

Penrose Options Focus Project

Inspection report

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Date of inspection visit: 12 December 2014
Date of publication: 03/02/2015

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 

Overall summary

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

Our inspection was unannounced. At our previous inspection on 23 October 2013 the service was meeting the regulations inspected.

The service had a registered manager as required by their registration. 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 service worked closely with the community mental health team and the probation service to provide a joined up service to meet people's needs. Assessments were undertaken to identify any risks to the person or to others, and to identify the support people required. People were consulted and involved in the assessment and care planning process. Plans were in place stating

Summary of findings

how people were to be supported to manage the risks they presented. Support plans were in place in relation to their personality disorder, mental health, physical health, financial and employment needs.

People were allocated a key worker who they met with regularly to discuss the plans in place for them whilst they were at the service and to review the progress they were making. The staff supported people to regain their independence and learn new skills. People were supported to gain employment and reintegrate into the community.

Staff received the training required to ensure they had the skills and knowledge to meet people's needs, and to help keep people safe. Staff supported people to practice the techniques learnt during therapy sessions with the community mental health team to help them self-manage their behaviour.

Staff received support from their manager and from their peers. Individual supervision and group reflective practice was undertaken to provide staff with the opportunity to discuss how they supported people and to identify any learning to improve the support provided.

Regular monitoring was undertaken to ensure the quality of the service provided. Reports were made to all agencies involved in people's care and to provide professionals with an update on any changes to people's needs. Reports were made to the provider about the performance of the service to ensure people received the support they required and to identify any service level learning to improve the quality of service delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Assessments were undertaken, with input from the person using the service, to identify risks to themselves and others. Plans were developed as to how to manage these risks and people were able to access staff for support if they felt they were going to act on any risky behaviour.

There were sufficient staff to meet people's needs and provide them with time to talk about any concerns they had. There were always two staff on duty to support people using the service and to ensure the safety of staff.

Staff were aware of safeguarding policies and procedures. Staff were storing and managing medicines for one person and we saw that the person was supported to take their medicines in line with their prescription.

Good



Is the service effective?

The service was effective. Staff received the training required to ensure they had the skills and knowledge to support people using the service. This included training on personality disorders, managing dangerous behaviour and dialectical behavioural therapy.

People consented to their care in line with the restrictions of their licence, and when appropriate their section under the Mental Health Act 1983.

People were supported to access health services as appropriate and had regular contact with the community mental health team.

Good



Is the service caring?

The service was caring. People had built good working relationships with staff, particularly their key worker. People felt able to speak openly with their key worker.

Staff respected people's privacy. Staff did not enter people's rooms without their permission unless they had concerns about their safety or the safety of others.

People were involved in decisions about their care and discussed with their key worker the plans in place to support them whilst they were at the service.

Good



Is the service responsive?

The service was responsive. Each person had a support plan identifying what support they required from staff in order to increase their independence and support them to move on to less supported accommodation. People's support plans were reviewed regularly to ensure they were accurate and up to date.

Meetings were held between the people using the service and staff to give people the opportunity to raise any concerns or issues they had about the service. Any concerns raised were discussed as a group to find solutions to the problem.

Good



Summary of findings

Is the service well-led?

The service was well-led. Staff felt supported by their manager and felt there was open communication amongst the team. The staff team was in regular contact with the probation service and the community mental health team to ensure all professionals involved in a person's care were kept informed and up to date with their needs and any changes in their behaviour or mental health.

Regular discussion took place between the manager and staff about the support provided to people that used the service to ensure the service met people's needs. Systems were in place to monitor the quality of the service and identify improvements where required.

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 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 inspection took place on 12 December 2014 and was unannounced. An inspector undertook this inspection.

Before the inspection we reviewed the information we held about the service.

During the inspection we spoke with the registered manager, four staff, two people that used the service and one person that previously used the service. We reviewed three people's care records. We reviewed records relating to the management of the service, staff's training and supervision records, and reviewed processes to monitor the quality of the service. We undertook a tour of the communal areas of the service.

After the inspection we spoke with an additional staff member and spoke with the commissioners of the service.

Is the service safe?

Our findings

People using the service told us they felt safe, and they felt able to speak with staff if they had any concerns. One person told us, “They help you to settle in and be safe.” People were aware of the processes in place to manage risks at the service.

