Penrose Options

New Hope Project

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

New Hope Project provides accommodation, care and support to men, aged between 18 and 65 years with mental health needs and a history of offending. The staff at the New Hope Project worked closely with the community mental health team (CMHT) to meet people's needs. The service is commissioned and all referrals come from a local NHS Mental Health Trust.

At the time of our inspection 13 people were using the service. The service was registered with the Care Quality Commission to support 12 people. The service submitted an application to increase the number of people they supported the day after our inspection.

This inspection took place on 16 January 2015 and was unannounced. At our previous inspection on 5 June 2013 the service was meeting the regulations inspected.

The service had a registered manager as required by their registration with the Care Quality Commission. 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 manager undertook assessments of people's needs and the risks they presented. Individual support plans were developed with people about how staff were to

Summary of findings

support them with any identified need, including their physical health, mental health, social and financial needs. Management plans were developed addressing any risks identified and how the person was to be supported to reduce the risk.

Staff were knowledgeable about safeguarding procedures and what to do if they had concerns about a person's safety. Staff were aware of signs and symptoms that a person's health may be deteriorating and liaised with the appropriate healthcare professional when required.

People's medicines were securely stored at the service. Staff were knowledgeable about safe medicines practices. We saw that some people were being supported to manage their medicines and were beginning to self-administer their medicines.

People met with a member of the staff team regularly to discuss the progress they were making at the service, and to identify any further support required to meet any goals or targets they had.

Staff had the knowledge and skills to meet people's needs. Staff attended training courses to update their skills and learning was passed on to the rest of the staff team during team meetings. Staff received supervision from their manager to reflect on their performance and completion of their roles and responsibilities. Staff felt comfortable speaking with their manager if they had any concerns and felt their manager was supportive.

The manager undertook checks on the quality of the service provided and ensured necessary action was taken to address any areas requiring improvement. Information about the service's performance was shared with the senior management team, so they could ensure people received high quality care and support.

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?

Good

The service was safe. Staffing levels were adjusted to meet people's needs. Additional staff were on duty to accompany people to appointments in the community and to help facilitate activities and sessions with their consultant psychiatrist at the service.

Regular checks were undertaken of the environment and people's rooms to reduce the risks to people using the service. People had individual risk management plans to help support them to maintain their safety and the safety of others. This included drug and alcohol testing for people where substance misuse was a trigger to their risky behaviour.

Medicines were securely stored. Staff were aware of safe medicines management and records relating to medicine administration were completed accurately. People were supported to progress towards self-administering their medicines when appropriate.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to meet people's needs. Staff attended regular training courses on mandatory topics including safeguarding adults and health and safety. Staff also attended training specific to the needs of people using the service.

People bought, prepared and cooked their own meals. Staff were available to support as required, and provided weekly cookery classes to help people to develop their skills in their kitchen.

Staff supported people to register with a local GP practice, and access other health care services, for example a dentist, optician, as required. Staff liaised closely with the community mental health team about how to support a person's mental health and to escalate any concerns that a person's health may be deteriorating.

Is the service caring?

Good

The service was caring. People told us they appreciated the support provided by staff. They found staff to be approachable and were comfortable speaking with them.

Staff respected a person's privacy, whilst maintaining their safety. Staff made contact with a person each shift to ensure they were ok. People were supported to maintain relationships with friends and family.

People were involved in decisions about their care and the support provided by staff. People had regular meetings with staff to discuss the goals they wished to achieve whilst at the service.

Summary of findings

Is the service responsive?

Good

The service was responsive. The manager assessed people's needs to identify what support they required from staff. Individual support plans were developed by staff with input from the person using the service. These plans were developed using a recognised tool for supporting people with their recovery.

Staff supported people to engage in activities, enrol in education courses or seek employment, and to ensure they received any benefits they were entitled to.

People's views about the service were gathered through 'house' meetings. A complaints process was in place. No complaints had been made about the service in the last year.

Is the service well-led?

Requires Improvement

This service was well-led. Staff felt well supported by their manager. They had regular supervision from their manager, and felt able to raise any concerns or comments they had about service provision.

There were processes to aid communication amongst the staff team, including handover between shifts and use of a communication book. This ensured all staff were kept up to date with any changes in the support people required.

