

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

This inspection took place over two days on 10 and 11 August 2016 and was announced. At the last inspection of the service in December 2013 we found the service was meeting the regulations we looked at.

London Borough of Merton Supported Living Service provides personal care and support to people living in five supported living schemes within the borough. The service also provides floating support to people living in their home which is intended to help them to live independently. The service specialises in providing care and support to adults with learning disabilities, physical disabilities, mental health conditions and substance misuse problems. At the time of this inspection there were 31 people being supported by the 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 said they were safe when being supported by staff. Staff knew how to ensure people were protected if they suspected they were at risk of abuse or harm. Staff discussed with people the risks they faced at home and in the community and how they could stay safe. Staff were given appropriate guidance on how to support people to minimise identified risks to keep them safe from harm or injury in their home and community.

People said staff were accessible and available when they needed them. The provider ensured staff were suitable and fit to work at the service by carrying out employment and criminal records checks before they could start work. Staff received appropriate training and support from senior staff to help them to meet people's needs. They were set objectives linked to people's personal aspirations for independent living. Progress against objectives were checked by senior staff through supervision and appraisal.

People were supported to make decisions and choices about their care and support needs. Their support plans reflected their specific needs and preferences for how they wished to be supported to build and maintain the skills they needed for independent living. These were reviewed regularly by staff who checked for any changes to people's needs. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

Staff monitored people's general health and wellbeing. People were supported to take their medicines as prescribed. When staff had any issues or concerns they sought appropriate medical care and attention promptly from other healthcare professionals. Staff supported people to make healthy lifestyle choices. People were encouraged to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration.

People spoke positively about the staff that supported them. Interactions between people and staff were warm and friendly. Staff dealt with people's queries in a patient, respectful and appropriate way. Staff respected people's right to privacy and to be treated with dignity. People were encouraged to take part in activities and interests at home or out in the community, to go to work and to maintain social relationships that were important to them.

People were satisfied with the support they received from staff. They said they felt comfortable raising any issues or concerns with staff. The provider had arrangements in place to deal with people's complaints appropriately.

People and staff were asked for their views about the quality of care and support provided and how this could be improved. They said senior staff were approachable, accessible and supportive. Senior staff monitored the quality of care and support provided. They analysed results from questionnaires, carried out visits and undertook audits of the service. Staff took appropriate action if any shortfalls or issues were identified through checks and audits.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff 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. People said they were safe. There were enough staff to care for and support people. They knew how to recognise if a person was at risk of abuse or harm and the appropriate action they must take to make sure people were protected.

Known risks to people's health, safety and wellbeing were minimised and managed by staff to keep people safe from injury and harm in their home and out in the community.

People received their medicines as prescribed and these were stored safely.

### Is the service effective?

Good ●

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles by senior staff. Staff were aware of their responsibilities in relation to the MCA.

People were supported by staff to maintain their health and wellbeing. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

People were encouraged to make healthier choices when planning and preparing meals. Staff monitored that people ate and drank sufficient amounts to meet their needs.

### Is the service caring?

Good ●

The service was caring. People spoke positively about the staff that supported them. We saw warm and friendly interactions between people and staff. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

Staff respected people's right to privacy and to be treated with dignity. They supported people to build and maintain the skills they needed for independent living.

### Is the service responsive?

Good 

The service was responsive. People were involved in the planning of their support. Plans reflected people's individual choices and preferences and focussed on giving people as much independence as possible. These were reviewed regularly by staff.

People were supported to live an active life in the home and community. They were encouraged to maintain relationships with the people that were important to them.

People were satisfied with the support they received. The provider had appropriate arrangements in place to deal with any concerns or complaints people had about the support they received.

### Is the service well-led?

Good 

The service was well led. People and staff were asked for their views about the quality of care and support provided and how this could be improved. They said senior staff were approachable, accessible and supportive.

Staff were set objectives linked to people's personal aspirations for independent living. Progress against objectives were checked by senior staff through supervision and appraisal.

Senior staff monitored the quality of care and support provided. They analysed results from questionnaires, carried out visits and undertook audits of the service. Staff took appropriate action if any shortfalls or issues were identified through checks and audits.

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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 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 was announced and took place over two days, 10 and 11 August 2016. We gave the provider 48 hours' 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 was undertaken by a single inspector.

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 such as statutory notifications about events or incidents that have occurred within the service, and which the provider is required to submit to the Commission. We also sent out questionnaires to staff and asked them for their feedback about the service. We analysed the questionnaires we received back to provide us with a view about what staff thought about the service.

