

Penrose Options

New Hope Project

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

New Hope Project provides accommodation, care and support to 13 people, aged between 18 and 65 years with mental health needs. At the time of the inspection, 12 people were using the service.

At our previous inspection of 16 January 2015, we found the service was in breach of a regulation of the Health and Social Care Act 2008 (Regulated Activities) 2010. This was in relation to the provider not meeting conditions of their registration with the Care Quality Commission. At the time of inspection, the service was providing support to 13 people when they were only allowed to support a maximum of 12 people. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'New Hope Project' on our website at www.cqc.org.uk.

We undertook a comprehensive inspection on 8 February 2017 to follow up on the breach and to check that the service now met the legal requirements. At this inspection, we found the service had taken the appropriate action to address the breach. The service met the regulation we checked at that time.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received support from staff trained in how to protect them from abuse. Staff knew how to recognise and report potential abuse if they had any concerns. Risks to people were assessed and centred on the needs and rights of each individual. Staff had sufficient guidance which they followed on how to manage identified risks to people.

There were enough staff deployed to support people safely and to meet their needs. The provider used robust recruitment procedures to ensure people received support from staff suitable for their roles. People were supported as appropriate to receive their medicines safely from staff assessed as competent to do so. Medicines were safely and securely stored at the service.

People were supported by staff with the knowledge and skills required to meet their needs. Staff received support and supervision to enable them to undertake their roles effectively. The provider ensured staff received training to address their knowledge and skills gaps.

Staff supported people in line with the principles of the Mental Capacity Act 2005. People consented to care and treatment.

People were encouraged to maintain a healthy diet and received the support they required to develop their cooking skills. Staff made referrals to healthcare professionals when a person's mental health showed signs of decline. People had access to services they needed to have their health and social needs met.

Staff communicated effectively with people and delivered their care in a friendly and compassionate manner. People's care was provided in a way that promoted their dignity and privacy. People were supported to pursue their interests. Staff encouraged people to do as much as possible to help them to maintain their independence.

People received care that was responsive to their needs. People were involved in the planning of their care, support and rehabilitation. Staff assessed and reviewed people's needs to ensure care was planned and delivered in a consistent way. Care plans were person centred and had set goals in relation to people regaining their independence.

People knew how to share their views and to make a complaint if they were not happy about the quality of care. Their feedback and concerns were considered and addressed to improve the service.

People and staff were happy about how the service was run. Staff understood their roles and responsibilities to support people towards independent living. The registered manager was approachable and open to ideas to develop the service. The service was subject to regular checks and audits and findings were used to make improvements.

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 knew how to protect people from abuse.

Risks to people were assessed and managed appropriately.

Pre-employment checks of staff were appropriate and ensured their suitability for the role. Sufficient numbers of staff were deployed to meet people's needs and to keep them safe.

People received the support they required with their medicines from staff trained to do so.

Is the service effective?

Good ●

The service was effective. Staff received ongoing training, supervision and support to develop the skills and expertise required to undertake their roles.

People gave consent to care and treatment. The service met the legal requirements of the Mental Capacity Act 2005.

People were encouraged to eat healthily and accessed healthcare services to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring. People received person-centred care. Staff knew people well and had developed positive relationships with them.

People were treated with kindness and compassion. Staff upheld people's dignity and respected their privacy.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were involved in planning their care and were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive. People received care that met their needs. People's needs were assessed and reviewed regularly.

Care plans were individualised and reflected people's preferences.

People were able to share their views about the service and the registered manager responded to their feedback.

People knew how to make a complaint and had access to the complaints procedure.

Is the service well-led?

The service was well led. The service had an open and positive culture. The registered manager was approachable and supportive.

People and staff were able to share their views with the registered manager. They felt valued their ideas were valued at the service.

Audits were carried out to monitor the quality of the service and findings were used to make improvements when necessary.

The service had a close partnership with other healthcare professionals and established links with the community.

Good ●

New Hope Project

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 8 February 2017 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with nine people using the service and two healthcare professionals who were visiting the service. We also spoke with the registered manager, head of care and five members of care staff.

We viewed five people's care plans and their medicines administration records. We looked at five staff records and management records including staff recruitment, training, supervision and duty rotas. We reviewed records of complaints and safeguarding concerns, incident reports and audits to monitor quality of the service. We reviewed feedback the service had received from people and other healthcare care professionals involved in people's care.

