

Penrose Options

Focus 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

Focus Project provides accommodation and treatment for up to six people. The service operates in partnership with a team from the NHS mental health trust and external agencies with the responsibility for providing rehabilitation and therapeutic treatment for men with personality disorders. Six people were using the service at the time of our inspection.

At the last inspection, the service was rated 'Good'. We carried out this unannounced comprehensive inspection of the service on 10 February 2017. At this inspection, we found that the service had maintained its 'Good' rating.

People continued to be safe at the service. Appropriate systems remained in place to safeguard people from avoidable harm and to manage risks to their health. People's needs were met by a sufficient number of suitably skilled staff who had been recruited in a safe manner. People received the support they required with their medicines.

People gave consent to care and treatment. Their care was delivered by staff who were well supported and trained to provide effective care. People managed their nutrition and hydration and received the support they required to develop their cooking skills and adopt a healthy lifestyle. They accessed healthcare services when needed to keep healthy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and treated people with respect. People's privacy and dignity were upheld. Staff supported and encouraged people to develop their independent living skills.

People continued to receive care that met their individual needs and preferences. Staff encouraged people to pursue their hobbies and interests. People knew how to raise a complaint and were confident any concerns raised would be addressed quickly.

An open and positive culture was maintained within the service. People remained at the centre of the service. The registered manager continued to seek and act on people's feedback about their care. Quality checks and audits remained in place to ensure shortfalls were identified and addressed to make improvements.

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.

Focus 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 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 comprehensive inspection took place on 10 February 2017 and it was unannounced. The inspection was carried out by one inspector.

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 three people who used the service and two healthcare professionals who were visiting at the service. We spoke with the registered manager, deputy manager and a member of care staff.

We looked at four people's care records. We reviewed five records relating to staff including recruitment, training, supervision, appraisals and duty rotas. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received from people, their relatives and healthcare professionals.

After the inspection, we received feedback from one healthcare professional.

Is the service safe?

Our findings

People continued to be protected from the risk of harm and abuse as staff knew how to keep them safe. Staff received training in safeguarding and were able to identify signs of abuse. Staff knew how to use the provider's safeguarding procedure on potential abuse and the whistleblowing policy to raise concerns about poor practice. The registered manager discussed the safeguarding policy and safeguarding issues in meetings and supervision to raise staff awareness on abuse. Staff understood their responsibility to make referrals to the local authority safeguarding team to ensure potential abuse was investigated. People and staff had information about how to report concerns of abuse and had the contact details of external agencies such as the local authority, the Care Quality Commission and the ombudsman.

People continued to be safe as risks to their health were identified and managed appropriately. A healthcare professional told us, "Most definitely. Risk assessments are not a one size fits all. They are personalised and help to protect people." The provider maintained the appropriate systems in place to minimise the risk of harm to each person and other people at the service. Records showed detailed risk assessments in place and management plans for staff on how to support people safely. Healthcare professionals and external agencies continued to be involved in assessing and reviewing risks regularly to ensure people were safe when taking their medicines, preparing meals, accessing the community, forming relationships, receiving visitors at the service and developing independent daily living skills. People remained supported to take risks without staff restricting their freedom unlawfully and in line with conditions placed on their liberty by healthcare professionals and external agencies. Staff had sufficient information about people's behaviours that may challenge the service and others and specific risk assessments and guidance about how to support them to be safe. Staff maintained regular checks on people's rooms, monitored visitors received and drug and alcohol testing when necessary to help keep them and others safe.

People received support from a sufficient number of suitably skilled staff to keep them safe and to meet their needs. Since our last inspection, the registered manager continued to assess and review regularly people's support needs to determine the number of staff needed on duty. Staff told us and rotas confirmed there were sufficient numbers of staff with the appropriate skills mix deployed to meet people's needs. Staff absences were planned and covered adequately. Records showed staffing levels were increased when needed to support people to attend healthcare appointments or reviews of their health. The registered manager had an ongoing recruitment drive to cover absences and replace staff who had left the service. The provider had a business continuity plan to cover high levels of staff absence. There was an effective on call system for staff to get guidance and support when required.

