

# Penrose Options

## 49 Bonham Road

### Inspection report

49 Bonham Road, London, SW2 5HW  
Website: [www.penrose.org.uk](http://www.penrose.org.uk)

Date of inspection visit: 12 and 15 December 2014  
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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 

#### Overall summary

The project at Bonham Road provides accommodation and treatment to up to four men across two flats with personality disorders who are progressing towards independent living. At the time of our inspection three 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 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.

# Summary of findings

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. People were supported to plan and prepare for a move to independent living and staff helped them to identify suitable accommodation. Support was provided by staff focussing on supporting the person to manage their own risks, and to identify when they required additional help with their mental health. People had access to staff at the service during the day and from a sister service out of hours to ensure they always had staff available to speak with when they required some advice or someone to talk to.

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. People were able to access staff at the sister service if they required additional support or wished to discuss any concerns with staff outside of 9am to 5pm or at weekends.

Staff were aware of safeguarding policies and procedures.

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 independent living. 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



### 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.

Good



# Summary of findings

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.

# 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 inspection took place on 12 and 15 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, and one person who used the service. We reviewed two 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 viewed one of the flats at 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

One person using the service 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.

The service was staffed 9am to 5pm Monday to Friday. Two staff were available during this time to meet with people and support them as required. Outside of these times people were encouraged to call or visit the staff at the sister project that was staffed 24 hours a day, seven days a week if they wanted any additional advice or support. For example, if they were feeling low in mood or anxious they were able to access additional support. We saw examples of where people had been to the sister service to have a cup of tea and a chat with staff there. The staff team worked across both services and were therefore familiar with the people using the service and their support needs. 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.

Each person using the service had previously been resident at a sister service. This meant staff were already aware and familiar with the risks people presented and the management plans in place to manage those risks. 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 with 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 with tallied with the information recorded in people’s care records.

There were systems in place 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.

Any incidents that occurred at the service were reported to the manager of the service. 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.

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 each person was managing their own medicines, and therefore we did not inspect the regulation associated with managing medicines.

# Is the service effective?

## Our findings

One person using the service felt overall 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. The mandatory training included; 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 and therefore we did not inspect the regulation associated with meeting people’s nutritional needs.

# Is the service caring?

## Our findings

The person using the service told us they felt they had built good relationships with staff. They told us, “Staff have been great. They care” and “You know they are there when you need them.” They also said they “Can’t fault them” and “Trust, awareness, listening, commitment, supportive – 100% they do that.”

Staff respected people’s privacy. People had their own flat and their own bedrooms. Staff respected people’s privacy and did not enter people’s rooms or flats without their permission unless they had concerns about a person’s safety.

People were supported to maintain contact with their family, when appropriate. Those in contact with family saw them regularly. People were able to have visitors at the service. Visitors were required to sign in and out at the service so staff were aware of who was visiting to ensure their safety and the safety of the person using the service.

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. At times when the service was not

staffed, people were reminded and encouraged to visit their sister service which was staffed 24 hours a day seven days a week to meet with and talk to staff when they had any worries or concerns they wished to discuss. This ensured people got the support they required when they required it.

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 enabled them to take ownership of their risk management plans. People told us that staff consulted them on their support plans and they had regular meetings with their key worker to discuss their progress and any changes in the support they required. One person told us their key worker was “great to talk to.”

People were encouraged and supported to undertake their hobbies and interests. One person told us they enjoyed baking and were helping people at the sister service to improve their baking skills. People were also supported, when able, to undertake voluntary and paid work in line with their interests. For example, one person liked cats and was employed at a local cattery. Staff encouraged people to socialise and wanted to “help them to feel comfortable and go out without fear.”



# Is the service responsive?

## Our findings

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.

Each person had been referred from the sister service and therefore already had a support plan developed upon admission to the service. Their support plan was developed with their input and with support from 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 also referenced 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.

One person told they had chosen to access the service because of the support provided to move from a hospital setting into the community. They told us the service helped them with housing, benefits and employment. At the time of our inspection each person was employed in either paid or voluntary work. Each person was independent in regards to completion of day to day tasks and activities of daily living, however they had the support from staff if they required it and were able to access staff for additional support, particularly in regards to moving on from the service.

People moved on from this service into independent living and that was the aim of the people using the service at the time of our inspection. The staff supported people to find

housing and complete the required paperwork as necessary. One person told us they thought it would be good if the service had more resources in regards to housing such as recommended landlords who would be open to letting them a property. They also told us they would have liked more support to realise earlier on that local authority housing was not always an option and that they would be required to save for a deposit for private housing.

People had regular meetings with their key worker to discuss their progress and for staff to offer advice and support as appropriate. Staff recognised that people may require additional support for a short space of time during transitions to less supported living due to the stress and anxiety involved and staff ensured this was offered.

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 supported to attend 'house meetings' at the sister service to raise any concerns and provide feedback on their experience of the service. 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.

A representative 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 viewed 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.