There were sufficient staff to meet people’s needs. Two staff were on duty on each shift. This was to ensure there were staff available to meet with and support people as required, and to ensure two staff were available to respond to any incidents or concerns at the service. There was an overlap between shifts to enable staff to have a break whilst always ensuring there were two staff at the service at all times. The service was staffed 24 hours a day, seven days a week. People were able to call the manager out of hours if they wanted to speak specifically with them.

The service had their own bank staff and they used agency staff when required to cover staff sickness. There were restrictions to the number of staff that were able to take annual leave at one time to ensure there were sufficient staff to cover the shifts.

Upon admission to the service the referring agency passed on information relating to the risks that people presented to themselves and others. The service also undertook their own risk assessment, using a recognised tool, to further understand the risks people presented. Risk management plans were in place to support the person to manage the risks they presented with. These plans were developed with the person using the service so they were aware of what structures were in place to further support them if they felt their mental health was deteriorating and they were more likely to act on the risks identified. The risk management plans were updated frequently and fed into the support planning process. The staff we spoke to were knowledgeable of the risks people presented and could tell us the plans in place to support the person to manage these risks. The information they provided us tallied with the information recorded in people’s care records.

There were systems to further reduce the risk of harm to others and to protect people using the service. This included regular room checks, monitoring of all visitors to the service, and regular drug and alcohol testing. There were processes to ensure the safety of people whilst using the kitchen. The staff kept all sharp knives secure and people were required to sign out knives when they wished to use them. Staff checked the number of knives at the service on each shift to ensure they were all accounted for.

Any incidents that occurred at the service were reported to the manager. Information about incidents was shared with the other professionals involved in a person’s care and fed into the risk assessment and support planning process. This was to ensure the person received the appropriate management and support to reduce the risk of the incident recurring, or the appropriate action was taken if the incident was in relation to a previous offence. One staff member told us the number of incidents at the service had decreased recently and they felt this was because staff had the knowledge and skills to ensure appropriate boundaries were in place and de-escalate situations before an incident occurred.

Staff were aware of safeguarding policies and procedures. Any concerns regarding a person’s safety were discussed with the other professionals involved in their care. At the time of our inspection there were no safeguarding concerns.

At the time of our inspection the service was managing medicines for one person who used the service. This person’s medicines were securely stored and they received their medicine in line with their prescription. The staff recorded when they administered this person’s medicines and the person also signed the records to show they received it. The person was responsible for obtaining their own medicine.

The other people using the service managed their own medicines. The service kept a record of the medicines people had so they were aware of how many medicines the person had to ensure their safety and to double check the amount of medicines on site at the service.

Is the service effective?

Our findings

People using the service felt staff had the skills and knowledge to support them. One person told us they felt that staff had the knowledge to support them but felt they could have further knowledge regarding the benefits system. They told us, “They can listen but they don’t always know the answers.” They felt further training and information to staff about the benefits system would increase the quality of support provided especially when preparing to move to independent living.

Staff received regular training. This included mandatory training on; safeguarding adults, health and safety, medicines administration, and equality and diversity. Training records confirmed staff had received this training. Staff had also received training specific to the needs of people using the service, including; risk assessments, schema focused cognitive behavioural therapy, dialectical behavioural therapy, managing dangerous behaviour and completion of the personality disorder knowledge and understanding framework. Staff told us if they attended a particular training session or course that the skills they learnt were shared amongst the staff team so all members of the team could benefit from their learning. One staff member told us the manager “motivated” the staff team to continue with their education and learn new skills.

Staff received managerial supervision and group reflective practice to share their knowledge and ensure they had the skills required to support people using the service. The managerial supervision reflected on staff’s role as a key worker and how they were supporting people that used the service. It also enabled staff to talk to their manager about any gaps in their knowledge and any training they required. The group reflective practice was facilitated by a psychologist from the local mental health NHS trust. This group enabled staff to reflect on their practice and how they supported people using the service. It was also used to share amongst the team as to whether there were more appropriate or effective ways to deal with certain situations in order to improve the support provided. The service was in the process of re-establishing external clinical supervision for staff to further support them in reflecting on how they carried out their roles and responsibilities.

Staff received annual appraisals which reviewed their performance against agreed objectives and learning and development requirements. Staff’s performance against their objectives was reviewed six monthly to ensure they were making progress and identified any further support staff required to achieve their objectives.

Staff were aware of their requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People consented to the care and support provided within the restrictions of their probation licence and where appropriate their section under the Mental Health Act 1983.

