

London Borough of Merton

London Borough of Merton - MILES

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

This inspection took place on 7 June 2016 and was announced. London Borough of Merton – MILES has been previously inspected but was known by another name (Canterbury Road) and based at another location in the London Borough of Merton area. The provider moved the service to a new location and registered it with the Care Quality Commission (CQC) in August 2014. This is the first inspection of this service since registration.

London Borough of Merton – MILES provides personal care and support to people in their own homes. The service is run by the local authority and specialises in providing a reablement service to people. This is when people need support to learn or relearn skills to help them live independently at home following an illness. Most people using the service will have recently been discharged from hospital. The service is provided, free of charge, for up to six weeks. At the time of this inspection there were thirty eight people using this service.

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

People were cared for by staff who knew how to keep them safe. Staff were trained and supported to take appropriate action to ensure people were protected, if they suspected they were at risk of abuse or at harm from discriminatory behaviour or practices. Risks to people's health, safety and wellbeing had been assessed by senior staff prior to them using the service. Plans were put in place which instructed staff on how to minimise any identified risks to keep people safe from harm or injury.

The provider ensured staff were suitable and fit to support people. They carried out employment and criminal records checks on all staff before they started work. There were sufficient numbers of staff to support people. People did not experience late or missed visits from staff. Staffing levels were continuously monitored by senior staff to ensure people's needs could be met at all times.

People had support plans that reflected the care and support they needed to help them meet their reablement goals. Staff used support plans to guide them on how people wished and needed to be supported. People's progress in achieving their reablement goals was recorded by staff so that there was a clear record for all involved in their care. As people improved and could do more for themselves, staff reviewed people's needs and the support they required. Support plans were updated to reflect changes in people's needs so that all staff had access to the latest information as to how people should be supported.

People were encouraged to develop the confidence and skills they needed so that they could continue to live at home. Staff prompted people to do as much for themselves as they could to regain control and independence. Staff supported people to take part in activities to promote their wellbeing and aid them in their overall reablement. This included supporting people with their exercises as part of their physical

therapy and undertaking trips out into the community to help people regain confidence in travelling independently. People were provided with information about other forms of support in the community. Through this people could access specialist advice and activities that could help people to continue to live at home after the service ended.

People told us staff looked after them in a way which was kind and caring. Staff demonstrated a kind, thoughtful approach when delivering care to people. They ensured people's right to privacy and dignity was respected and maintained, particularly when receiving personal care. Staff encouraged people to eat and drink sufficient amounts to support them to stay healthy and well. They supported people to take their prescribed medicines when they needed these and monitored people's general health and wellbeing. Where they had any concerns about this they took prompt action so that appropriate support could be sought from the relevant healthcare professionals.

Staff received relevant training to meet people's needs. Senior staff ensured staff kept their skills and knowledge up to date. Staff were well supported by senior staff through a regular programme of supervision and appraisal. Their competency and understanding about how to provide the care and support people needed was regularly reviewed. Staff were provided opportunities to share their views about the quality of support people experienced and for their suggestions about how the service could be improved.

People were satisfied with the care and support they received from staff. People knew how to make a complaint if they were unhappy with any aspect of the care and support they received from the service. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way. They sought the views and suggestions of people and staff for how the service could be improved.

People and staff spoke positively about the leadership of the service. There were clear reporting lines within the service so that there was responsibility and accountability at all levels. Senior staff regularly analysed outcomes for people to check the service was helping people to meet their reablement goals. This information was also used to help senior staff plan and forecast the capacity to meet future demand for the service. Senior staff proactively worked with community professionals to improve the quality of discharges being made so that people's needs could be appropriately and safely met by the service when they returned home.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA so they were aware of their roles and responsibilities in relation to the Act.

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 was safe. Staff were supported to identify and take appropriate action to protect people from the risk of abuse or from harm that could be caused by discriminatory behaviour or working practices.

Risks to people of injury or harm had been assessed and plans were put in place that instructed staff on how to ensure these were minimised.

The provider carried out appropriate checks to ensure staff were suitable and fit to work for the service. There were sufficient numbers of staff to meet people's needs. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received training to support them to meet people's needs. They were well supported by senior staff through a programme of supervision and appraisal.

The service was working within the principles of the MCA. Staff were aware of their responsibilities in relation to the Act.

People were supported to stay healthy and well. Staff had access to specialist support and equipment to help meet people's needs more effectively. They monitored that people ate and drank enough and their general health and wellbeing. They promptly reported any concerns they had about people.

Is the service caring?

Good ●

The service was caring. People said staff were kind and caring. The provider had set clear goals about what people should expect from the service in terms of quality standards.

