

London Borough of Merton

# Merton Shared Lives Scheme

## Inspection report

Merton Civic Centre 3rd Floor  
London Road  
Morden  
Surrey  
SM4 5DX

Tel: 02085454003

Website: [www.merton.gov.uk](http://www.merton.gov.uk)

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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

Merton Shared Lives Scheme employs shared lives carers to provide support to adults to live in the community. The office based staff team match people with carers to ensure people's needs could be met. The scheme specialises in supporting adults with learning disabilities, mental health conditions, physical disabilities and sensory impairments. People using the service may live in the carer's own home as part of their family or in other accommodation such as rented homes, with regular support from their carer. At the time of our inspection there were 43 people using the service of which 27 people lived in their carer's home. The remaining 16 people lived in other accommodation. In this report we refer to the shared lives carers as 'carers' and the office based staff team as 'staff'.

At the last Care Quality Commission (CQC) inspection in April 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'. The service demonstrated they met the regulations and fundamental standards.

At the time of this inspection, the registered manager had recently left the service in June 2017 and the provider was in the process of recruiting a new manager. The provider had appointed an interim manager to ensure there was appropriate management support available to carers and staff. A registered manager is a person who has registered with 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 continued to be safe. Carers and staff received training and support to help them protect people from the risk of abuse or harm. Carers were provided with guidance on how to minimise identified risks to people's health, safety and welfare. Staff reviewed these risks regularly to ensure carers had the latest information about how to support people to stay safe.

The provider made sure people were only supported by carers that were deemed suitable. Carers and staff received relevant training so that they had the necessary skills to meet people's needs effectively. Carers and staff had work objectives that were focused on people having their needs met. Progress against these was reviewed through supervision (one to one meeting) and appraisal so that the provider could be assured these were being achieved.

People's choices and decisions about the support they required were used to develop an individualised support plan for them. Support plans set out how people's needs should be met by their carer and were reviewed and updated as required. Carers and staff demonstrated a very good understanding of the specific needs of people and could explain to us in detail the support people required and why. People were happy with the quality of support received.

People were supported to stay healthy and helped to access healthcare services when they needed this. Carers and staff remained alert and acted quickly when people became unwell or needed additional

assistance with their healthcare needs. People that needed prompting with the medicines prescribed to them received these in a timely manner.

Carers and staff treated people with dignity and respect and asked for their consent before providing support. Carers and staff continued to support people to build and maintain the skills they needed for independent living.

People remained active and participated in activities and events of their choosing to meet their social and physical needs. They were encouraged to maintain relationships with those that mattered to them. They were also helped to build new relationships and friendships with others.

People and carers said staff were approachable and managed the service well. They were encouraged to provide feedback about how the service could be improved. The provider acted on people's feedback and was continuously improving the service to ensure people experienced good quality support. The provider maintained arrangements for dealing with complaints if people became unhappy or dissatisfied with the service.

Staff continued to assess, monitor and review the quality of people's experiences. They undertook regular visits to people and their carers and checked the quality of support people experienced by asking people for their feedback and reviewing records maintained by carers.

Further information is in the detailed findings below.

## 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 remains Good.

# Merton Shared Lives Scheme

## **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 was a comprehensive inspection which took place because we carry out comprehensive inspections of services rated 'Good' at least once every two years. The inspection was carried out by a single inspector on 24 August 2017 and was announced. We did this because staff were sometimes out of the office supporting carers or visiting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection.

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 also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During our inspection we visited the provider's head office. There we spoke with one shared lives officer. We reviewed the care records of five people using the service, three carers' files and other records relating to the management of the service. After the inspection we spoke with three carers and five people using service who shared their experiences of the service with us.

## Is the service safe?

### Our findings

One person told us, "Yeah, I feel really safe with [carer]." Another person said, "[Carer] is always there when you need them. I feel safe with them." And another person told us, "I feel safe because nothing untoward happens." Feedback from people, received via the provider's annual quality survey of the service in December 2016, supported these comments. People that had responded to the survey said they felt safe with their carer.

