

## Penrose Options

# New Hope Project

### Inspection report

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Date of inspection visit:  
10 September 2019  
17 September 2019

Date of publication:  
21 October 2019

### 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

### About the service

New Hope Project is a residential care home providing accommodation and support to up 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.

The home was adapted from three neighbouring residential properties and had en-suite accommodation spread over two floors. There were communal lounge and dining areas, three kitchens, two laundry rooms and a rear garden.

### People's experience of using this service

People told us they liked living here and were being supported by staff who cared for them and promoted their independence and wellbeing. Professionals praised the home and described it as "the best", particularly for people with complex needs who had not been successful in other services.

There was a strong, person-centred culture at the home and people spoke highly of the support they received from the staff and registered manager.

People were involved in the running of the home and felt they were being listened to.

People were supported by well-trained staff who understood their needs and preferences. People were involved in their assessments and support planning and had regular one to one time with a designated keyworker, although this was not always well-documented.

People told us they felt safe. They were protected by staff who understood their safeguarding roles and responsibilities.

People's medicines were managed safely.

People had regular visits from doctors, nurses and other professionals or visited them in the community.

The home was clean and followed good infection control practices. The fire safety of the building was reviewed regularly and there were regular drills. Daily health and safety checks were carried out.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# New Hope Project

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection 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.

#### Service and service type

New Hope Project is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people living at the home. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and four people's medicines records. We looked at two staff files and training and supervision records. We looked at a variety of other records relating to the management of the service, including health and safety records, audits, incident records and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought and received feedback from service commissioners and professionals who worked with the service. We reviewed policies and procedures. We spoke to two further members of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they thought the service was safe and secure. A person told us that the security cameras particularly made them feel safe. Another said, "You can put your wallet down and it won't run under the door." A professional told us, "They ensure patient safety at all times."
- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood whistleblowing and how to escalate concerns to the provider organisation if they needed to.
- There were suitable policies and procedures in place, and staff were following them. For example, we saw receipts and records being kept to protect people from financial abuse.

Assessing risk, safety monitoring and management

- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed regularly and when people's needs changed. Staff were familiar with the assessments and described the risks people faced and how these were managed to keep them safe. One professional remarked on the service's "excellent... effective risk assessment and management".
- The provider had systems and procedures in place to routinely monitor the safety of the premises and equipment. Records were up to date and were reviewed regularly by the registered manager.
- There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced. An external fire risk assessment had been carried out and all required actions had been completed.

Staffing and recruitment

- Recruitment checks had not always been completed to the required standard. A full employment history had not been taken from all staff. This was acknowledged by the human resources department to be a past failing. It was confirmed that full employment histories were available for staff hired more recently and that any existing gaps would be discussed with staff. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had two verified references with evidence of previous satisfactory conduct.
- There were enough staff to meet the needs of people living at the home. When needed the service had regular bank staff who were familiar with people living there.

Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager. No major concerns had been identified.
- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the home's procedures and adhered to them. Medicine administration records (MAR) were completed correctly each time a person was supported.
- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance for medicines being taken 'as required'.

#### Preventing and controlling infection

- The home was clean and free of malodour. Staff and people who lived there shared the housekeeping tasks appropriately. For example, people kept their shared kitchen and laundry areas clean.
- Staff had been trained in infection control. There was a supply of personal protective equipment (PPE) and staff knew how to use gloves and aprons correctly.