The manager reviewed the quality of the support provided and addressed any areas requiring improvement. Reports were sent to the senior management team about the service's performance. At the time of our inspection the service needed to update the Care Quality Commission about changes to their service. The manager submitted the required information in the days following the inspection.

New Hope Project

Detailed findings

Background to this inspection

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

This inspection took place on 16 January 2015 and was unannounced. One inspector undertook this inspection.

Before the inspection we viewed the information we had about the service.

During the inspection we spoke with the registered manager, the business manager and two support workers. We spoke with four people using the service. We viewed three people's care records. We reviewed the medicine management processes and viewed records relating to the management of the service, including staff training, supervision, incident reports, complaints and quality assurance records. We spoke with a care co-ordinator from the community mental health team (CMHT) visiting on the day of our inspection. We observed interactions between staff and people using the service, and observed a staff handover meeting between shifts.

After the inspection we contacted the two CMHTs that worked with the service for their feedback, however they did not return any comments.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. They were aware of the systems in place to maintain their safety and they said they could "always call for help" from staff if they had any concerns.

The service was staffed 24 hours a day seven days a week. There were always a minimum of two staff on duty. Additional staff were rostered on when required, for example, to accompany people to appointments. Additional staff were on duty on Tuesdays to participate in a drop in meeting for people to meet with their psychiatrist and on Thursdays when educational classes were held at the service and health and safety checks were undertaken. An on call system was available which enabled staff to access managerial support and advice out of office hours.

The manager undertook assessments of the potential risks people presented to themselves or others. People were aware of what their risk assessments included and they were involved in developing a plan of how to manage the risks identified. Management plans contained information on triggers to risky behaviour. People's key workers discussed with people any concerns about the risks they presented to themselves, at the service or in the community. Staff undertook random drug and alcohol screening tests, as for many people using the service substance misuse was a trigger for increased risky and offending behaviour.

Potentially dangerous equipment such as, knifes and specific cooking equipment, was locked in the office to reduce the risks to people's safety. People were able to request to use this equipment when they wished to and staff ensured that it was returned at the beginning of each shift. Staff assessed whether people were able to safely manage their own cigarette lighters and matches.

The staff undertook weekly health and safety checks to ensure a safe environment was provided. This ensured that any maintenance requirements were identified and addressed. The checks also included checks of people's rooms to ensure people did not have any prohibited items, such as knives. Fire safety checks were undertaken, including weekly checks of fire alarms, and regular fire evacuation drills, to ensure the equipment was in working order and people knew what to do in the event of a fire. At the time of our inspection the service was having some renovation work undertaken, but there were no other outstanding maintenance requests. Heating and lighting was working, and window openings were restricted.

Staff were aware of safeguarding reporting procedures. Any concerns about a person's safety were discussed with the manager of the service and the person's care co-ordinator from the CMHT. If required, concerns were discussed directly with the local safeguarding team to ensure appropriate action could be taken to protect a person's safety.

The people we spoke with were aware of what medicines they were required to take and when. Staff were knowledgeable about safe medicines practice. Medicines were securely stored and administered safely. Two staff were involved each time a person received their medicine to ensure they received it as directed by their prescription. Records were kept for each person about what medicines they were required to take, the dose and when they were required to take it. Records also identified any allergies the person had. When people's medicines were administered this was recorded on a medication administration record (MAR). We viewed the MARs for three people for the week prior to our inspection and these were completed accurately. Checks were made of the number of medicines to ensure an accurate stock was kept at the service, and that people had received their medicines as prescribed. We checked the stock kept for four medicines and saw that these were as expected and people had received their medicines as prescribed.

People were supported to become independent with their medicines management and self-administer their medicines. We saw that some people were being supported to do this. One person received a week's supply of medicines at a time, and they informed the staff each time they took their medicines, so staff could check they were taking it as prescribed.

Staff liaised with a person's psychiatrist if people were refusing their medicines or if they did not take it at the prescribed time. For example, one person was refusing to take their medicines. All healthcare professionals involved in their care were made aware of this and there were discussions about how to further support the person to manage their behaviour. Another person did not come to

Good

Is the service safe?

take their medicine at the prescribed time. The staff checked with the person's psychiatrist and there was no impact on their other medicines or their health if they took their medicine later in the day.

Good

Is the service effective?