Since our last inspection the provider had ensured people continued to be safe when being supported. Carers and staff attended regular training in safeguarding adults at risk. This helped them to stay alert and aware to signs of abuse and the action to take to ensure people were protected. Carers and staff also received training in equalities and diversity. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

Records showed staff maintained regular contact with carers through weekly and sometimes daily telephone calls and through a programme of bi monthly supervision (one to one meetings) to discuss people's support and any concerns carers may have about their safety and welfare. We noted when concerns had been raised about people's welfare staff worked proactively with the local authority safeguarding team and others involved in the people's care to ensure action was taken to make sure people were protected. For example when one person was identified as at risk of financial abuse from others, appropriate action had been taken with their agreement to put financial safeguards in place to protect them and their money.

Staff continued to assess, monitor and review risks to people posed by their specific healthcare needs. This meant carers had access to current information about identified risks to people's health, safety and welfare and how these should be minimised. Records showed there was clear up to date guidance for carers on how to reduce identified risks to keep people safe whilst allowing them as much freedom as possible. For example for a person that was at risk of self-neglect, their support plan guided their carer on how to encourage and prompt them to incorporate their personal care, hygiene and nutritional needs into their daily routines so that these could be maintained appropriately. Carers demonstrated good awareness of the specific risks posed to people and how they should support them to stay safe. One person said, "What I like about [carer] is she's not in your face and gives you your freedom but she will just check in to make sure the important stuff gets done."

The provider maintained arrangements to ensure people were only supported by carers that were suitable. Records showed when an individual applied to become a carer, staff continued to undertake comprehensive checks around their suitability which included checks of their employment history, previous relevant work experience and criminal records checks. Individuals were interviewed by staff and asked to demonstrate how they would meet people's specific needs, ensure their safety, champion their rights and support people to overcome barriers they could face due to their specific needs. Decisions to appoint carers were still made by assessment panels made up of healthcare professionals, ex carers and people using the service. These arrangements helped to ensure only individuals that demonstrated the appropriate

competencies, experience and knowledge would be deemed suitable to support people.

The majority of people using the service managed their prescribed medicines independently. Where people needed to be prompted to take their prescribed medicines, their carers maintained a medicines administration record (MAR) and informed staff promptly if people stopped taking their medicines. Staff then contacted the relevant healthcare professionals to ensure people had access to advice and support about the impact and effects this could have on their mental and physical health. Carers and staff had all received training in managing medicines so that they adhered to good practice in safe administration of medicines.

## Is the service effective?

### Our findings

One person told us, "I don't think I would have achieved what I have without [carer]." Another person said, "My carer supports me 100 per cent and pushes me forward in life."

Carers and staff gave us good examples of how people, with their support, were achieving positive results and outcomes in terms of their health and wellbeing. For example carers and staff had successfully worked with some people to build their confidence and learn how to manage their needs independently. One person through take up of sport and exercise had gone from being quiet and withdrawn to sociable, outgoing and much happier and settled in terms of their emotional and mental health.

Since our last inspection the provider had maintained a rolling programme of training and support for carers and staff to help them to meet people's needs. Carers and staff were set work objectives that were focussed on supporting people to achieve positive outcomes in respect of their mental and physical health and overall wellbeing. Progress against these objectives was discussed with carers and staff at supervision meetings. In addition office based staff had an annual appraisal of their work performance. At these meetings carers and staff were encouraged to reflect on their working practices and how they were helping people to achieve good outcomes as a result of the support they provided. Their learning and development was also discussed to check they were up to date with the knowledge and skills required for their roles.

People said their carers enabled them to make choices and decisions and sought their consent to support them. We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). 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 being supported by this service must be made to the Court of Protection.

Carers and staff had received training in the MCA. Records showed staff assessed and recorded in people's support plans, their ability to make and consent to decisions about specific aspects of their care and support. None of the people using the service at the time of this inspection lacked capacity to make specific decisions about their care and support. However there were processes in place to involve people's relatives, representatives and others such as healthcare professionals, should this situation arise, to ensure decisions would be made in people's best interests.

