

# Supported Living for People With Complex Needs

# Welcome



## Richard Clark

Current

Head of Operations, North West & Wales

Formerly

Co Founder & Director – Supported Homes

Previous  
Roles

- Senior Community Nurse With AOT
- Ward Manager Medium Secure

# What is Supported Living



- History (CPA) Introduced in 1991 to move people from institutions.
- Responsible case manager or care coordinator and multi-disciplinary involvement.
- Used to support service users with Learning Disability.
- Bridges the gap between care homes and domiciliary care.
- Care homes often viewed as long-term placements, service users disempowered & de-skilled, personal choice can be limited.
- Domiciliary Care in own home is ultimate goal of most individuals; supported living often enables people to move to further independence involving domiciliary care.

# How does Supported Living work?



- Care company will not own the premises/accommodation
- The care company will use the accommodation as part of a funding agreement or contract
- The care company will work with a Registered Social Landlord (RSL or housing association).
- The RSL will sub-let the accommodation from the landlord.
- The service user has more choice for multi-agency working.
- The service user has tenancy rights.

# Referral Process For Supported Living



**Assessment  
of need**

**MDT  
discussion**

**Individual visits  
the proposed  
placement**

**Care  
coordinator  
meets with  
commissioners**

**Funding  
agreed**

**Develop  
care plan**

**Transition  
visits**

**Move in  
date set**



# What does Supported Living mean to me? (Service user/tenant)



- Short-hold assured tenancy to your room or flat.
  - The advantage of this is to achieve successful community living with a social landlord to access independent accommodation in the future.
- Accommodation will usually be in a group setting with support staff on site.
- Accommodation should be safe to protect the vulnerable.

# What does Supported Living mean to me? (Service user/tenant)



- Care and support can be flexed up or down to suit the needs of the user.
- More choice with who provides your support
  - Multi-agency approach.
- Supported living services are usually 24-hr staffed, 9-5 with telephone out of hours support or bespoke care and treatment plans (1:1 tenancies).

# What does Supported Living mean to me? (Service user/tenant)



Support should prepare people for further independence...

- paying bills
- using public transportation
- developing personal and hygiene skills
- developing social skills
- realistic budgeting
- accessing community resources including educational and employment agencies



# Who is Supported Living for?



- Adults stepping down from hospital.
- Adults who have remained in hospital and who are not ready to live totally independently.
- Adults who prefer to live in a group service and benefit from a sense of community and peer support.
- Leaving care (CAMMS). Younger adults who are moving from children's services.

# Who is Supported Living for?



- Older adults who do not require a nursing home.
- Adults who have been in long term continuing care services.
- Adults who need support with enhancing their community living skills, social skills, developing coping techniques for their symptoms, learning new skills to prepare for maximising independence, whilst in a supported environment.

The list goes on...

# Managing Risk



- Risk assessment tools from (HCR20- historical risk management document).
- Pre-discharge planning, placement assessment, periods of leave before fully moving in. Sec17 leave, CTO, DoLS, Safeguarding.
- Clearly documented treatment and care plans (agreed by service user, care coordinator, service manager, and key-working).
- MDT risk management plans.

