

Penrose Options

49 Bonham Road

Inspection report

49 Bonham Road
London
SW2 5HW

Website: www.penrose.org.uk

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03 February 2017

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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

49 Bonham Road provides accommodation and treatment to up to four people with personality disorders who are progressing towards independent living. People live in a block of individual self-contained flats and the landlord was a housing association.

At the last inspection of December 2015, the service was rated 'Good'. We carried out this unannounced inspection of the service on 3 February 2017. At this inspection, we found that the service had maintained its 'Good' rating.

People are 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.

People were safe using the service. Staff knew how to keep people safe from the risk of abuse. Risks to people were identified and managed well. There were sufficient numbers of staff deployed to keep people safe and meet their needs. Appropriate recruitment procedures were used to ensure that staff employed at the service were suitable to support people safely.

Staff worked effectively with people and knew their needs, likes and preferences. People were supported by staff who had the relevant skills and knowledge to meet their needs.

People were encouraged to eat healthy foods and supported to develop their skills for independent living. Staff supported people to access healthcare services they needed to maintain good health.

People's care was provided with kindness and compassion. Staff respected people's dignity and privacy. People were encouraged and supported to pursue their interests and hobbies.

People received individualised care, which enabled them to move on from the service to independent living in the community. They knew how to raise a concern and how to make a complaint about their care when needed.

People were involved in how the service was run and their views were considered. People, healthcare professionals and staff were happy about how the service was managed. The registered manager was approachable and available to talk to people. Quality audits were carried out and findings were used to ensure to improve the care provided to people.

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'.

49 Bonham Road

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 3 February 2017. The inspection was carried out by an 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 information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had 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 two people using the service. We also spoke with three members of staff and the registered manager. We reviewed four people's care records. We looked at five staff records including recruitment, training plans and duty rotas. We reviewed records of complaints, safeguarding concerns and incident reports. We looked at monitoring reports on the quality of the service that included audit reports and other records relating to the management of the service.

After the inspection, we received feedback from two healthcare professionals who were involved in people's care.

Is the service safe?

Our findings

People received safe care and support at the service. One person told us, "Yes, I am safe." Healthcare professionals told us they were confident about how staff supported people to keep safe.

People at the service were protected against potential abuse. Staff had attended training in safeguarding adults and knew how to identify and report any concerns about abuse. They were aware of the provider's procedure to follow when they suspected abuse. Staff told us people could be subjected to violence, assault, bullying and self-harm and that they would report any concerns to the registered manager, police or the Care Quality Commission to help to keep them safe. Records showed the registered manager had discussed safeguarding at team meetings and understood their responsibility to report any concerns to the relevant authorities for investigation.

People were kept safe from harm as staff managed risks to their health and well-being. One person told us, "[Staff] will support you to stay on the right track and keep you away from the wrong people." Staff carried out assessments which identified risks to each person. Staff had sufficient information and guidance they required to keep people safe. Risk assessments were updated when people's needs changed which ensured staff knew how to support them appropriately. Staff understood the risks to people and they were able to tell us the signs that might show a person's health was deteriorating and that they may require additional support to keep them safe. Records showed staff involved healthcare professionals to ensure people received the support they required to keep safe. Records showed staff carried out regular room checks, monitoring of visitors to the service and substance and alcohol testing on people when necessary.

People received safe care because there were enough staff deployed to provide their support. One person told us, "If needed staff are always there for you." Another said, "Staff on site is sufficient." Staff told us they were sufficiently staffed and supported people safely. We observed there were enough staff to meet people's needs safely and without being rushed. Rotas confirmed that there were enough numbers of staff made available to support people to attend healthcare appointments. Absences were adequately covered by permanent and regular agency staff to ensure consistent support to keep people safe.

People received the support they required to take their medicines safely. The registered manager had carried out risk assessments on each person's ability to manage their medicines. People's individual support plans described the level of assistance people required from staff with their medicines. All the people managed their medicines as part of their rehabilitation and journey towards independent living. Where appropriate, staff had stored people's medicines safely and securely in the office. Medicine administration records were accurate and reflected the medicines that were held at the service. Staff prompted people to take their medicines when this was identified as a need. Staff had received training in medicines management and were assessed as competent to do so.