We carried out general observations at the service and interactions between staff and people using the service and observed a staff handover meeting between shifts. After the inspection, we received feedback from two healthcare professionals.

Is the service safe?

Our findings

People were safe at the service. One person told us, "Yes it is a safe place to live. It's quiet and there is a good atmosphere. There is no trouble." Another said, "Yes [service is safe]. It's got security." A healthcare professional told us, "Staff support people to live safely at the service and in the community."

People were protected from the risk of potential abuse. Staff knew how to keep people safe from abuse by identifying and reporting any concerns. A member of staff told us, "We lookout for signs such as behaviour changes, refusal to take medicines and lack of sleep." Records confirmed staff had received training on safeguarding to ensure they understood how to protect people from possible harm. There were updated policies and procedure in place to inform staff on how to handle any cases of potential abuse. People and staff knew who to contact about any concerns as details of the local authority safeguarding team were displayed at the service.

Staff felt confident to report concerns to management and external agencies about potential abuse and poor care practices. The provider had an up to date whistleblowing policy in place. Team meeting records showed whistleblowing was discussed regularly in staff meetings.

People were protected from identified risks they could be exposed to. Healthcare professionals such as psychiatrists and care co-ordinators were involved in assessing and reviewing the risks to people to ensure plans towards rehabilitation and recovery were safe. Each person's assessment included their ability to manage their medicines, accessing the community, establishing relationships, potential to self-harm and an awareness of their safety when using sharp utensils. Staff knew triggers to people's behaviours which could cause them harm such as substance misuse and associating with wrong peers. Care records contained individual risk assessments and the guidance necessary to keep people safe without reducing their freedom unnecessarily.

The premises were safe for people at the service. One person told us, "Yes, it [premises] has CCTV at the front and back door and there is always staff here." Another said, "They have security devices installed and they don't let certain people in. It is well organised." There were members of staff on duty all the time which meant issues such as mental health emergencies could be addressed. For example when a person was judged by staff to require immediate specialist assessment with a view to be admitted to hospital because they were likely to harm themselves or others. The premises were well maintained and regular audits of health and safety showed up to date checks of the environment. Repairs and maintenance were carried out when required. Records and staff confirmed regular checks on people's rooms and substance and alcohol abuse when necessary to ensure they were safe and complying with the conditions of their stay at the service.

People were kept safe from the risk of avoidable injury. Staff recorded and maintained a log of incidents at the service, informed the registered manager and other relevant persons for appropriate medical support and intervention plans to keep them safe. The registered manager monitored and analysed accidents and incidents and ensured staff had sufficient information to reduce the risk of the accidents happening again.

Incidents were discussed at team meetings, supervisions and team handovers to ensure staff learnt from them and to help protect people from the risk of unnecessary harm.

People received the support they required when they needed. The registered manager ensured there were enough competent and skilled staff deployed at the service to meet people's needs. One person told us, "Yes they are never short staffed they work 24/7." Another said, "Yes more than enough." And another commented, "Yes, the staff work 24 hours. It is good to be here and I can relax." Duty rotas were prepared in advance to ensure staff were available for each shift. Staff told us and records confirmed there were enough staff to support people with their needs and to attend appointments. They said absences were covered adequately by permanent staff and there were no gaps on the six week rotas we saw. We observed that there were sufficient staff to respond to people's requests. For example, members of staff supported people to attend and sit in review meetings with visiting healthcare professionals involved in their care.

People had their support delivered by staff suitable for their role. The provider used appropriate recruitment procedures and carried out pre-employment checks to assess applicant's suitability to support people. This included obtaining and verifying their previous employer's references, photographic identification, criminal record checks and their right to work in the United Kingdom. Records confirmed relevant checks were completed before new staff started work at the service. The registered manager and provider had used their disciplinary procedure on members of staff whose behaviour was not consistent in providing safe care to people.

People received support when necessary to take their medicines. One person told us, "They [staff] do remind me of my medicine. They give me my tablets." Another said, "Yes they give you your medicine in the office at the same time or you can get it served in your room." Risk assessments were in place in relation to the support people required with their medicines. For example, some people needed to be prompted or reminded to take their medicines. We observed a member of staff ask a person to come down to the office for their morning medicines which they did. Medicine administration records were accurate and showed people took their prescribed medicines. Staff carried out daily checks on medicine stocks to ensure people had taken the correct medicines at the right times. Staff and records confirmed there had not been any medicine errors. Records showed staff were trained in medicines management and their competency assessed by the registered manager. Staff followed guidance in the provider's medicines management procedure which ensured the safe storage and administration of people's medicines.