The service worked closely with the local community mental health team and met with people’s care co-ordinators weekly to ensure they received the support they required with their mental health. Staff supported and reminded people to attend therapy sessions and appointments with their care co-ordinator. Staff kept people’s care co-ordinator up to date with any changes in people’s mental health or concerns that they may be relapsing so they could receive the care and support they required. People were informed upon admission to the service that certain information would be shared with the local community mental health team in their best interests to ensure all staff involved in their care had the required information about their health, behaviour and progress.

People were supported to register with a local GP practice and they were encouraged and empowered to look after their own physical health and book their own appointments. People were accompanied by staff to attend hospital appointments if they wished them to.

People using the service were responsible for buying and cooking their own meals. Staff were available to support people at meal times if needed. One to one support and group sessions were provided to educate people about cooking and help them to develop their cookery skills. Baking sessions were also held at the service. One person using a sister service came to support people to bake and cook meals. The service provided basic supplies so people had access to tea and coffee throughout the day. The service also provided kitchen equipment and utensils for people to use as they wished.

Is the service caring?

Our findings

People told us they had built up good relationships with staff. One person told us they felt they could trust staff and they felt able to open up to their key worker. They told us, “They’re there for me. I know they care.” Another person told us in regards to staff, “You know they are there when you need them.” Another person told us, “Staff are polite.” They felt they could talk to staff and they felt staff treated them as equals.

Staff respected people’s privacy and did not enter their bedrooms without their permission unless there were concerns about a person’s safety. People told us they were able to get space away from the group if they wished and staff respected that they wished to spend some time on their own in the privacy of their room. One person told us, “They give me time and space.” Staff told us they wanted to see each person on every shift, but as long as they had seen them and saw they were safe and well they respected a person’s right to privacy.

People were supported to maintain contact with their family, when appropriate. Those in contact with family saw them regularly if able to and staff supported people to visit family that lived further away. People were able to have visitors at the service. If visitors were known to staff, for example a person’s wife, they were able to visit people in the privacy of their own rooms. Other visitors were required to stay in communal areas until staff were satisfied that there was no risk to the visitor’s or person’s safety.

Staff took the time to meet with people to discuss any concerns or worries they had. Staff told us they knew the importance of making themselves available to people who used the service and listening if they wanted to talk. People told us the staff were always available if they needed someone to speak with.

People were involved in decisions about their care. People worked with staff to develop their support plans, taking into account their risk management plans. Staff told us it was important to work together to develop the support plans so people were able to identify what support they required and enable them to take ownership of their risk management plans. People confirmed that staff consulted them about their support plans and they had regular meetings with their key worker to discuss their progress and any changes in the support they required.

People were encouraged and supported to undertake their hobbies and interests. One person told us staff helped them to follow their interest in art and supported them to visit galleries. People were also supported, when able, to undertake voluntary and paid work in line with their interests. One person enjoyed gardening and working outdoors. They were employed to manage the gardens at the service. Another person was supported to start their own business and sell their products at local markets. Staff encouraged people to socialise and wanted to “help them to feel comfortable and go out without fear.”

Is the service responsive?

Our findings

One person told us, “I like it here. It’s what we need.”

The service focussed on relapse prevention and violence reduction to reduce the risk of people reoffending and support them to recognise and manage their mental health diagnosis. Their primary task was to reintegrate people into the community.

Assessments were undertaken by staff and self-assessments were completed by the person using the service to identify what support people required from the service to achieve their aim of moving into less supported living and reintegrating into the community. Information was also provided by the referring agency so staff had access to people’s medical and offending history so they knew how to appropriately support people.

Each person had a support plan which was jointly developed by the person using the service and their key worker. The support plans we viewed outlined how to support the person with their mental health, physical health, finances and education/employment. Support plans were reviewed regularly to ensure they were accurate and met people’s current needs. The support plan related to the person’s risk management plan to ensure people got the support they needed to become independent but also to remain safe and maintain the safety of others. The service supported people to use the techniques they had learnt in their therapy sessions with the local community mental health team to improve their skills at managing their mental health.

People’s support plans identified what support people required to become independent. This included ensuring they got support to access their benefits, identification of what skills they wanted to learn and supported the person to either access educational courses or employment. At the time of our inspection each person was engaging in some work including both paid and voluntary work. The service worked with the local authority to support people to access a ‘ready to work’ scheme which helped people to develop a CV, practice interview techniques and educate people

about what a working environment is like and expectations of employers. One person was being supported to access literacy and numeracy skills. People were also supported to develop daily living skills including cooking. One person told us, “They teach you to cook.”