The premises were safe for people. We observed communal areas of the building including the kitchen and corridors were clean and free from odours. Records showed regular checks of the environment and health and safety to minimise the risk of infection. The registered manager worked with the landlord to ensure the

premises were maintained. At the time of our inspection, there was an overflow of water at the back of the building and this could pose a hazard to people and staff. The registered manager showed us records of the actions they had taken to ensure the landlord resolved the matter quickly to keep people safe from slips. We were notified soon after our inspection that the issue had been resolved.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet their needs. One person told us, "[Staff] are oriented towards making the service good. For rehabilitation, the staff are excellent." Another said, "Staff are very good." Healthcare professionals told us staff were competent and provided people with the care they needed. The registered manager monitored staff development and training and ensured there was a good mix of staff skills and knowledge across the staffing team to provide effective care.

People received effective care as staff had the relevant experience to support them. All new members of staff underwent an induction to equip them with the skills and experience that they required to provide effective care. The induction included going through the service's values, policies and procedures, meeting people and other staff, classroom based training, e-learning, reflective learning and shadowing experienced colleagues to develop their knowledge and skills. The registered manager monitored staff's performance during probationary period and assessed their competence to work independently before confirming them in post.

People received support from staff who had received the training they needed to undertake their roles effectively. Staff told us they found the training useful because it provided them with the appropriate knowledge on how to perform in their role. Staff had on-going training to support their continued learning. Records showed staff had received training considered mandatory by the provider to enable them to provide support to people effectively. Staff received specialist training from healthcare professionals to enable them to support people with complex needs and to understand good practice when supporting people with a personality disorder.

People's care was provided by staff who were supported to undertake their role. Staff told us and records confirmed they had regular supervision, reflective practice sessions with the registered manager and other healthcare professionals involved in the care of the people they supported. This ensured staff understood their roles and that they maintained good standards of practice. Staff received an annual appraisal to monitor their performance and to ensure their development needs were met. For example, the provider had supported staff to enrol for further training in courses in personality disorders and other healthcare professional qualifications.

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. The procedures for this in care homes and hospitals are 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 were being met.

People consented to care and treatment. Records showed staff sought people's consent to care and treatment in line with legislation. Staff and healthcare professionals carried out mental capacity

assessments when needed in relation to people making choices and decisions about their day to day living. There was a joint working approach with external agencies to ensure people with complex needs received appropriate support to enable them to make safe decisions about their care. People had certain restrictions placed on their liberty as required by law to ensure that they could safely receive the support they needed. Staff demonstrated their understanding of MCA and DoLS procedures and what would constitute an unlawful restraint. The registered manager told us no one at the service was subject to DoLS at the service.

People were encouraged to eat healthily and to prepare their own meals. Staff supported people to develop cooking skills. Staff held meal preparation sessions to demonstrate healthy cooking and to promote people's nutritional and dietary knowledge. Staff held fortnight breakfast sessions where people prepared and shared a meal which helped them to develop their confidence in this area.

People had access to healthcare services when needed. Staff worked closely with healthcare professionals to ensure that people's needs were met. A person said, "Staff do care about my health and do remind me of my appointments." Healthcare professionals told us staff provided them with detailed information about changes in people's needs and followed their guidance to ensure they maintained their well-being. Staff were knowledgeable about people's health and recognised quickly if they were unwell. They referred people to relevant healthcare professionals when they had concerns about a person's health to ensure they received timely care and treatment. Care records showed people had access to a range of healthcare professionals including GPs, mental health practitioners, opticians and dentists.

Is the service caring?

Our findings

People told us staff were kind and caring. They said staff treated them with respect and that they were happy at the service. A health professional commented that staff were committed to their work and were focussed on each person achieving the best outcome for their lives.