Is the service effective?

Our findings

People were happy with the support they received from staff. Staff had relevant skills and knowledge to meet people's needs effectively. A healthcare professional commented, "New Hope has helped our [people] to settle down to more stable periods of rehabilitation and recovery that we have never experienced from other mental health providers offering similar services. The level of progress and rehabilitation has been impressive." All new staff had induction to help them develop the skills and experience that they required working independently. This included completing the provider's mandatory training, reading the service's values, policies and procedures, meeting people and other staff and shadowing experienced colleagues to develop their knowledge and skills. Staff had completed induction before they started to work on their own.

People received support from staff trained to undertake their role effectively. Staff had relevant training to support their continued learning in their work. Records and staff confirmed they had received training in safeguarding, infection control, health and safety, medicine management, mental capacity and fire safety. Staff received specialist training from healthcare professionals to enable them to provide support where necessary to specific people with complex health needs. Staff told us the training made them competent to understand people's needs and to provide appropriate care. There was a good mix of staff skills and knowledge across the staffing team which ensured people received effective care. There was a training plan in place which the registered manager used to identify when staff were due for refresher courses to help them remain up to date with their knowledge.

People received care from staff who were well supported to undertake their role. Staff told us and records confirmed they had regular supervision with the registered manager. Staff understood their role to promote people's independence whilst they maintained good standards of practice. Supervision records showed staff discussed their well-being, case load, areas of personal responsibility and the support they needed to be effective in their role and to identify any training needs. For example, a member of staff had discussed "concerns in regards to staff cooking for service users" as this did not enhance their progress in developing skills for independent living. The registered manager had followed this up in a team meeting to ensure staff had a clear approach on how to support people in cooking house meals. Staff held reflective practice sessions with healthcare professionals to ensure they had up to date knowledge on how to support people with their complex mental health needs. Staff received an annual appraisal where they discussed their responsiveness to people's needs, providing high quality service and involving people in their care. The registered manager maintained a schedule of supervisions and appraisals and ensured any follow up actions were implemented.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 take 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 Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

People were supported by staff who understood and applied the principles of MCA and the requirements of the DoLS. Records confirmed staff had attended training in the MCA and DoLS. In addition, people received their support that took into account any restrictions of their probation licence and where appropriate their section under the Mental Health Act 1983. This placed some restrictions on people's liberties and this was reflected in their care plans and risk assessments which identified how staff should respond to people's mental health condition to support them to make decisions regarding their care. Records showed the service involved external agencies and healthcare professionals, where appropriate and if the decision was complex to ensure a joint-working approach to capacity assessment. People at the service were not subject to the DoLS.

People were supported to have enough to eat and drink and to adopt a healthy diet that included fruit and vegetables. People prepared their own meals as they planned to move on to independent living. One person told us, "I cook for myself. This morning I ate on the road." Another person said, "Yes there is a breakfast club once a week. The staff doesn't provide food. I buy my own and keep it in my own cupboard. You cook by yourself in the kitchen. You can eat out." Staff held cooking sessions to help people to develop their cooking skills, plan for healthy eating, meal preparation and general understanding of nutrition and hydration. We observed people cooking in the kitchen with some assistance and encouragement from a member of staff. A person told us they were pleased with the progress they had made as they gained confidence to prepare their own meals.

People's health needs were met. One person told us, "Yes, I am registered at the GP next door and go there when I am unwell" The registered manager worked in collaboration with healthcare professionals to ensure people received the support they required for their mental health and wellbeing. Staff were knowledgeable about people's health needs and made referrals to healthcare professionals to enable them to receive appropriate care and treatment. People attended a weekly surgery with a community psychiatrist and a care coordinator where they discussed their wellbeing, health and welfare and agreed on action plans to maintain their health. The registered manager ensured staff supported people to follow healthcare professional's guidance to maintain their well-being.

Is the service caring?

Our findings

People said staff were kind and friendly. People told us they were happy with the way staff treated them. One person had written to the staff, "You [staff] helped me through bad times even when I thought life was going nowhere, you showed me that all was not lost." Another person said, "Yes, they [staff] talk to you and they always ask you how you are and if you are ok. It is friendly and relaxed here." A health professional said they found that staff were "welcoming and inclusive" to people at the service.