On the first day of our inspection we went to the provider's main office and spoke to the registered manager and looked at four staff records and other records relating to the management of the service. On the second day, we visited one of the five supported living schemes consisting of 18 individual flats. We spoke to eight people using the service, a senior care support worker and a care support worker. We observed support provided to people and reviewed the care records of four people using the service and other records relating to the management of the service.

# Is the service safe?

## Our findings

People said they were safe when being supported by staff. One person said, "Feel very safe. [Staff] got our best interests at heart." Another person told us, "Yes, I feel safe and the staff look after us." Staff spoke about their duty to safeguard the people they supported. They knew how to recognise from signs or symptoms that a person was at risk or being abused, and when to report their concerns and to whom. Staff were aware of the provider's procedure, which set out how these concerns would be dealt with by the service. Records showed when concerns were raised, senior staff worked closely with other agencies and professionals to ensure people were sufficiently protected. All staff had received training in safeguarding adults at risk. They also received training in 'equality and diversity'. This helped staff to ensure people's rights were respected and protected to ensure they did not suffer harm from discriminatory practices and behaviours from others.

People said staff talked to them about the risks they faced at home and in the community and how they could stay safe. Records showed staff discussed with people how their specific needs could put them at risk. Plans were in place which set out how staff should support people to manage identified risks. For example we saw guidance for staff on how to support one person to manage their money safely when out shopping in the community. In another example there were instructions for staff on how to ensure the safety of a person when they went swimming. Identified risks were reviewed with people regularly. Plans were updated accordingly as people's circumstances changed. Staff had a good understanding of the risks people might face and how to protect them whilst enabling them to retain control over their own lives and to make choices about what they wanted to do. For example a staff member told us how they were currently supporting people, who wanted this, to access family planning services to promote positive sexual health.

People said staff were available to support them when they needed them and knew how to access this support in an emergency. Staffing levels across the provider's supported living schemes had been planned based on the number of people at the scheme and their specific needs. The registered manager told us staffing levels were adjusted according to the needs of people and increased when required. There were no vacancies at the time of this inspection and any gaps or absences in staffing were covered by the use of the provider's own bank of staff. As well as staff on duty at the schemes out of office hours, people had access to contact numbers if they needed to get in touch with staff in an emergency.

The provider had appropriate arrangements in place when recruiting staff to work at the service. Records showed the provider had carried out checks on staff regarding their suitability to work. These included obtaining and verifying evidence of; their 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.

People said they received their medicines when they needed them. People's medicines were stored safely in their rooms. The majority of people were able to take their medicines with prompting from staff. Staff completed a medicines administration record (MAR) which provided a clear record of what medicines were given and when. There were no gaps on MARs we looked at which indicated people received their medicines as prescribed. Our checks of stocks and balances of medicines supported this. Staff had received training in

the safe handling and administration of medicines. Their competency was regularly checked by senior staff to ensure they were following safe practices and that people received their medicines as prescribed.



# Is the service effective?

## Our findings

People told us staff were able to meet their needs. One person said, "They all support me very well." All staff working at the service had a current personal training plan and record, which detailed their specific learning and development needs. Training was focussed on staff being able to support people effectively to meet their specific needs. For example, we saw specific training identified for staff to enable them to support people to make effective choices as part of people's personal care goals to improve their independent living skills. Senior staff evaluated courses attended by staff to check how staff would use what they had learnt to support people effectively. Staff told us the training they received had helped them to support people to meet their needs.

Staffs' learning and development needs were reviewed with them through the provider's appraisal and supervision (one to one meetings) programme to check these were met. Senior staff monitored training to check staff were up to date and when they were due to attend updates to refresh their skills and knowledge. We noted some gaps in the current training programme where staff had not attended recent refresher training in safeguarding adults at risk and the Mental Capacity Act 2005. We spoke to the registered manager about this who told us that sourcing this training had been difficult but said they would take steps to make sure this training was provided to all staff as soon as possible.

Staff felt supported by senior staff to help them carry out their roles effectively. One member of staff said, "Yes, we get a lot of support... they (managers) are very approachable and supportive." Another told us, "I get supervision as and when I need it... it's very good." Records showed all staff had received a recent annual appraisal through which their work performance and achievement of set targets was discussed with them. Through this process staff had agreed with managers their work goals and objectives for the coming year and how these would be met through training and other methods of learning such as shadowing at work. Staff's progress against these objectives were reviewed at supervision meetings, which should take place monthly. The staff we spoke to confirmed this happened. The registered manager told us the senior staff team were accessible and approachable at all times to staff to support them on a day to day basis, which staff confirmed.