Our findings

People using the service felt staff had the skills and knowledge to meet their needs. One person told us the staff were "well-trained." Another person said they had "full confidence in the staff."

An induction process was in place to support new staff. One staff member who had joined the staff team in the last year told us the induction process enabled them to get to know people's needs and become familiar with the service's procedures. Staff were subject to a three month probationary period where the manager assessed their performance and identified if any further support or training was required in order for them to be able to support the people using the service.

An annual training programme was sent to the registered manager from the provider's central learning and development team. Staff told us their manager encouraged them to attend training. They said training was allocated depending on "what [the manager] thinks I need and what I want to do." Mandatory training courses were required to be completed by all staff, and the manager ensured staff stayed up to date with their knowledge and skills in these areas by completing refresher courses. This included, safeguarding, fire safety, health and safety, and the Mental Capacity Act 2005. Staff also attended additional training to be able to meet the specific needs of people using the service including, cognitive behavioural therapy, working with people affiliated with a gang and managing dangerous behaviour. One staff member told us the manager had supported them to complete their national vocational qualifications in health and social care and mental health awareness. The staff we spoke with felt they had completed the training they needed to meet people's needs. They were able to request to attend additional courses if they felt there was a gap in their knowledge or if it could improve the support they provided.

Competency tests were undertaken before staff were able to do certain tasks unsupervised. For example, before administering medicines staff had to complete an induction workbook to show they understood safe medicines practice and pass a competency test.

Staff told us their training needs were discussed during supervision with their line manager and during an annual appraisal process. The supervision records we saw showed staff discussed with their manager their roles and responsibilities. Discussions were had about each person the staff member key worked and whether there were any changes in their support needs. If any concerns were raised about a staff member's performance additional supervision sessions were held to support them to improve their practice and ensure they met the needs of people using the service. Clinical supervision and reflective practice sessions were held to further support staff and enable group discussion to increase staff knowledge about how to effectively support people.

The staff were knowledgeable about the Mental Health Act (MHA) 1983 and the Mental Capacity Act (MCA) 2005. Staff monitored people's compliance with their section of the MHA, where it applied. For example, for people on Community Treatment Orders. Staff adhered to the principles of the MCA and supported people to consent to the care and support they received within the restrictions of their probation licence and, where applicable, the section of the MHA. At the time of our inspection people were not subject to the Deprivation of Liberty Safeguards under the MCA, however, some people had set times they had to be at the service as stipulated in their probation licence.

People chose their own meals. They shopped for food and cooked their own meals. Staff were available to provide support if people wished them to. Cookery classes were held weekly to support people to develop their cookery skills and teach them new recipes. Staff provided people with information about healthy eating and diets appropriate to their needs. For example, one person was diabetic and staff provided them with information about foods people with diabetes should avoid. The manager organised for a dietician to come to the service to visit people that required additional support and advice.

People were supported to maintain their physical and mental health. Staff supported people to register with a local GP practice. If people preferred, staff accompanied them to appointments. Staff provided information on other health services, for example, opticians and dentists, if people wanted this.

The service worked closely with the community mental health team (CMHT) to support people's mental health needs. People received regular visits from their care co-ordinator (a staff member from the CMHT dedicated to their treatment and care). Staff liaised with people's care co-ordinator and shared information, with the person's

Good

Is the service effective?

permission, about their mental health and their behaviour so that all professionals involved in their care had up to date information about people's support needs. Staff were aware of signs and symptoms that a person was relapsing, and ensured people got the support they required if they were concerned that a person's mental health was deteriorating.

Good

Is the service caring?

Our findings

People told us the staff were “helpful” and “supportive.” One person described the service as a “home from home” and the staff as “family.” They told us the staff were there for them and they were “caring.” Another person said they appreciated the support staff gave them and found having staff available all day to be helpful when they first came to the service.

We observed staff speaking to people politely and respectfully. Staff were clear in their communication and explained things if people required additional information.

Staff demonstrated they respected the people using the service. Staff told us they got to know people, their personalities, their hobbies and interests. One staff member said it was important to them to get to know the person, rather than just knowing about the person’s diagnosis or offence. They found this helped them to build strong relationships with people. People told us they were comfortable speaking with staff and found them approachable. However, people told us that if they did not get on with their key worker they were able to request to change to a different staff member and this was accommodated.