People had developed good relationships with staff. They told us staff knew them well and were supportive with their plans in relation to rehabilitation. One person told us, "Staff do listen and try to understand my point of view on how I want to move on with my life." A healthcare professional said the people's rapport with staff helped them to make progress with their plans towards independent living. We observed people were able to approach staff and talk freely about their experience of the service. For example, one person had spent their first night at the service and talked to a member of staff about how it had been. The member of staff had reassured the person and explained to them how they were going to support them to settle. We observed people were comfortable around staff and responded positively to their questions.

People were involved in planning their care. Each person had a member of staff assigned to them as a keyworker to discuss their goals and the support they required to achieve this. For example, one person wanted "to self-medicate", find a part time job and to remain free from substance misuse. Care records showed people were asked about their choices, preferences, likes, dislikes and goals individual to them. Staff explored with people how they wished to spend their time. One person told us, "I make my own plans on how I spend my day. I let staff know when I go out so they know my whereabouts." Another said, "I do things that help keep me motivated and to occupy my time." People took part in activities of their choice at the service and were encouraged to spend less time in their room where possible. People were encouraged to maintain relationships important to them to avoid social isolation and in line with the conditions of their probation.

People had their information kept confidential as appropriate. Staff understood the provider's policy and procedures on confidentiality and shared information with healthcare professionals on a need to know basis. They did not speak about people within hearing of other people and knew not to share sensitive about them outside of the service. Information was stored safely and securely at the service. Computers and electronic files were password protected and paper documents were kept in lockable office and only accessible to authorised staff. We observed when staff held their handover meetings they closed the door and that they put away people's records if anyone came into the room.

People told us staff were respectful of their privacy and dignity. One person told, "Staff treat me as an individual and with respect. They don't invade your personal space" Another said, "Staff never barge into my room and always say why they need to come up and see me in my room. They give you written warning that they do rooms checks once a week." Care records described how staff should respect people's privacy and promote dignity. For example, staff had guidance about how to ask people to enter into their rooms or how to check if they had consumed alcohol or banned substances. People had individual flats which they were

responsible for and their cleaning. Staff checked people's rooms regularly and encouraged them to keep their space tidy to uphold their dignity. Another person said, "I acquired from New Hope discipline in the area of keeping things clean. I don't have problems maintaining the tidiness of it." We observed when staff discussed people's care needs, they did so in a respectful and compassionate manner.

People were encouraged to be as independent as possible and to make decisions about their daily lives. For example, the skills people needed to develop that included budgeting, numeracy and literacy, doing daily chores such as laundry and cooking. Records showed staff worked with people on their goals and helped them to stay focussed on the things they wanted to achieve such as gaining knowledge and acquiring new skills. We observed people could move freely at the service and had access to all communal areas such as the dining room and the kitchen which enabled them to develop their independent living skills.

Is the service responsive?

Our findings

People received individualised care that met their needs. One person told us, "I know of my care plan. I was involved in writing it." Staff carried out an assessment of each person's needs to ensure that they received the support they required. People's care plans described how they wanted care provided and contained details about their background, medical history, current needs, daily routines and preferred activities. Records contained information on each person's mental health including diagnosis and the behaviours that may trigger a decline of their mental health. Staff had sufficient guidance on how to monitor people's mental health and the action to take if they had concerns to ensure they received appropriate care.

People received care appropriate to their needs. One person told us, "My care plan gets updated and I contribute to it." Where appropriate, staff had involved healthcare professionals and other agencies when reviewing people's needs to ensure that care delivered was agreed and met their needs. Records of keyworker sessions showed a monthly review of each person's goals and progress with their rehabilitation. Care and support plans were up to date and reflected the support people required with their health. For example, one person had an incident at the service and staff had guidance on how to monitor and support the person appropriately. Records showed the person had received support as planned and appropriate to their needs.

People received the support they required to follow their interests and to take part in activities of their choice. A person told us, "I go to the gym and staff are trying to get me to go to college." People told us staff discussed with them how they wanted their needs met and the skills they needed to develop. For example, staff had supported a person to enrol for a vocational course to enable them to get paid employment. People planned how they wished to spend their day and were free to join in on activities that interested them. Another said, "Sometimes we play ping pong, go out and see friends and play football." There was a notice board with information about activities at the service and in the community. The lounge had board games such as monopoly, scrabble as well as DVDS and books and magazines for people to read and enjoy. We observed people go out, return from college and leave for work.