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 mental capacity assessments were undertaken by senior staff for all people using the service to check their ability to make and consent to decisions about specific aspects of their care and support. Although staff required refresher training in the MCA, they demonstrated awareness of their duties and responsibilities in relation to

the act. Senior staff 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. This included involving people's representatives and other healthcare professionals so that decisions could be made in people's best interests.

People were supported by staff to maintain their health and wellbeing. People said staff supported them to seek additional support or assistance from other healthcare professionals particularly when they felt unwell. Records showed outcomes from people's healthcare visits and appointments were clearly documented and any changes or additional support people needed as a result were shared promptly with all staff. People also had a hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

People could shop, buy food of their choosing and prepare and cook their own meals, but staff were available to support them with aspects of this, if needed. People's records contained information about potential risks to them from poor diet, lack of nutrition and/or hydration. Identified measures to reduce these risks included information for staff about how people should be supported to eat and drink sufficient amounts to meet their needs. For example staff offered advice and support to people in how to make healthier choices when planning and preparing meals. During periods of hot weather, staff were encouraged to remind people to drink enough fluids to stay hydrated in the heat.

## Is the service caring?

### Our findings

During our visit to one of the supported living schemes we observed the way staff interacted with people. Conversations between people and staff were warm and friendly which indicated they knew each other well. Staff asked people how they were and encouraged them to talk about their day, what they had done and what they planned to do. People looked at ease and comfortable in staff's presence, responding positively to their questions and readily asking for help and assistance. When responding to people's queries or requests for help we noted staff were patient, respectful and dealt with these in an appropriate way.

People spoke positively about the staff that supported them. One person said, "Staff are very nice. Feel like they care about you." Another person told us, "Staff are really nice and cool." In our conversations with staff they were knowledgeable about the people they supported and knew what was important to them in terms of the support they needed. A staff member said they found their work rewarding and satisfying when they saw the progress made by people to live independently and safely. They told us about one person who had been previously prone to outbursts and abusive behaviour and had worked with them to help reduce this. They said, "You need to listen, talk to people and treat people with respect. I built up a lot of trust by just sitting down and talking to [person] and by giving [person] more responsibility."

People said staff respected their privacy and treated with them with dignity. One person said, "The staff always knock and wait for me to answer before they can come in." Another person told us, "The staff are very respectful. We have our privacy here." And another person said, "They don't interfere – always knock on my door." We observed staff knocked on people's doors and waited for permission to enter before going into people's flats. Staff explained why they had come to see people so that people knew why they were there. When people needed time to get ready to go out with staff, they were not rushed and given the time they needed to do this at their own pace.

People said the support they received from the service helped them to live as independently as they could. One person said, "I've got my own flat and space and I haven't got to share with anyone. I have the whole place to myself...it's just the little things I need help with." Another person told us, "You have your own space here. I chose all the furniture. They only need to help me with the things I can't do." And another person said, "I love it here. They [staff] are really helping me to keep me here."

Staff planned with people how they would learn and/or maintain the skills they needed for independent living. People had agreed goals with staff that were focussed on increasing their independence at home and in the community. People had a dedicated 'support day' every week during which staff supported them to achieve these goals. For example staff supported people with preparation of meals, household tasks such as cleaning and laundry and general housekeeping such as payment of bills. Staff also encouraged people to access services and support in the community such as college courses, volunteering opportunities and work placements. People were encouraged to maintain their attendance and complete courses or work programmes. One person told us they depended on staff to make sure they got out of bed on time in the morning to attend college. Another person showed us certificates of courses they had completed and told us how good this had made them feel when they received these as it gave them a sense of achievement.

## Is the service responsive?

### Our findings

People said they were involved by staff in the planning of their care and support. This was evident in their records which showed people had met with staff to discuss how this should be provided to them. People's relatives and others involved in their care, such as healthcare professionals, also contributed to these discussions and helped people decide on the level of support they needed. People were encouraged to state their choices and make decisions.