People were allocated a key worker to provide them with one to one support. Their key worker met with them regularly and discussed their progress. One person told us, “During key worker meetings we discuss wishes and support plans.” Through regular discussion with their key worker staff were able to ensure people were progressing as required and to ensure support was provided in line with people’s wishes. This included supporting people to access local groups in line with their interests and hobbies.

There was a process in place to record and respond to complaints. Staff told us they would support people to make a complaint if they wanted to and encourage them to put any concerns in writing. All complaints would go to the manager to be reviewed, investigated and responded to. No complaints had been received since our previous inspection. People were encouraged to raise any concerns and provide feedback on their experience of the service during monthly ‘house meetings’. These meetings gave everyone the opportunity to raise any issues or concerns and a solution was sought involving all people and staff present at the meeting. This included discussing issues relating to health and safety checks, and managing activities of daily living such as laundry at the service. The meeting also gave people a chance to raise any maintenance issues. Actions from previous meetings were discussed to ensure they were completed or to provide people with a progress update.

One person from the service was part of the provider’s ‘service user council’ this group enabled representatives from all of the provider’s services to meet with the executive team and discuss any concerns they had about the service on behalf of people living there and to make suggestions as to how the services could improve. This group contributed to and produced a magazine about projects the service was doing and reflective stories about people’s experiences of using the service.

Is the service well-led?

Our findings

The commissioners of the service told us the service was led by a motivated and committed staff team, with a focus on continuing to improve the quality of care and support provided. Staff told us they found their manager to be “supportive”, “approachable” and that they had a “good relationship” with them. One staff member told us there was “open communication” within the team and no secrets were kept. Another staff member told us the manager listened and took action when appropriate.

There was a management structure in place which all staff were aware of. Tasks were delegated within the staff team, and each member of staff led on a particular aspect of the service, for example, the staffing rota, quality assuring the care records, health and safety. This empowered staff to take responsibility for different aspects of the service, and promoted joint working and inclusion of each staff member.

Meetings were held with the staff team which gave all staff the opportunity to comment on the service and make suggestions to further improve the support provided to people. One staff member told us there was an “open floor” at team meetings which allowed all staff to contribute to discussions. There was group discussion, with input from other health professionals as required, about each person staying at the service to improve communication within the team and ensure all staff were aware of people’s current support needs. The meetings were also used for the manager of the service to comment on any aspects of the service where they thought the quality could be improved, for example, handovers.

Supervision sessions between the manager and staff were used to reflect on staff’s performance but also to quality assure and monitor the support provided to people using the service. During these sessions the manager discussed the support provided to the person the staff member was key working to ensure the appropriate structure and support was in place to meet their needs. This included reviewing the quality of risk assessments, support plans and key worker sessions. These sessions were also used to review the risks people presented and to establish whether the risk they presented to others was decreasing, and if not, why not.

The service met with members of the local community mental health team and the probation service regularly and produced weekly reports about the people using the service. This included reflecting on people’s progress, any changes in their behaviour or health, compliance with the service’s rules and results of drug and alcohol testing. This enabled all professionals involved in a person’s care to be kept informed of any risks the person presented and any changes to the risks identified.

Regular checks were undertaken by staff to contribute to the safety of people using the service and the safety of staff. These included daily checks of the sharps kept at the service, testing of the staff alarms and testing of the fire alarms. Room checks were also undertaken to ensure people did not have any prohibited items or items that could cause harm to others in their rooms.

Processes were in place, via the head office, to monitor the completion of key tasks and reflect on staff’s engagement with people at the service. The information from April 2014 showed that all people had an up to date support plan and risk assessment, there was regular engagement through key work sessions and people were either engaging in work or meaningful activities.

We reviewed the annual report reflecting on the performance of the service between April 2013 and March 2014. The report also reflected on the challenges the service experienced and any learning from these.

The managers across the provider’s services met regularly to discuss their services, provide peer support and discuss any changes or new legislation that affected the service delivered. Weekly reports were provided by the manager of the service to their line manager so any concerns or performance issues could be discussed and addressed by the provider’s executive team. Reports were also given to the provider of any complaints received or incidents that occurred so they could be analysed for trends, and this information was fed back to the staff team so any learning could be implemented. The service’s performance was also reported to the provider’s board of trustees.