People that needed support from staff with their meals were encouraged to eat and drink sufficient amounts to meet their needs. Their records contained information about their dietary needs including their specific likes and dislikes, food allergies and specialist requirements due to their cultural, religious or healthcare needs. This helped carers support people to prepare and eat meals that met their specific preferences. Carers encouraged people to choose healthier options to support them to maintain a healthy and well

balanced diet.

People were also supported by staff to maintain their mental and physical health. Carers prompted people to attend their scheduled appointments with the healthcare professionals involved in their care. Outcomes from these were documented and shared with staff so that they were aware of any changes or updates to the support people required. Carers and staff remained alert and acted quickly when people became unwell or needed additional assistance with their healthcare needs. We saw several examples where carers and staff had responded quickly when they had identified a person may be in crisis so that they could access prompt and appropriate support from the relevant health professionals such as the community based GP that specialised in supporting people with mental health needs.

Carers and staff also helped people to access organisations and groups in the community that could support people with their on-going mental health needs when they could not immediately access professional support. For example we saw information about 'recovery cafes' in the community had recently been shared with all carers that could benefit people they supported. These drop in cafes, commissioned by South West London and St George's Mental Health Trust, offered a safe environment for people who may be struggling with their mental health during evenings and at weekends to help reduce their anxiety.

## Is the service caring?

### Our findings

People said they were treated with dignity and respect and told us their carers were kind and caring. One person said, "[Carer] treats you with so much respect. She doesn't treat you differently. She's so understanding and really supportive. She gives you time to tell things at your own speed." Another person told us, "[Carer] is very polite and yes, I think also caring. I feel like they've taken an interest in me." Feedback received via the provider's annual quality survey of the service in December 2016 supported these comments. One person had remarked "My carer is fantastically kind and encouraging." Another person had stated, "[Carer] is very nice, understanding and fair."

Since our last inspection, the provider had improved the quality of information and records to support people to make choices and decisions and be informed about how their needs would be met. When people came to view a possible shared lives placement they were now provided with a 'shared lives carer profile'. This was an easy to read guide which used pictures to explain who the prospective carer was, what their hobbies and interests were, their previous experience of supporting people and how they would meet people's needs. There was also information about the prospective home they would live in and the people that lived there, a picture of their proposed room, details about local transport links, shops and amenities and information about local activities and clubs. This information helped people to decide whether the proposed placement would be suitable for them and meet their needs. A new format for support plans had also been introduced which was easier to read and clearly set out what people should expect in terms of the support that would be provided by their carer and staff.

Carers and staff continued to support people to build and maintain the skills they needed for independent living. People's support plans set how they wished to be supported to increase their independence in managing daily living tasks such as their personal care and hygiene, cleaning, laundry, shopping, preparing and cooking meals and managing finances. One person said, "I go shopping on my own, but if I wanted [carer] to come with me they would."

We saw several positive examples where carers and staff had successfully worked with people to build their confidence and help them to learn how to manage their needs. As a result some people were successfully able to move on to live independently in the community. In other examples we saw people had learnt how to cook for themselves or undertake their personal care without support.

The majority of carers were from BME (black and minority ethnicity) communities and able to meet the diverse range of cultural, religious and spiritual needs of people using the service. We saw examples where people were supported by a carer that shared the same cultural background and therefore had a good understanding of people's personal preferences and beliefs and how these should be met. One person had commented in their survey response to the provider that this was one of the reasons why they were satisfied with the support they received as they could, with their carer's support, prepare and cook culturally specific meals of their choosing.

The provider was actively recruiting carers to reflect the changing needs and diversity of people wishing to

use this service. Staff told us the demand for male carers was increasing so recruitment was focussed in finding suitable candidates that could meet this need.

## Is the service responsive?

### Our findings

One person said, "It's a really good scheme...they work alongside with you and listen to your needs." Another person told us, "I feel like I'm in control. I'm happy with the support I get. I'm more or less doing what I would like to do." Feedback from people, received via the provider's annual quality survey of the service in December 2016, supported these comments. All the people that had responded to the survey said they were happy with the support they received.