People felt involved in the decisions about their care. They were involved in the decision to come to the service and said they appreciated the support provided. People told us they had regular meetings with their key worker. They worked with their key worker to develop their support plan and decided on their goals and targets together. People were aware if they were subject to a section of the MHA and what this meant in terms of the decisions they were able to make about their care and treatment.

Staff respected people’s privacy. Staff did not enter people’s rooms without their permission, and people told us they were able to get some space and time alone if they wanted to. Staff were aware of who preferred to spend time on their own and respected their decision to do so. Staff made verbal or visual contact with people on each shift to check they were safe and well. A telephone system was in place to contact people first before going to their rooms. If people did not answer the phone after numerous attempts staff knocked on their door to check on them. Staff informed the person verbally before they entered their room.

Staff supported people to maintain relationships with friends and family members, when appropriate. During assessment staff were informed about people that were important to the person, and staff supported them to maintain those relationships. If staff were worried about the influence people’s friends were having on their behaviour, they discussed this with people during individual meetings, focussing on building positive relationships whilst respecting a person’s choice of friends.

People were able to have visitors at the service. All visitors were required to sign in and out of the service so staff knew who was on site. If visitors presented any risks to people they were not allowed to visit. People were responsible for their visitors whilst at the service.

Is the service responsive?

Our findings

A member of the community mental health team (CMHT) told us, staff were "on the ball" and "you can rely on them" to meet people's needs. They said the service was "excellent" and there were good working relationships with open communication. Staff told us they were "committed to their job" and ensured people knew staff were around to help them. People were provided with individually tailored support that met their needs.

The manager undertook assessments of people's needs prior to them using the service to ensure the service was able to meet their needs. Staff told us, the manager ensured they had all the information they required about a person before accepting the referral. This helped staff to be prepared and ensured they had the knowledge and skills within the team to meet their needs.

Staff developed a support plan that outlined people's needs in discussion with them. The plan included how staff were to support the person to achieve their goals. This was developed using the 'recovery star' (a recognised tool to plan care and support for people recovering from mental illness). The recovery star allowed staff and people to rate their needs on a ten point scale for different aspects of their life including, their physical health, mental health, relationships, employment/education and daily living skills. During key work sessions, when people met with a member of the staff team dedicated to support them, people went through the scores on the 'recovery star'. From the records we viewed, we saw that where staff and people disagreed with the scores given discussion was had as to why and how the person could progress to a higher score. A higher score indicated that people were more independent and required less support in that area. Detailed plans were produced as to what actions and support people required to help them achieve their goals and progress towards more independent living.

Staff supported people to engage in activities and employment in line with their interests and skills. Information was detailed in people's records about their hobbies and previous employment. People told us the staff were helping them to organise voluntary work reflecting their hobbies and interests. People were also supported to attend educational programmes. A tutor from a local college came to the service weekly to support people with literacy and numeracy skills, and ran computer classes.

Staff supported people to manage their finances and provided them with support to set up benefit entitlements. Staff also supported people to move to more independent living when they were ready. With the involvement of their care co-ordinator appropriate accommodation was sought. Staff supported people with practical arrangements to prepare them for moving, including ensuring arrangements were in place to obtain their medicines and registering them with local GP practices.

People's views and opinions of the service were obtained through monthly 'house' meetings. The 'service user' representative facilitated these meetings. We viewed the minutes from the previous meetings. The meeting was used to discuss the job openings at the service for people, to discuss group activities such as cookery group, and to discuss any common complaints, for example, noise complaints from neighbours. The 'service user' representative also attended part of the staff team meeting so that any issues raised by people could be escalated to staff so that appropriate action could be taken. We spoke with the 'service user' representative who told us there were no current concerns from people.

The service formally collected people's views of the service through completion of annual satisfaction surveys. We asked the registered manager for copies of the findings from the latest survey but these were not provided.