People continued to receive the support they required with their medicines. The registered manager carried out risk assessments on each person's ability to manage their medicines. People's care plans had information about the support people required to take their medicines. At the time of our inspection, people were managing their own medicines. Staff prompted and reminded people when necessary to ensure they were taking their medicines as prescribed. There were reliable arrangements in place for staff to monitor if people had attended hospital or clinic appointments to receive their medicines and treatment. Staff continued to follow up with care coordinators if people had missed their appointments and were not taking

their medicines to ensure appropriate action was taken. Staff had received training and guidance in medicines management to ensure they had the right skills to support people safely.

Is the service effective?

Our findings

Since our last inspection of December 2014, people received support from staff who were trained and skilled to meet their needs. Healthcare professionals told us they staff were competent to support people effectively. Staff said they found the training useful as it enabled them to develop the skills and knowledge required to provide effective care. The registered manager ensured staff had the support they required through regular supervision and reflective practice sessions. Staff held meetings with healthcare professionals involved in people's care to aid their professional learning and development in relation to the specific needs of people. Records showed that staff had received appropriate training to enable them to meet people's needs and to apply best practice when supporting people with personality disorders. The registered manager worked with external agencies and other healthcare professionals to review the quality of training to ensure that it was suitable and effective to meet people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff remained knowledgeable about MCA and were able to explain how they applied its principles when providing support to people. People's safety was maintained in line with the restrictions placed on their liberty by healthcare professionals and other external agencies. Staff explained how they used the MCA in supporting people to make their own decisions. There was no one subject to DoLS at the time of our inspection.

People were supported to plan their own meals plan and to do as much cooking for themselves as possible which prepared them for independent living. Staff knew people's dietary needs and preferences and understood how this could impact on their well-being. Records showed staff held keyworking sessions and planned with people how they could develop the skills they needed for meal preparation and adopting healthy eating options. We observed staff support a person in a cooking session whilst they discussed how to eat healthily. People took part in a regular 'breakfast club' and 'dinner nights' held at the service to help them develop their cooking skills whilst they socialised with staff and other people. Staff supported people to make referrals to healthcare professionals if they had any concerns about their dietary needs.

People continued to access healthcare services to maintain their health. A care coordinator told us, "Staff and the manager regularly call up to discuss concerns they might have. They monitor changes in people's health and flag up issues quickly." Staff made referrals to healthcare professionals when people's health declined to ensure they received appropriate treatment. Records confirmed visits and reviews people received from healthcare professionals such as care coordinators, psychiatrists, dentists, psychologists and men's health clinic. The registered manager ensured staff understood the impact on people's health and that they had sufficient guidance about how to support people appropriately. Records confirmed staff supported people to follow advice received from healthcare professionals.

Is the service caring?

Our findings

People remained positive about the care and support provided at the service. One person told us, "I am very happy here. Staff are wonderful and caring. Non-judgemental I would say." People had developed positive relationships with staff and healthcare professionals. We observed interactions between people and staff were friendly and respectful and there was a relaxed atmosphere at the service. Staff spent time talking and listening to people about their plans for the day, asking their wellbeing, sharing jokes and taking part in activities they liked.

Staff knew people well and understood their needs and the support they required. They used this knowledge to ensure they supported people to meet their individual needs. The registered manager had a regular team of staff who provided people's care. Staff told us this enabled them to build meaningful relationships with people.

People were supported and encouraged to make decision about their care which helped ensure they received support appropriate for their needs. People were encouraged and supported to talk about their needs to enable staff to understand them and the support they needed. People were assigned a member of staff who acted as a key worker and ensured their care was coordinated and reviewed when necessary. Records of keyworking sessions showed staff listened to what people had to say and informed the registered manager and other healthcare professionals of any concerns to ensure their needs were addressed. Staff understood people's communication needs and told us how they involved them in planning for their care and support. Staff were able to communicate effectively with people which enabled them to understand how they wanted their care delivered. The service held regular get together functions between people and staff, held barbeque and other social events to promote rapport and foster a culture of caring.

Staff supported people where appropriate to maintain relationships that were important to them. People told us that they regularly saw family and friends when they wished. Staff informed us two people were out on social leave with relatives.

People's privacy and dignity continued to be upheld at the service. One person told us, "Staff contact me before coming to my room. They knock before coming in." People had their individual bedrooms which they could use when they wanted. Staff informed people when they wanted to check their rooms. Staff encouraged people to develop their independent living skills and maintain their hygiene in a way that promoted their dignity. People told us staff and healthcare professionals supported them to live a more fulfilled life by acquiring new skills, attending college and going into paid employment. People's confidentiality was respected and information about them was treated sensitively. Their care records were securely stored and only accessible to healthcare professionals involved in their care on a need to know basis.