Since our last inspection people continued to be actively involved in discussions about the level of support they required and encouraged to make choices and decisions about this. Carers and staff helped people to set personal goals and objectives to achieve positive outcomes in terms of their mental and physical health and overall wellbeing. This was evident in people's support plans which were highly individualised and contained current information about them including their preferences for how support should be provided. This ensured people received support that was personalised and focused on how their needs should be met. Carers and staff demonstrated a very good understanding of the specific needs of people and explained to us in detail the support people required and why.

Staff reviewed the support people received to ensure this continued to meet their needs. People and their carers were actively involved in these reviews. This was done annually or sooner if there had been a change in people's needs. When changes were required to the level of support people needed, staff updated people's support plans so that carers had access to up to date information about how people's needs should be met.

People remained active and participated in activities and events of their choosing to meet their social and physical needs. These included shopping trips, going for coffee or a meal, attending community and sports clubs, outings to places of interests and holiday breaks. People were also encouraged to access services and support in the community to acquire or relearn skills through attendance on courses or volunteering opportunities. One person told us they had accessed a course to help rebuild their confidence to cycle in the community again. Another person had learnt new skills by attending courses in photography and cookery. And another person said their volunteer work was satisfying and helped them to socialise with people.

People were encouraged to maintain relationships with those that mattered to them. They were supported to stay in close and regular contact with their family members and friends. People were also supported to visit with their relatives which included overnight stays at their family homes. A carer said, "I support [person using the service] to see their family every weekend as that's their main social network. I know there can be issues but I respect their need to maintain that relationship."

Carers and staff helped people to build new relationships and friendships with others. For example two people using the service from a similar ethnic background were placed together in the same scheme and since then have become good friends. This benefitted both people in terms of reducing the risk to them from becoming socially isolated due to language barriers and cultural differences.

Carers and staff checked with people through support meetings that the activities they took part in were meeting their needs and discussed other activities they could try to help them broaden their experiences. A carer said, "I'm always trying to find things for people to do or courses that people are interested in. At the moment I'm trying to find pottery classes for [person using the service]."

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available to people and used pictures and simple language to help people state who and/or what had made them unhappy and why. Records showed when a concern or complaint had been received the provider had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate when people experienced poor quality care and support from the service.

## Is the service well-led?

### Our findings

People and carers said staff were available to support them when needed. One person said, "[Staff member] is great. Any time I email her, she gets back to me as soon as possible." A carer told us about staff, "They're very good. They're always at the end of the phone and they keep me regularly updated through the carer's forum." Another carer said, "They take action quickly and are very easily accessible...they're always checking if we need any extra support from them."

At the time of this inspection, the registered manager had recently left the service in June 2017 and the provider was in the process of recruiting a new manager. The provider had appointed an interim manager to ensure there was appropriate management support available to carers and staff. A staff member said, "[Interim manager] has been a great support and it's not been too challenging without the registered manager as the support is very good...easily accessible."

The provider continued to fulfil their legal responsibilities particularly with regard CQC registration requirements and the submission of notifications of events or incidents at the service. This enabled us to check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.

Since our last inspection the provider continued to ensure people, carers and staff were involved in discussions about how the service could be improved. They used a range of methods to gain feedback including an annual survey, meetings between people and their carers, bi-monthly supervision meetings between carers and staff and quarterly carers' forums where staff shared useful information and updates. The staff team met monthly to share and discuss the feedback obtained from people and carers to identify where improvements and changes could be made to the service.

The provider acted on ideas and suggestions for improvements to enhance the quality of support people experienced. For example we saw many of the activities and events that people participated in, had been arranged based on people's feedback on how this aspect of their support could be improved. We also saw records and forms used by the service had been updated which had led to improved record keeping by carers and improved standardisation in working practices. This helped to ensure carers and staff worked in a consistent way and in line with the service's policies and procedures so that people experienced safe and appropriate care at all times.

Staff continued to assess, monitor and review the quality of people's experiences. They undertook regular visits to people and their carers and checked the quality of support people experienced by asking people for their feedback and reviewing records maintained by carers. At the monthly staff meeting, progress against service standards and objectives, set out in the 'team plan' was discussed and reviewed. We saw these objectives were focussed on people being supported to meet their needs and achieving positive outcomes in terms of their overall health and wellbeing.