Penrose Options

Penrose Community Links

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?	Good

Summary of findings

Overall summary

Penrose Community Links is a local charity based in Islington for adults with predominantly mental health needs and some people also living with a learning disability. The provider operates community based outreach, advice and support service as well as the domiciliary care agency. The domiciliary care service currently provides support to four people who receive support with their personal care and is aiming to expand this service. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

This was the first inspection of the service since initial registration in June 2017.

Medicines were managed safely. However, staff were not initialling medicines records but using a tick and not their initials when confirming they had prompted a person to take their medicines. Guidance is available about how to record on medicines administration records and CQC refers to the guidance issued by the Royal Pharmaceutical Society about how medicines assistance should be recorded by staff. The registered manager informed us that this would change and we have confidence that this change will take place.

Support workers were well trained although support through supervision was not taking place as frequently as outlined with the providers own stated policy.

There was a registered manager in place at the time of the inspection. 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.

People were kept safe from harm and staff were provided with training and guidance to maintain people's safety. Risks to people were assessed and action was taken to minimise potential risks.

People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People's dignity and privacy was respected. People's independence was promoted and people were supported to do as much for themselves as possible. People were given information on how to make a complaint and staff supported people to use advocacy services if they wanted to.

People who used the service had support needs around their activities of daily life and engaging in the community. The service provided varying amounts of support to people with personal physical care and helped one person to take their medicines. Information contained within the four care plans we looked showed that people's support needs were made clear and were acted upon.

The registered manager, carried out regular audits of the service including care plans and risk assessments and used these as a means of maintaining high quality care. Any action that was required was taken. The provider was open and transparent in the way that they communicated with 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 was safe. Background checks, including DBS, references and employment history were checked to make sure that staff were appropriate to support people.

The staff assessed people's individual risks associated with their care to mitigate or reduce risk and to ensure people's safety.

Support workers were trained in keeping people safe from harm and were provided with guidance about how to report any suspected signs of abuse to ensure people's safety.

Medicine administration was managed in a safe way, with the exception that there was consideration needed to how medicines administration was signed for by staff.

Is the service effective?

Good

The service was effective. Staff were participating in supervision. The registered manager accepted this was not fully in line with the providers own policy of at least six times a year for all staff.

There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support, there was evidence that people had consented to the care provided.

Support workers received an induction when they started work with the service which included training about any specific support individual people may require.

People were pro-actively supported with their dietary and nutritional support needs by the service. Staff supported people to access community based healthcare.

Is the service caring?

Good

The service was caring. People were treated with respect and staff maintained privacy and dignity.

People were encouraged to have input into their care and their views were respected. We were informed by people that support

workers staff treated them well.

Is the service responsive?

Good

The service was responsive. People's care needs were assessed and care needs were kept under review with any changes being responded to.

A complaints policy was available and was given to people. People were supported as required to raise questions they had with the provider and their staff.

The service focused on ensuring that people's rights were respected and protected.

Is the service well-led?

Good

The service was well led. The provider had effective systems in place for monitoring the standard of day to day care and learning from events that occurred.

The registered manager could show us how they sought people's views and checks they had in place to keep the quality of the service under review.

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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.

The provider was given short notice of this inspection because the location provided a domiciliary care service. We carried out a visit to the service on 21 June 2018. This inspection was carried out by one inspector and an expert by experience made telephone calls to people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

We looked at any notifications and other communication that we had received and during our inspection we spoke with two of the four people using the service. We also contacted seven support workers, including bank and agency staff, to request feedback but did not receive any responses on this occasion. We did, however, speak with the registered manager of the service. .

We gathered evidence of people's experiences of the service by conversations we had with people and reviewing other communication that the service had with these people.

As part of this inspection we reviewed four people's care plans and care records. We looked at the recruitment training and supervision records for four of the permanent staff team. We reviewed other records such as complaints information, quality monitoring and audit information.

Good

Is the service safe?

Our findings

A person using the service told us "I don't have my family involved in my care. I guess they share information [with other professionals] about me if it is relevant to my needs." Another person said "We discuss how to keep me safe. I'm not in any danger. I'm disciplined at taking my medicines myself as I made a mistake once before."

The service did well at keeping people safe from avoidable harm or abuse. The provider's policy, training for support workers and knowledge of working with people promoted this. No concerns had been raised about people coming to harm.

Risks assessments were carried out which related to the activities and support each person was assisted with and these showed that risks were considered and were kept under regular review.

Support workers were matched to provide support for specific people who had experience of support for people with mental health difficulties and behavioural support issues. The support ranged from assisting with aspects of personal care, maintaining independence in daily living as well as recreational and other activities.

The provider operated safe recruitment procedures and we verified this by checking the employment records for nine staff (including agency staff). The provider verified that agency staff had undergone the necessary background checks via their agency before they were permitted to support people. Background checks were undertaken in respect of staff the provider directly employed, including immigration status, criminal records, employment history and verification of references. The provider did not permit anyone to work with people until these checks had been undertaken and verified.

The provider's medicines policy covered different types of medicine administration and the procedure for obtaining people's agreement to be supported to take medicines. The recording of medicines administration was unclear. One person required prompting (reminding) to take their medicines and we found that this had been agreed. There were medication administration records in place which showed the details of the medicine taken and time of day to be taken. Although staff were not physically assisting the person to take their medicines, the fact that the person was reminded to do so still means that support workers were involved in assisting the person to manage their medicines safely.