#### Learning lessons when things go wrong

- Processes were in place to record any incidents and learn from them. Detailed records were kept and we could see that the service took appropriate action to try and prevent recurrence. Trends in incidents and concerns were monitored.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's outcomes were very good. They were supported to move on and live independently or to intermediate services appropriately. People and professionals told us the service worked effectively with people, particularly when they had not been successful in other services. A doctor said, "Some people with complex needs could only have been supported at New Hope." Other professionals told us, "Feedback from service users has always been positive" and "Outcomes are very good for individuals."
- People told us they felt they were making good progress towards their goals and some were in the process of moving on. One said, "I'm doing well so far, and I feel I'm ready to move on and step down, I'm just waiting for a space." A person who had recently moved on left the comment, 'If it wasn't for your help, support, counselling and patience, I would not be living a healthy steady life in the community.'
- People's needs and choices were assessed and documented. The assessments included information about people's physical and mental health, emotional needs, communication and relationships, and how best to support them to make choices. A professional told us, "New Hope is user focussed and non-judgemental."
- People's diverse needs were assessed and included in their support plan. This included information about their religion, culture and language, and any protected characteristics under the Equality Act. Staff were able to describe the needs of people and how they met them. For example, they had arranged for a person's medicines to be reviewed so they could be safely taken during Ramadan. A person told us, "I go to church, and the group meeting afterwards."
- Staff were delivering care in line with current guidance and best practice. Information was made available to staff through staff meetings, supervisions and on the staff noticeboard.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Following their induction staff shadowed more experienced members of staff and were observed by the registered manager before working unsupervised.
- Staff were experienced and confident, and told us they felt supported in their role. They had regular supervision and appraisal with their supervisor. Staff said, "I felt very well supported. I saw [registered manager] every couple of months or so for one to one and we spoke about everything... this kind of job is just too stressful if you don't have the support like that." A professional said, "Staff are friendly and hard working."

- The service supported the professional development of its staff. Staff were encouraged to progress within the organisation. One member of staff told us, "I started as a volunteer and worked my way up." Staff were able to take further training and nationally recognised qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of inspection, everyone living at the home managed their own nutritional needs and did their own cooking. Some people were being given advice around making the best choices about their diet and health.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access other services that would support them in reaching their agreed goals. This included supporting people to access education to improve their employment prospects and to promote their personal development. Many people had completed training opportunities, such as training in information technology, or were currently studying, including at university level. People told us, "I am at college doing English" and "I have been referred to [a music studio]."
- People were supported to receive good care when they had to transfer between services. Processes were in place to ensure that a person being taken to hospital would have with them their medicines and vital personal information.

Adapting service, design, decoration to meet people's needs

- The home consists of three neighbouring period properties which have been converted. It was in a good general state of repair. The exterior of the home was not marked in any way. One person said, "Here is very nice, it's a decent place." A professional told us, "The environment is conducive to recovery."

Supporting people to live healthier lives, access healthcare services and support

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. A professional told us, "The staff are professional and liaise with me." A relative commented, '[Family member] has hugely improved in their entire wellbeing both mentally and physically.'

Ensuring consent to care and treatment in line with law and guidance

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- At the time of the inspection, no-one was being deprived of their liberty. The registered manager and staff understood the principles of the MCA as it applied to the people they supported. For example, they described how this applied to a person who had capacity but was making unwise decisions about their

health, and how that risk was managed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff. People told us they thought the staff were caring towards them and supported them with respect. We observed friendly, natural interactions between people and staff during our inspection. One person told us, "It's very good here. Everyone looks after me."
- Staff knew people well and what was important to them. A professional told us, "One of the staff... was extremely helpful, he always goes the extra mile and one of my clients still remembers him now."
- Equality and diversity was respected at the home. People's protected characteristics were considered during their assessment. Staff were trained in equality and diversity as part of their induction.

Supporting people to express their views and be involved in making decisions about their care

- Each person had an allocated key worker and had protected one to one time with them. However, detailed records were not always kept of these meetings or of the person's agreed goals and progress. The registered manager had previously identified this as an issue and was working with staff to improve this.
- People were very involved in the running of the home. They were involved in recruiting staff and in the development of the home's policies and procedures. People had remarked positively about their involvement in the yearly survey.
- People were able to express their views and make decisions about their care and support. They told us they gave feedback to their key worker and there was a service users' representative and regular residents' meetings. People's views and preferences were included in their support plans. A person told us, "I have completed a survey, and I give feedback."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "Your room is your own... they don't bother you." Another said the best thing about living there was, "Having independence and having my own things, a bedroom and a phone." A professional said, "[People] describe a boundaried, but supportive staff team." One staff said, "We do routine checks, but people know to expect them and that it's for everyone to be safe. We would never just invade someone's privacy."
- People's independence was promoted in their support planning and outcomes in this area were good. People told us they were supported to be as independent as possible and to take on more responsibility. One person spoke about becoming independent with their medicines and how this would benefit them. Another told us how they had been supported with budgeting and how this had enabled them to buy things

they needed but didn't have before. A professional told us, "The service moves people onto greater independence promptly."