People told us the registered manager encouraged them to express their views about the service and addressed any issues they raised. One person told us, "We have residents meetings which I attend. We talk about activities, house issues and help sort out any problems at the meeting." Records showed people attended regular house meetings and had their concerns resolved. People had 'Speak out' meetings where they met on their own and discussed changes they would like to see at the service. A service user representative attended staff meetings to discuss issues raised at 'Speak out' meetings to ensure their concerns were addressed. They also attended service user forums held at the provider's head office which allowed their voice to be heard.

We saw people were working creatively on a tree of hope project/mural on the wall in the training room. A healthcare professional told us, "Staff do not delay to alert us of any concerns around people." The registered manager told us feedback was important to providing a quality service.

People knew how to make a complaint if they were not happy about the quality of the service. One person told us, "I would go to the manager, she would help me. I could also go to my care coordinator she would take my concerns seriously." Another said, "Yes the manager, your keyworker or link worker [would resolve a complaint]." The registered manager and records confirmed the service had not received any complaints in the last 12 months. There was a complaints procedure in place and people told us they had access to it.

Is the service well-led?

Our findings

Staff said there was a transparent and inclusive culture at the service. They told us they were able to talk to the registered manager about any concerns they had. The registered manager promoted an open door policy which enabled staff to talk about any issues arising at the service.

People and healthcare professionals spoke positively about the registered manager and said the service was managed well. One person told us, "The manager does a very good job with us." Another said, "She understands but is assertive when needed." The service had hosted health care professionals who wanted to adopt the model they used of supporting people to reintegrate into the society. This showed the service was making a positive impact on people using the service. Staff described the registered manager as approachable and supportive in their role to help meet people's needs.

The provider ensured staff were supported to deliver effective care to people. Staff held meetings with healthcare professionals to ensure they were providing effective care to people. Staff understood their role and responsibilities to provide good care to people and the need to inform the registered manager of any concerns. Staff told us they felt valued at the service and had confidence in the ability of the registered manager to drive improvements at the service. The registered manager ensured there was effective information sharing about people's needs. There were daily staff handovers at the beginning of each shift, regular use of the diary and updating of the communication book to highlight changes to people's health and medicines and scheduled appointments.

People's records were subject to regular checks and audits to ensure they were accurate and reflected the support people needed. Care plan audits included a review of people's progress with their goals, risk assessments, keyworker sessions held, attendance at the psychiatrist surgery and meetings with their care coordinator. The registered manager used the findings to ensure people received the support they required with their rehabilitation and progress towards independent living.

People received their support in line with the provider's vision and values, "That people in our society have the opportunity to live fulfilled and constructive lives." The registered manager ensured staff supported people to maintain their mental wellbeing. A healthcare professional told us, "People are at the centre of this service. All the decisions made are person centred." The registered manager knew people well and understood their individual needs, the support they required and how staff should provide support. Staff were sensitive to people's needs and understood how to encourage and support them to be as independent as possible.

The registered manager and provider met the requirements of their registration with Care Quality Commission (CQC). The registered manager had informed the CQC of significant events at the service as required by law. We found they understood their responsibilities under the duty of candour and about being open and transparent on how they delivered people's care.

The quality of the service was maintained because of regular monitor and audits. The registered manager

carried out audits to identify any shortfalls in service delivery. Records showed regular audits completed of care planning, record keeping, health and safety, staff training and development. The registered manager followed up with staff any areas for improvement identified in the audits such as ensuring key-working sessions were up to date and that care plans and records were accurate.

The service worked in partnership with healthcare professionals. One healthcare professional had written to the registered manager and stated, "New Hope is clearly better at reducing relapse rates. They [staff] are able to support with patients who are beginning to relapse and prevent full blown relapse and long periods of hospitalisation." Staff confirmed positive relationships with healthcare professionals and other agencies and were clear in how they should work together to deliver high standards of care to people. Records showed people had become more confident and the service saw a reduced risk of a relapse with their mental health because of the interventions provided by the partnerships.

The registered manager ensured staff were kept up to date about developments in the care sector. Policies and procedures were up to date and contained guidance for staff on how to support people in line with legislation and best practice as advised by professionals. Staff shared knowledge gained from training courses attended to improve their practice and develop the service.