Staff demonstrated a kind, thoughtful approach when delivering care to people. They ensured people's right to privacy and dignity was maintained, particularly when receiving personal care.

People were encouraged to develop the confidence and skills

they needed so that they could continue to live at home. They were supported to access specialist advice and activities in the community to help them to continue to live at home.

Is the service responsive?

Good ●

The service was responsive. People's support plans reflected the care and support they needed to help them meet their reablement goals. Staff reviewed people's needs as these changed. Records were updated so that staff had access to the latest information as to how people should be supported.

People were encouraged to take part in activities to promote their wellbeing and aid them in their overall reablement.

People knew how to make a complaint about the service. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good ●

The service was well led. The provider sought the views and suggestions of people and staff for how the service could be improved.

People and staff spoke positively about the leadership of the service. There were clear reporting lines so that there was responsibility and accountability at all levels. Staff were clear about their role and duties for ensuring people received a good standard of care which met their needs.

Senior staff analysed outcomes for people to check the service was helping people to meet their reablement goals. They proactively worked with community professionals to ensure that people's needs could be appropriately met by the service.

London Borough of Merton – MILES

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2016 and was announced. We gave the provider notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information about the service such as statutory notifications about events or incidents that have occurred, which they are required to submit to CQC. We also sent out questionnaires to people, their relatives, staff and other community professionals involved in people's care and asked them for their feedback about the service. People's responses were analysed to provide us with a view about what people thought about the service.

During the inspection we spoke with the registered manager and the team manager. We also spoke with other staff at the service including an occupational therapist, a reablement officer and two care support workers. We reviewed the care records of five people and other records relating to the management of the service including staff records.

After the inspection we spoke with nine people using the service and one relative. We asked them for their views and experiences of the service.

Is the service safe?

Our findings

People said they felt safe when being supported by staff. One person said, "Feel safer when they are here." Staff had been provided with the information and support they needed to protect people from the risk of abuse. This included being trained in safeguarding vulnerable adults at risk. Training helped staff to recognise and identify situations or circumstances in which people may be at risk of abuse and the action they must take to ensure people could be sufficiently protected. There was a reporting process in place for all staff to follow which outlined how and when to report their concerns and to whom. Staff discussed situations with us where they had had concerns about individuals and the action they had taken to ensure people got the appropriate support and protection they needed.

Staff were also supported to ensure people received care and support which did not discriminate against them. They had received equality and diversity training which gave staff the information and guidance they needed to make sure people were protected from discriminatory practices or behaviours that could cause them harm. Staff demonstrated good awareness and understanding of how to ensure people's rights were respected and protected so that they did not suffer discrimination or abuse.

Staff knew how to ensure known risks of injury or harm to people were minimised. Before people received care and support from the service, senior staff carried out a health and safety check of people's home. They assessed risks posed to people and others due to people's specific healthcare needs and their home environment. The information from these visits was used to provide staff with the details they needed to manage identified risks. Many people at the start of their care and support package needed a lot of help to move and transfer at home safely. Staff had access to specialist support within the service from occupational therapists who provided them with training and advice about keeping people safe, when being supported. Staff had a good understanding of the specific risks posed to people they supported and what they should do to minimise these.

The majority of people told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. One person said, "Have just had one lady who was late. They are pretty good." Records showed people's specific needs had clearly been considered when planning care visits so that appropriately skilled staff could be assigned to meet these. For example where a person needed help to move and transfer in their home, two staff attended to ensure this was done safely. We noted wherever possible senior staff tried to ensure people received support from the same members of staff so that people experienced consistency and continuity in their care.

Checks were carried out on staff before they started work to ensure they were suitable and fit to support people. Evidence was obtained of; staff's identity, right to work in the UK, training and experience, character and previous work references and criminal records checks. Staff also completed a health questionnaire which was used to assess their fitness to work.

Where staff were responsible for this, they supported people to take their prescribed medicines when they needed these. A relative said, "They take care of [family member's] medication and food." Staff completed a

medicines administration record (MAR) which provided a clear record of what medicines were given and when. We saw no gaps or omissions in these records which indicated people received their medicines as prescribed. All staff had received training in safe handling of medicines. They also had access to the provider's medicines policy which set out their responsibilities for ensuring people received their medicines safely.

Is the service effective?

Our findings

People said staff were able to meet their needs. One person said, "They are trained well." Another told us "They always ask what needs doing. Yesterday they stripped and made the bed. I have a very bad back and can't manage things so they help me with domestic chores." And another said, "They come out with great suggestions."