People had developed positive relationships with staff and other people living at the service. They told us they got on well with the staff who they said were also supportive. One person told us, "I can talk to staff about my life. I trust them and know they want the best for me." Another said, "Staff go out of their way to help. They give 100%." Healthcare professionals and staff said people benefitted from the positive relationships as this motivated them to try new things, adopt a healthy lifestyle, develop new skills, increase their independence and boost their confidence. We observed staff had a rapport with people and supported them for example with their anxiety and to manage their mental health. For example, one person talked to a member of staff about their planned move to independent living. They were able to talk them through about it and asked them how they felt about that. We observed the member of staff listened patiently and did not rush the person in the conversation. There was banter between people and staff and a pleasant and relaxed atmosphere at the service which encouraged positive relationships among them.

People were involved in planning their care and were supported when needed to make choices about their daily living. One person told us, "Yes I have a care and support plan. I spend a lot of time with the staff and support teams. I was fully involved with its production and am very happy with it." People were encouraged to live as independently as possible and to do as much as they could for themselves. Care records contained information focused on people's strengths and about what people could do for themselves and how they wanted to be supported. People met with staff in regular keyworker sessions where they discussed their support needs and planned how they would meet their goals towards independent living.

People told us that staff treated them with respect. Staff promoted people's dignity and privacy. One person said, "Yes, if we're talking about something privately and someone else knocks they [staff] will make them wait, or if there's something [records] out on the table they will put it away." People said staff telephoned them before they visited them in their rooms which contributed positively to their privacy and dignity. People's records were stored securely in locked cabinets and on a password protected computer system, which meant their information was kept safe and their privacy protected. Staff shared information with healthcare professionals in a confidential manner and on a need to know basis. We observed staff did not discuss people's care within earshot of others or visitors. Care plans were detailed to ensure staff provided people's support in line with their wishes and with their involvement which promoted their dignity.

Is the service responsive?

Our findings

People received care and support that was personalised and met their needs. Staff assessed people's needs before and after they moved into the service to ensure that they were able to support them appropriately. Records showed healthcare professionals and other agencies were involved in carrying out assessments that took into account people's background and life history, mental and physical health, care and support needs, their interests and compatibility with other people living at the service. The registered manager told us this ensured that people received individualised care appropriate to their needs. Care plans were developed using this information gathered from assessments to show how people wished to be supported and how staff were to meet their needs. Staff were able to tell us about people's care and support needs and how they preferred their support delivered. Records showed people received the support they required.

People received support responsive to their needs. People and healthcare professionals were involved in regular reviews of each person's care to ensure they were responsive to their needs. Information was shared appropriately at staff meetings about changes to people's health and support needs to ensure staff supported them appropriately. Records showed the progress people had made with their goals and in developing skills and the support they required to enable them to progress towards independent living. Staff made prompt referrals to healthcare professionals when people's needs changed. Records showed the registered manager had discussed with staff the action plan put in place by the community mental health team when a person's mental health had showed signs of decline. Staff had used the plan to support the person effectively.

People told us that if they had any complaints or concerns about the service, they would speak up and they were confident this would be managed appropriately. One person said, "I will either go to the staff to complain or use the complaints system in place or staff will help send an email to the main office." Another said, "Yes, depends on the nature of the complaint. It's either the management team or external." People were aware of the provider's complaints procedure which contained information about who to contact and how they could complain about the quality of their care if they wished to do so. We saw that the complaints procedure had been explained to people during residents' meetings. There was an up to date policy and procedure in place for dealing with any concerns or complaints. Staff maintained a log of complaints received and records showed the registered manager had investigated and resolved all concerns in line with the provider's procedure. Team meetings were used to discuss complaints raised, to ensure learning and to improve staff practice.

