords to log into the on-line systems which ensured that information was only accessed by authorised staff. The registered manager told us that people's paper care records were securely stored and only accessed on a need-to-know basis.

Is the service responsive?

Our findings

People's care records were well organised and detailed which made it easy to find information quickly when required. Care plans included personal information about people including the assistance they needed with everyday tasks such as laundry and cleaning. People had their health needs identified and guidance for staff was available on the assistance required to meet their complex health conditions, including steps to take if staff noticed people's mental health deteriorating. The 'How is it going' and 'Checklist of recovery' forms were used to monitor the progress that people were making in relation to the goals they wanted to achieve. A healthcare professional told us, "When an issue was raised, the project lead knew exactly what had happened and had a good plan on how the issue should be resolved, ensuring the client was made aware of their behaviour and how, if this happened again, the incident could be resolved before it escalated further."

People were provided with opportunities to choose the support they wanted to receive. One person said, "Staff ask me if I want to go out. I do what I want to do." A staff member told us, "It is important that people make choices for themselves. We cannot make choices for them, we listen what they want and we work towards it." Records showed that people had regular residents meetings, one-to-one sessions with their key worker and also the management team to discuss their care delivery and the changes that they wanted to make. A key worker is a named member of staff who has a central role in respect of a particular person. Regular review meetings were held with people's care co-ordinators to support people where they wanted to progress and learn new skills. A healthcare professional told us, "[Staff] endeavour to answer any questions I have with regard to my client and always seem aware of what is happening with various aspects of my clients today-to-day activities and well-being."

People were provided with opportunities to make decisions about their care. The registered manager told us that people were involved in interviewing new staff members so they could have their say about the suitability of the staff who support them.

The service met the requirements of the Accessible Information Standard by supporting people to access information as necessary. People were provided with effective person-centred care to achieve their desired outcomes. Records showed that assessments were carried out to determine the assistance people needed to live their chosen life styles. An initial assessment was undertaken when people were first referred to the service which included information on the support people required to progress and learn new skills, including finding either a paid or voluntary job. A healthcare professional told us, "[Staff] appear to have taken time to get to know [the person]. [Staff] have tried different approaches to support [the person] and used their skills and knowledge to help them with this." Staff told us they informed people about the available external resources such as the local library and places to access internet so they could use this for their advantage. Care plans included information where people required support to communicate, including expressing themselves and understanding conversations.

The service had suitable arrangements in place to respond to people's concerns. There were procedures available for recording and reporting complaints received. Any information of concern received was reviewed by the management team to ensure that it was dealt with in good time and to a complainant's

satisfaction. Records showed that staff received compliments from the people they supported who thanked them for hard work and support to learn new skills.

Staff encouraged people to talk about their spiritual and psychological needs relating to their end of life care if they were ready to have such conversations. The registered manager told us that people had support to discuss their last days of life and funeral arrangements where they expressed a wish to do so, including one person being supported to get life insurance and save money for their funeral.

Is the service well-led?

Our findings

At our last inspection we identified that CQC had not been notified of specific events and incidents as required by law. At this inspection we found there had been improvement in this area.

We found that action was taken by the management team to establish appropriate system to inform the Care Quality Commission (CQC) about any notifiable events. The registered manager knew the different forms of statutory notifications they had submit to CQC as required by law and our records showed that these were sent to CQC in good time since the last inspection.

People told us the management team was available for support when they needed it. One person said, "I know the manager. Oh yes, I can approach [the manager] for help." Staff also praised their line managers and told us how good they were at their job. Staff's comments included, "The manager is my mentor who is very strict, everything has to be up-to-date. [The manager] has service users at heart" and "The manager always says we should talk about the concerns and not to wait until the supervision. [The manager] does not like things to hang on." A healthcare professional told us, "The project lead seems to have a good overall knowledge of the clients in the house and I have observed how [the manager] managed a difficult situation between my client and another member of staff which was resolved."

The staff team understood their responsibilities which were in line with the organisation's vision and values. Staff were clear about their role expectations and told us they worked as a team to ensure supportive and enabling environment for people. One staff member said, "As a service we are very good as we all work together and in the same way." Another staff member told us, "We are a very supportive team, we all have different skills which we benefit from as we learn from each other."

Systems were in place to support staff in their job. Records showed that regular team meetings were facilitated to discuss people's changing care needs and any safeguarding concerns raised. This meant that staff were involved in the decision-making process as necessary.

An electronic system was used for recording information related to the activities taking place at the service which helped the management team to monitor the quality of the services provided for people. Information related to people's changing care needs, incidents and accidents, complaints was kept on the same data base to ensure that staff had access to information quickly when required. This system was also used to produce a monthly report which was reviewed by the management team to identify any improvements required and to prevent any repeated incidents taking place. For example, records showed that action was taken to safeguard people's health and safety at the service. Regular checks were carried out by the staff team to monitor the quality of the everyday care being delivered to people. This included weekly and monthly reviews of people's medicine management practices.

The management team told us they worked in partnership with external agencies to support care provision. This included attending provider forums to discuss changes related to the mental health services and having regular contacts with the healthcare professionals to deliver joined-up care for people.