Staff received training to help them meet the needs of people using the service. Records showed staff attended training in topics and subjects that were relevant to their work. This included training in medicines administration, infection control, moving and handling and health and safety. Training was also provided in topics that met people's specific healthcare needs such as diabetes care, dementia care and end of life care. Senior staff monitored training to ensure staff were up to date with their training needs and attended refresher training to update their skills and knowledge. We identified that some training was not provided as a matter of course in topics that would help staff to support people in an emergency situation, if this should arise. For example staff had not undertaken specific training in basic first aid and fire safety. We discussed this with senior staff who told us they would review training needs of staff and ensure elements of this training could be incorporated into the current training programme.

People were cared for by staff who were well supported in their roles by senior staff. The provider had a supervision and appraisal process in place through which all staff had regular one to one (supervision) meetings with their line manager. Senior staff used supervision meetings to discuss current work practices and any learning and development needs staff had. Staff told us they had regular supervision meetings with senior staff and received training to support them in their roles. One staff member said, "I feel very well supported. I can go to managers with anything." Another told us, "Since we've had more OT's (occupational therapists) it's been really good. We train with the OT and get very clear instructions especially around exercises." And another said, "Managers are brilliant. They respect your skills and knowledge and you're left to do your job."

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. Records showed staff had received training in the MCA so they were aware of their roles and responsibilities in relation to the Act. Senior staff demonstrated a good understanding and awareness of their responsibilities in relation to the Act. They described situations to us where they had sought appropriate advice and support for people who may not have been able to consent or make a decision about what happened to them in specific situations.

People were encouraged to eat and drink sufficient amounts to meet their needs. Staff obtained information

from people about their dietary needs, including their preferences, their specific likes and dislikes and how they wished to be supported with these. Staff documented in people's records the meals they prepared and how they supported people to eat during their visit. They recorded how much people ate or drank. These records indicated meals prepared by staff were based on people's specific preferences and choices.

Staff supported people to achieve their personal goals for reablement. Many people undertook exercises as part of their physical therapy. People's records contained detailed information about how staff should support people to do this. Staff had access to specialist support and equipment to help meet people's needs more effectively for example aids to help people to mobilise and move safely at home. One member of staff told us, "We can access the OT and get equipment and that can be enough for people. Even just putting in grab rails can make a huge difference and help rebuild confidence."

Staff encouraged people to stay healthy and well. Staff documented their observations and notes about people's general health and well-being and shared this information with all the people involved in people's care and support. Where they had concerns about an individual's health and wellbeing they sought appropriate support and assistance from others, such as the GP. For example we saw from one person's care records, a staff member had arranged for an individual to attend an emergency appointment with their doctor after they had complained of abdominal pain. Staff told us they would seek support for people if they had any concerns about their health and wellbeing. One told us, "If I saw something, like signs of a pressure sore, I would alert the district nurse straight away."

Is the service caring?

Our findings

People told us staff were kind and caring. People, relatives and community professionals that responded to our questionnaire also agreed that staff were kind and caring. The provider had clear aims and objectives about what people and their carers should expect from the service in terms of standards and conduct. Policies and procedures for staff reflected these aims and prompted staff to treat people with care and consideration. For example the procedure for staff to follow when providing personal care instructed them to allow people the time they needed when receiving care and to be aware and sensitive to people's anxieties and frustrations in these situations.

Staff demonstrated a kind and thoughtful approach when delivering care to people, some of whom were receiving support at home for the first time. Staff told us they often supported people who were anxious and fearful about receiving care in these situations. A staff member said, "I talk to people and listen to them and find out what they want. I try and put them at ease." Another told us, "I find out information about people and their lives to find something we can chat about and that helps to build the trust between us."

People said they were treated with respect and dignity and staff maintained their privacy. All the relatives, staff and community professionals that responded to our questionnaire agreed that people were treated with respect and dignity. When providing personal care to people, staff were instructed to do this in such a way as to minimise their exposure and to enable them to retain control and choice over what happened to them at all times. Staff told us about the various ways they ensured they provided support to people that was respectful and dignified. The examples they gave us demonstrated they were sensitive and discreet when providing care and support. A staff member told us, "We're not here to tell people what to do. I will respect what people want even if they don't want care."

In line with the service's key objective for reablement, people were encouraged to develop the confidence and skills they needed to undertake activities such as their personal care themselves, so that they could continue to live at home. One person said, "It has done a great deal to help me." Another told us, "I would say they help me very well." And another said, "It has given me confidence." In people's records there was information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to regain control and independence. Staff gave us many examples of people who had been unable to undertake key activities when they first started to use the service and with their support were able to do things such as wash themselves, use the toilet without help and walk unaided at the end of the period of their care.