Is the service responsive?

Our findings

People remained happy with how staff supported them and that their needs were being met. There was a strong person centred culture and staff were able to tell us in detail what each person liked and enjoyed. Staff involved people and healthcare professionals in the assessment and reviews of people's needs, wishes and preferences and how they preferred their support to be delivered. Staff had information about each person's life history and background, their likes and dislikes and the goals of what they wanted to achieve towards independent living. Care and support plans also included information in relation to people's personality disorder, mental and physical health and financial requirements. People's needs and support plans were reviewed and updated regularly to ensure staff had accurate information about them and guidance on how to deliver their care safely and effectively. Staff understood people's needs, communication methods and the behaviours they showed in response to changes in their health. They involved other healthcare professionals quickly to ensure people received care responsive to their needs.

People were encouraged to contribute their views on how their care and told us they felt listened to. People attended house meetings and keywork sessions where they provided feedback about their experience of the service. People and staff completed surveys and the provider highlighted any areas of concerns and took appropriate action to resolve the issues.

People knew how to make a complaint and had access to the provider's complaints procedure. One person told us, "I will talk to the manager, staff or my care coordinator." Staff told us they addressed people's concerns as they arose. Staff understood how the complaints procedure worked and told us that they would support people to make a complaint if they wanted to and encourage them to put any concerns in writing. They used their keyworker sessions to discuss the complaints procedure. Complaints were investigated and resolved and discussed at meetings to enhance staff learning.

People's needs continued to be identified and met during transition between services and progress towards independent living. The registered manager maintained links with other agencies to ensure they had received all the relevant information about each person to help staff understand their needs and to provide coordinated support. There was continued close working with external agencies to ensure people's needs were understood and that people received the support they required with their plan to move on to independent living. Staff maintained their support to enable people to attend appointments and to monitor their progress on rehabilitation and reintegration in the community.

Is the service well-led?

Our findings

Since our last inspection of December 2014, people continued to benefit from a service that promoted an open and transparent culture. Care provided remained centered on people's individual needs. One member of staff said, "People are at the centre of everything we do." Staff understood the provider's values to support people progress towards independent living. Communication remained effective within the team which ensured staff had up to date information about people's needs. Staff felt able to approach the registered manager about concerns at the service and were confident any issues raised would be addressed.

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.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission of any notifiable events or incidents. They understood their obligation in relation to their duty of candour and encouraged openness about how the service provided support to people.

People continued to receive improved care and support because the registered manager acted on their feedback. People's views about the service were sought through daily interaction with staff, in care planning and reviews, keyworker sessions, house meetings and through annual surveys and feedback forms. Staff were clear of their responsibilities and received sufficient support to undertake their role effectively including access to out of hour's advice and guidance from management. Staff felt valued at the service. There was good team working and regular meetings in which staff could share views and discuss ways to improve the service. The registered manager continued to monitor incidents and accidents and ensured staff learnt from them to avoid a recurrence. People's records remained well organised and documented to reflect their needs.

The quality of care and service was maintained because of the regular checks and audits. Shortfalls identified were addressed to improve the care people received. Since our last inspection of December 2014, audits carried out included checks of care and support plans to ensure they were up to date for staff to provide safe and effective care. Risk assessments were audited which had ensured they remained effective. Checks were also carried out on the health, safety and quality of the home environment to review any concerns identified which ensured the premises were safe for people. A schedule on staff supervision, reflective practice and training received was maintained to ensure staff had appropriate knowledge and skills required to do their work effectively.

The provider maintained support of on-going professional development and learning for staff which enabled them to improve on the quality of care. The service had undertaken work with a research organisation on 'enabling environments' which encouraged them to aim for accreditation on provision of high quality care to people with personality disorders.

People continued to receive appropriate care because the service worked closely with other healthcare professionals and a range of external agencies which ensured positive joined up care and better outcomes. Staff told us and care records confirmed the continued close partnership that enabled people to receive effective care. The registered manager maintained regular meetings and reflective sessions with external agencies professionals and service commissioners to improve the quality of care people received.