People were encouraged to develop their daily living skills such as cleaning their flat, budgeting for food and rent, paying their bills on time, shopping and laundry to help to prepare them for independent living. One person told us, "It's independent living, I have own washing machine, dryer, fridge, cooker, toilet and bathroom." Another person told us they were confident about moving to privately rented accommodation as staff had supported them to develop and gain new skills. Records showed people were encouraged to do things they were confident and able of doing for themselves such as maintaining routines such as going to work. One person was in paid employment at the service and had the duties of cleaning up communal areas and taking part in the day-to-day upkeep of the home. Records showed that people's well-being and level of

independence had increased since they started using the service. Two people told us and the registered manager confirmed that they were ready to move out and everything had been arranged for them to live independently. The service had worked with healthcare professionals and other external agents to ensure people transitioned safely to independent living.

Is the service well-led?

Our findings

People received care from a service with a positive and open culture. People and staff said the registered manager approachable and supportive. One person told us, "[Registered manager] is always happy to talk to us just to check if everything is going on well. He is easy to talk to." Healthcare professionals and staff said the service was managed well. One member of staff told us, "The manager makes it clear on how we should support people. He is relentless on us supporting people to achieve their goals. He sets high standards for us to follow." We observed people spend time with the registered manager and staff throughout the inspection and were comfortable in their presence.

The registered manager encouraged staff to challenge any poor practice and supported them to raise concerns they might have. Staff were confident their concerns would be addressed. Staff told us and records confirmed regular team and supervision meetings with the registered manager and healthcare professionals to ensure they were providing effective care and support to people. Staff understood their role and responsibilities to provide care that was responsive to people's needs and to promote their independence.

People's quality of care was reviewed and the registered manager encouraged staff to discuss ideas about how to improve the service. Staff told us the registered manager promoted teamwork to ensure people were cared for appropriately. The registered manager made sure staff had a range of skills, knowledge and competencies to complement each other when provide support to people. Communication was effective and carried out through daily handovers, team briefings and key worker sessions which informed staff of people's needs and the support they required.

People had a say about how they wanted their care delivered and their views were listened to. They told us the registered manager and staff held one to one and 'Speak out' meetings with them to discuss the quality of care provided at the service. Records showed they also talked about the additional support they required, the activities provided, house rules for communal living and staffing issues. For example, staff had adopted a suggestion to have a themed movie night to enable people to watch a film together at the service.

People were supported by staff who understood and applied the provider's vision and values of 'achieving successful integration back into the community.' One person told us, "A very precious place, giving people a chance to re-adjust back into the community." Healthcare professionals told us staff were focussed on the needs of the people. We observed staff reflected the provider's values in the way they interacted and spoke with people and promoted the service's vision to support them to 'live, work, learn and participate fully in their community.'

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 and provider adhered to the requirements of their registration with Care Quality

Commission and had notified us of all significant events as required. The registered manager understood their responsibility in relation to the duty of candour and promoted an open and transparent culture at the service. Healthcare professional told us the service reported accidents or incidents involving people and informed other agencies with an explanation of what would have happened and how they could have managed situations differently.

People's care was subject to regular checks and audits to improve their experiences of using the service. Quality assurance system in place were used effectively to monitor the quality of the service people received. Regular audits were completed by the registered manager on care plans, risk assessments, health and safety checks and staff development. People completed satisfaction questionnaires to provide feedback about the service and the support they received. The registered manager and provider reviewed feedback from people and the 2016 survey results showed positive responses about the quality of care and support they received.

People received appropriate care as staff were well informed about their specific needs. The service worked with healthcare specialists to develop an awareness of people's needs and best practice in providing their care. Policies and procedures were up to date and contained guidance for staff on how to support people. The registered manager and staff shared knowledge they had acquired at courses attended at team meetings and one to one sessions to improve the quality of care at the service.

People benefitted from the close partnership between the service and a range of healthcare professionals and other agencies such as the Ministry of Justice and Department of Health. People had become more confident and could manage their lives independently because of the interventions offered by the partnership. Records of collaboration between people, healthcare professionals and staff showed effective risk management plans to support people to develop their skills for independent living. The local commissioning team carried out monitoring visits at the service to ensure people received care appropriate for their needs. The service was working with an external research organisation to drive improvement on the care provided to people.