To enable people to continue to live at home after the service ended, senior staff had taken steps to identify and signpost people on to other forms of support in the community. For example, the service was building links with locally based charities and agencies such as Age UK and the Merton Dementia Hub, a community based service for people with dementia, their family and carers. The registered manager told us people could access specialist support, advice and activities through these organisations that could help people to continue to stay at home as well as improving the quality of their lives.

Is the service responsive?

Our findings

People told us they were involved by staff in discussions about their care and support needs. One person said, "It's been discussed. I am happy enough." A relative told us, "Everything is discussed. They just help [family member] wash and get her breakfast." Prior to people using the service, the care and support they needed on discharge from hospital, was initially assessed by community professionals such as social workers or hospital staff. This information was passed to the service and senior staff reviewed this information to check whether the person's needs could be met in line with the service's objective of reablement. Staff visited with people immediately on discharge from hospital, to review with people their support needs to ensure that their care goals and objectives could be met. People's records showed support plans were agreed with people that set out how their care and support needs would be delivered by staff. Staff told us they looked at support plans to guide them on how people wished to be cared for. One member of staff said, "I read the care plans and I talk to people and listen to them and find out what they want."

People were continuously involved in the delivery of their care, throughout the agreed period of support that they received from the service. A senior staff member said, "The [staff] are very good at assessing where people are in terms of their improvement and reporting where they think people's needs have changed." We saw as their needs changed and people required less support from staff, their records were updated so that staff had access to up to date information about how to support them. For example as people were able to do more activities for themselves, such as washing and dressing, their support plans were updated to reflect this and the level of support they needed from staff was adjusted accordingly.

Staff supported people to take part in activities to promote their wellbeing and aid them in their overall reablement. For example people were helped to undertake trips out into the community to rebuild their confidence to travel independently. We saw examples where people were able to successfully undertake social outings, visit family and do their shopping by themselves by the end of their package of care and support. Staff recorded people's improvement in daily notes they made at each visit. This provided a clear record for all involved in people's care about the progress people had made in achieving their care goals with the support of staff.

People were satisfied with the care and support they received from staff. One person said, "Really happy. They are very professional and always on time." Another told us, "Very good. They help me." People knew how to make a complaint if they were unhappy with any aspect of the care and support they received from the service. They had been provided information about the provider's complaint procedure, which set out what to do if they wished to make a complaint. Senior staff were responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised.

Is the service well-led?

Our findings

The provider had arrangements in place to seek people's views about the service and their suggestions for how this could be improved. Before people came to the end of their agreed package of care and support, staff completed surveys with people to check their level of satisfaction with what was provided as well as seeking their suggestions for how the service could be improved for others in the future. The information from these surveys was reviewed by senior staff to identify any shortfalls or gaps in the current service as well as to make changes and improvements if these were needed.

Staff's views about how the service could be improved for people, were sought through individual supervision meetings and monthly staff team meetings. Minutes of staff meetings showed staff were encouraged to participate and contribute their ideas and suggestions for improvements. Staff told us they felt comfortable and confident raising issues and making suggestions because they felt they would be listened to by senior staff.

People and staff spoke positively about the leadership of the service. One person said, "[The] manager is amazing. Couldn't ask for better. They keep me sane." Another told us, "Oh yes, quite well run." A staff member said, "Managers are brilliant... They are patient and always accessible." There were clear reporting lines within the service so that there was responsibility and accountability at all levels. Senior staff ensured, through regular meetings with staff, that they were clear about their role and duties for ensuring people received a good standard of care which met their needs. They used these meetings to assess staff competencies and understanding about what people needed in terms of their care and support and how this should be provided.

Senior staff in turn met weekly to review the current service provision to check this was meeting the needs of all the people using the service. They analysed outcomes for people at the end of their agreed package of care to assess the success of the service in helping people to meet their care goals. We saw from information monitored by senior staff, the level of support people required diminished over the course of their agreed package of care which reflected the positive improvements and progress made by people in achieving their reablement goals. This information was also used to help senior staff plan and forecast the capacity of the service to meet future demand for the service.

Senior staff told us there had been some occasions when it had been clear people's needs could not be met by the service on discharge from hospital. This was usually because the extent of care and support people needed at home had not been fully assessed or known before people were discharged. They told us in these situations, when it was clear that support could not be provided by the service, they liaised with other professionals promptly to ensure the appropriate support was sought and provided to people. In some cases this meant people may have had to return to hospital. Senior staff told us they were working closely with hospital based staff to improve the quality of discharges being made so that people's needs could be appropriately and safely met by the service when they returned home.