# Managing Risk



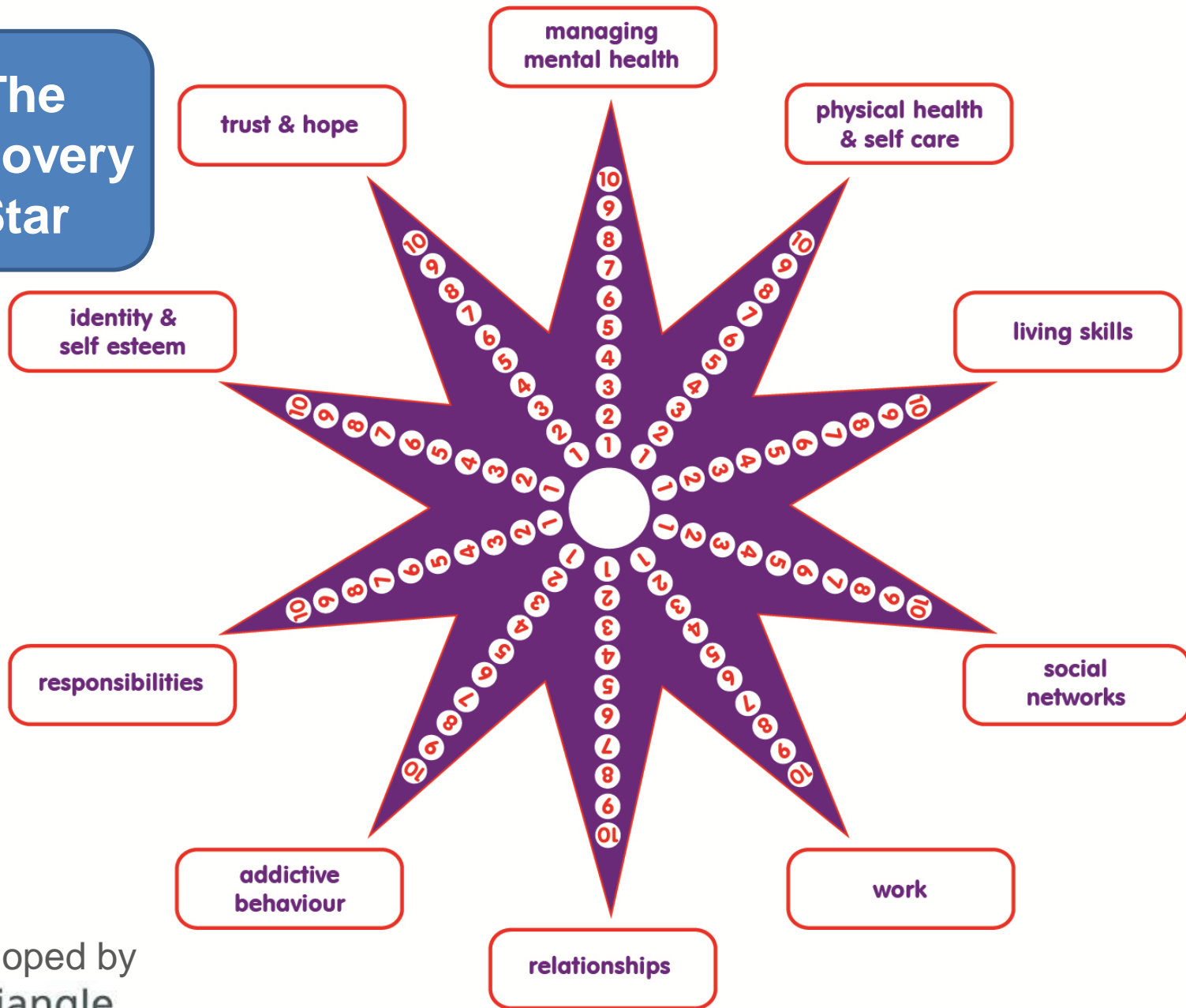
- Structured support
- Collaborative multi-agency working. (Police, crisis team, family and friends, CMHT etc)
- Information sharing - MAPPA
- Internal information sharing, monthly staff meetings for staff to discuss concerns, care plans and consistency
- Well-trained, motivated workforce

# Outcome Measures



- Need to be user friendly.
- Easy to interpret by service users, key-workers, care coordinators and commissioners.
- Need to focus on all areas of the individuals needs.
- Need to be measurable.
- Need to identify areas of strengths and weaknesses.
- Needs to form the basis of the care plan
- We use Recovery Star.

# The Recovery Star



Developed by  
 Triangle

# Quality



- CQC, local authority, family.
- Regularly reviewed policies and procedures - discussed in each team meeting and supervision.
- Monthly supervision, ensuring appraisals are completed on time.
- Bespoke training (by an organisation that knows the people you are providing services to).
- Satisfaction surveys for service users and staff and relatives.

# Quality



- ISO 9001. Provides a template for consistency and auditable good practice. Flow-charts and clear definitive responsibilities.
- Investors in People.
- National awards to recognise areas of excellence.
- Newsletters for SU's, staff and commissioning teams
- Solid staff structure, well trained, consistent, flexible and dedicated.
- Well led as opposed to 'managed'



# Sharing Experiences



**Keri-Louise talks about  
her experience of  
supported living**

# Thank you for Listening



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