People were given information about how to make a complaint. One person told us they were unsure about the process, and the registered manager told us they would ensure this was discussed during a meeting with their key worker. The complaints process allowed for both informal and formal complaints to be recorded, and ensure appropriate investigations were undertaken and action taken to address the concern raised. No complaints had been made in the six months previous to our inspection. A complaint had been made in relation to processes managed by the CMHT and the registered manager escalated this to them so that it could be investigated.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection 13 people were using the service. The service's registration with the Care Quality Commission at the time stated that they were only allowed to support a maximum of 12 people. The registered manager told us they thought they had completed the correct paperwork to increase the number of people they were supporting, however, this had not been submitted and so had not been processed. The manager apologised and recognised they were in breach of the service's registration requirements and took prompt action to rectify the matter. The service's business manager submitted the application to increase the number of people using the service to 13 the next working day and at the time of writing this report the application was being processed.

The service had a clear management structure and staff told us the registered manager and business manager provided good leadership to the service. Staff told us the registered manager encouraged them to develop their skills and knowledge. They told us she was not afraid to let staff make mistakes, and learn from them to further improve the quality of service provision and empower staff to develop. They said the manager was professional and ready to get involved and "hands on" with service delivery and the support provided to people. Staff felt comfortable speaking to their manager, and felt they were able to approach her and speak openly about any concerns they had to do with personal development or about service provision.

Staff told us they felt supported at the service, and there were processes in place to maintain their safety. Two staff were always on duty at one time, and staff's whereabouts in the service was clearly communicated. Staff carried individual alarms so they were able to get assistance if they required it. Two staff were always required to undertake any room checks or to enter people's rooms.

Handover meetings took place between shifts to ensure timely communication between the staff team about people's needs and assisted in providing a consistent service. The meetings were also used to inform staff coming onto shift if there were any activities or support that people wished to do for staff to ensure this occurred during the next shift. The registered manager attended handover meetings to update staff with any changes to people's needs that they were aware of and so they had up to date information about the people using the service. We observed the manager informing staff about upcoming appointments people had so that staff could ensure the person was reminded and had information about when the appointment was due. Handovers were also used to update staff coming onto shift about any changes to a person's behaviour so they could ensure appropriate support was provided, and to tell staff where people were, for example, in the service or out in the community, so that appropriate procedures could be followed if there were any concerns about a person's safety.

The support workers we spoke with told us communication was good amongst their colleagues. They told us there were processes to support communication, including staff handover and use of a communication book. They told us there were "no excuses for staff not to know about people's needs." Communication was further strengthened through monthly team meetings. These meetings gave staff the opportunity to raise any concerns or suggestions they had about service delivery. One staff member told us the meetings were a "forum for everyone to express themselves." We viewed the minutes from the previous two team meetings. Discussions were had about the people using the service, their needs and to highlight any clinical concerns, a review of medicine management processes, and identification of any maintenance concerns. They were also used to organise staff events, for example, a Christmas social.

The registered manager and staff team undertook checks to ensure the quality of service provision. This included monthly checks of medicine management processes and monthly checks of the support provided to people, including ensuring key work sessions occurred, and that people's care records were up to date so that they reflected their current support needs. Checks were also undertaken to ensure appropriate information was passed onto people, including information about complaints processes and to ensure people were made aware that information about their behaviour, support needs and progress would be shared with the CMHT and other health professionals involved in their care.

All incidents that occurred at the service or in relation to the people using the service were recorded and reported to the registered manager. We viewed copies of the incident reports for the last six months. The reports showed that details of the incidents were recorded and detailed the

Requires Improvement

Is the service well-led?

action taken, for example, informing the person's care co-ordinator. We saw that two of the incidents that had occurred involved investigations undertaken by the police. These should have been notified to the Care Quality Commission as stipulated in the service's registration. When we bought this to the registered manager's attention they apologised and sent the required notifications in the days following the inspection.

The registered manager met monthly with the community mental health team's (CMHT) involved in people's care to discuss their needs, and any changes in people's behaviour. It was also used to identify people that were progressing towards more independent living to discuss moving on arrangements, and to identify people who may benefit from accessing the service.

Monthly management meetings were held with all the managers of the provider's services. The last meeting was held in January 2015 at the service. The 'service user' representative for the service attended part of the meeting to discuss the service and represent people's views about the service and support provided. These meetings were also used for peer support and to discuss the strengths and weaknesses of the service, to identify means for improving service delivery. Data was provided to the provider's senior management team about the people using the service, including reoffending rates and readmissions to hospital. There had only been one person who reoffended and was readmitted to hospital within the last two years. The senior management team also received information on any incidents or complaints that occurred so they could ensure appropriate action was taken.