- Personal information and records were stored securely. Filing cabinets and offices were secure and computer systems were password protected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support was planned according to their needs and preferences. Staff told us they were familiar with people's support plans and that they were kept up to date. People told us they had choice and control in their lives.
- Staff told us they were comfortable with the home's computer-based systems, which were used for support planning, risk assessment and record keeping.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed in line with the AIS. At the time of the inspection, none of the people living at the home had any specific communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities both inside and outside the home. People regularly attended day centres, church services and community events. There were organised activities such as communal meals and barbeques, movie nights and outings. People's hobbies and interests were included in their support plans.
- People took part in activities relating to the care and upkeep of the home, for example gardening and cleaning shared areas. Staff told us, "We garden once or twice a week for one hour, cutting the grass and the bushes at the front... they like doing it." One person told us, "I like not being bored every day, and seeing others around." A person's comment in the yearly survey said, 'The work I do is helpful to me and others.'
- Visitors were welcome at the service, and the service encouraged people to reconnect with friends and family appropriately.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People told us they understood how to complain to the registered manager if they needed to, and what to do if they needed to take it further. One person told us, "I have

absolutely no complaints about the service here, and if I did I would go straight to [registered manager] and I'd be very confident it would be dealt with properly and efficiently." There had been no complaints in the past year. We could see that suggestions for improvements had been sought during resident and staff meetings.

#### End of life care and support

- The service was not supporting anyone at the end of their life and did not expect to. People's end of life wishes and preferences would be recorded if they wished to discuss these.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff described a positive culture and the home had a good atmosphere. People told us they liked living there and staff told us they enjoyed working there. Staff turnover was low and they spoke of the service in very positive terms. Staff said, "I genuinely enjoy working here... we're really good at what we do and we can really make a difference" and "I have recommended working here to other people."
- People liked living at the home and were looking forward to a positive outcome to their time there. They expected to move on and live independently or onto intermediate services. They praised the registered manager and the staff. People told us, "[registered manager] has got me through lots of problems" and "staff here are very supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and their regulatory responsibilities around reporting to the CQC, and sent the required notifications correctly. We could see in records of incidents and near misses that the registered manager communicated openly with the relevant people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities. There were regular staff meetings and staff told us they had opportunities to discuss their practice, professional development and any concerns they might have. Professionals told us, "[Registered manager] continues to provide excellent leadership" and "there is a well-established manager and workforce."
- The registered manager proactively kept up to date using various resources, for example CQC publications, best practice guidelines from Skills for Care and the National Institute for Health and Care Excellence (NICE), and attended conferences.
- There were systems in place to effectively monitor the quality of the service. This included regular auditing of daily checks and records by the registered manager, who took appropriate action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others



- The service was extremely highly regarded by commissioners and professionals. A doctor described the service as, "Well known as the best... the flagship of hostels... especially for those moving back to the community after long periods in secure hospitals and prison." Another health professional said, "It is an example to emulate."
- The service communicated well with professionals and had good links with other services. They said, "The manager keeps me informed and discusses any issues" and "[Registered manager] has also built up good links with local community resources such as the police, the local GP surgery and other agencies."
- People's feedback was sought in formal and informal ways. We observed that people were routinely comfortable expressing their feelings to the staff. People's feedback was sought during key worker sessions, resident meetings and an annual survey of people, their relatives and representatives and professionals. Feedback and results we saw were universally positive.