Staff used the information from these discussions to develop an individualised support plan which was reflective of people's views and preferences, for how care and support should be provided by staff. Plans detailed the support people needed from staff to live independently and included; help with medicines, travelling in the community, managing money, managing food, diet and shopping, dealing with correspondence and managing their home and personal belongings. Support plans were reviewed annually with people, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

People were supported to take part in activities and pursue interests that were important to them. People decided and planned the activities and interests they wanted to do with staff's help. Agreed activities were set out for people in a timetable or schedule so people knew what they would be doing and when. These included a range of social activities such as trips to the theatre, cinema or local pub, as well as support for people to pursue personal interests such as attending college, working in the community or going to drama classes. Some people had an interest in swimming and were supported to attend a weekly club at a local leisure centre. Other people told us about a bowling team that had been set up for them to compete regularly. During people's personal 'support days' people undertook more personalised activities such as shopping trips or outings of their specific choosing.

People were supported to maintain relationships with those that mattered to them. Where this was appropriate, staff helped people to maintain contact with their families and friends. People were encouraged to invite family and friends to visit with them. Some people had partners and staff respected people's wishes to spend time alone with them. Staff told us they supported people to build personal boundaries with each other so that people respected each other's personal space and time to be alone with partners and friends when they needed this. They arranged for people to access specialist support to help them build positive relationships. One person said, "My friends can come over and we can spend time together and be left alone in peace." Another person told us, "We can go to each other's flats and cook for each other. Sometimes we'll have a barbeque outside." Staff helped people to plan special events and occasions such as birthday parties. One person had recently been supported to plan a birthday party within the scheme and had been helped to hire space, obtain a DJ and prepare food for their guests.

People were satisfied with the care and support they received. One person said, "I'm really happy here." Another person told us, "We love it here. It's so close to the shops and the staff are nice." And another person said, "I like everything about this place, the staff are nice, the flat is nice and I'm quite lucky to be here." Feedback from questionnaires, which people completed about the support they received, showed people

were satisfied with the support they received to help them achieve their personal care goals and aspirations.

People said they were comfortable raising any issues and concerns they had with staff. They told us any issues they had raised had been dealt with appropriately by staff. People had been informed about the provider's complaints procedure so that they knew what to do if they wish to make a complaint about the service. The complaints procedure set out how people's complaints would be dealt with and by whom. The provider undertook to ensure that people's complaints would be fully investigated and that people received a satisfactory response to the concerns they raised. This included offering people an appropriate apology when they had experienced poor care.

## Is the service well-led?

### Our findings

People's views about their care and support was used to inform how this was provided. Through weekly engagement with staff during their personal 'support days' people had opportunities to state their views and suggestions about what they wanted in terms of their support. This was then used by staff to provide personalised support to people. Every year people also completed a 'my service questionnaire'. With staff's support people were encouraged to reflect and evaluate the support they had received and to identify areas where this could be improved or changed. The information from these questionnaire was then used during people's annual review meetings to plan the support people wanted over the coming year. People told us senior staff were approachable and supportive. They said the registered manager was available to talk to if they needed them.

Staff had been set objectives and goals which linked to people's personal aspirations to build and maintain the skills they needed for independent living. These included promoting choice and independence, consulting people around the design and delivery of activities and encouraging good health and wellbeing. Staff's progress against their objectives were checked by senior staff through supervision and appraisal. Staff told us they felt well supported by senior staff. Staff had opportunities to share their views and suggestions through monthly team meetings and their own personal supervision meetings with managers. They said their views about the care and support people received were listened to and dealt with appropriately. A staff member told us meetings were a good opportunity for them to air their views and to talk about the progress people were making to achieve their care goals and aspirations.

Senior staff checked the quality of care and support people experienced through various means. The 'my service questionnaire' gave important information to senior staff about people's levels of satisfaction about the service. Senior staff analysed people's responses to identify any service improvements that may be needed. Senior staff also carried out regular unannounced 'peer visits' across the five supported living schemes. At visits senior staff carried out observations of the support provided, gained feedback from staff, people and visitors, checked records and shared good practice and learning from the provider's other services with staff. Staff were provided feedback following these visits and any issues or concerns identified were addressed immediately.

Senior staff carried out other checks and audits in specific aspects of the service including the management of medicines, records maintained and the quality of activities people were supported to attend. We saw senior staff took appropriate action when gaps or shortfalls were identified through these checks. For example, where errors had been identified in a staff member's practice in managing medicines, they were removed from this duty and given additional training and support until they could demonstrate they were sufficiently competent in undertaking this duty.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service. Our records showed the service submitted notifications to CQC promptly and appropriately.