The medicines administration records we viewed were not initialled by the staff but the letter "A" was written to state that staff had prompted the person to take their medicines. The registered manager informed us that, in light of our findings, the way that staff recorded would be changed. There is guidance available about how to record the support provided by staff, and who has provided the support. As an example, CQC refer to the guidance published by the Royal Pharmaceutical Society in 2007. This guidance entitled "The Handling of medicines in social care" states "From your records, anyone should be able to understand exactly what you, the care worker has done and be able to account for all of the medicines you have managed for an individual. The service provider needs to decide on the way in which a care service

keeps records. Whatever format is chosen, the records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record."

Good

Is the service effective?

Our findings

People using the service told us "The staff are great, I cannot fault them" and "I can make decisions for myself." They also said "My healthcare needs are met. If I ever need a GP or ambulance then they [staff] sort that out for me."

Care staff had been employed for different lengths of time in the last six months. Staff were participating in supervision. However, the registered manager acknowledged that action was needed to ensure staff supervision achieved the frequency of every 8 weeks, or at least six times a year, that was set out in the provider's own policy. We acknowledge that this had already been recognised by the provider as needing action and have confidence that the necessary improvements to supervision will take place.

An induction programme was provided which covered core skills in line with the Care Certificate. These were common standards used for inducting staff into care services and ensuring they had the necessary core skills to carry out their duties using 15 core standards. Almost all permanent staff had either a national vocational qualification, or other health and social care qualification, although the induction was still applicable to all staff. This included the values and aims of the service and pro-actively encouraged staff to reflect on their skills and knowledge and engage in continuous learning. Other training had begun, most specifically around mental health awareness, however, due to staff being newly in post this had yet to be completed for all staff.

No support workers had yet had an appraisal as they had not been employed for a year or more. The registered manager informed us these were going to take place in due course.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS), however, DoLS does not apply in a service of this kind.

We looked at the care plans for all four people using the service and found that consent to care was requested and obtained for all. Each person using the service could provide consent for themselves about the care planning and support needs

The registered manager informed us that people who used the service were supported by support workers to maintain good health and most specifically good mental health. The service offered advice and support to people to address their health and access to healthcare services. Staff reported any concerns and supported people to raise health care concerns to the appropriate health and social care professionals involved. As an example of this we looked at the positive action that had been taken when a person had experienced difficulties with their health recently that required them to spend time in hospital. The person had recently returned home and required more support as they continued their recovery which the agency was able to provide quite readily.

Good

Is the service caring?

Our findings

A person using the service told us "The staff are caring. In addition to helping me get ready for the day they will come shopping with me and they will chat with me." Another person said "They [staff] are caring. They are very professional and always try to empathise."

Support plans were person centred, meaning that they were written in a way that focused on the person and not only their support needs. These plans described how support should be provided to each person. There were instructions for support workers, which we discussed with the registered manager, about how to encourage people to be as fully engaged with making decisions and choices and to take the lead in controlling their own support.

Support plans included information about people's cultural and religious heritage, daily activities, included leisure time activities, communication and guidance about how support should be provided. We asked people using the service if they had been involved in decisions about care planning and if they had seen their care plan, understood it and been allowed to sign to agree the plan. A person using the service told us "I am involved in the planning of my care. If I have questions I ask them and they answer, we do a review every six months or so." Another person also told us they are involved in planning their care but would like to be more involved. They did not wish to tell us on this occasion about how they would like more involvement. We did, however, point this request out to the registered manager.
A person using the service told us when we asked about if their privacy and dignity were respected that "They're good in that way."

We asked about how the service worked with people who identify themselves as lesbian, gay, bisexual or transgendered (LGBT). The registered manager informed us, and we saw evidence, that the provider had detailed guidance and training for support workers about working with people who identified as LGBT. The provider's policies demonstrated a commitment to acknowledging and respecting people as individuals and that this was each person's human right. The provider recognised that people using the service had experienced discrimination, not least from living with a mental illness and the reaction they had experienced from other members of society about this. Maintaining positive personal image was a part of this, as an example, one person had spent a long time in hospital and part of the support provided was about personal appearance and maintaining their dignity. Although most people were largely independent this practical and emotional support was a significant part of the work that the service engaged people with.

Good

Is the service responsive?

Our findings

A person using the service told us "I get support if I need it, but I am very independent. They [staff] tend to take a backward step and let me get on with it."

The four care plans we looked at demonstrated that support was planned in detail and was responsive to people's needs. Apart from daily living tasks, staff also assisted people to take part in activities. We looked at some care plans which described educational and employment activities as well as leisure time pursuits. People were encouraged to set new goals for improving their independence, for example, a person was working to improve the way they managed their money and minimise the risk of making mistakes when paying for things in shops.

The service provided only a small amount of assistance to people to manage their personal physical care needs. Most people could usually manage this independently without much help. However, we also noted that where people did require this assistance the service was clear about how this should be provided and what support workers should do if changes were needed. We saw a very recent example where someone's care needs had changed significantly due to ill health and additional support was quickly put into place in response to this.

People using the service told us "They [support workers] do listen to me. That's part of their job and they are very nice" and "I would complain to my consultant and Nurse. I am very happy with the people around me right now."

There was a Service User guide and information was made available about to make a complaint. Access to advocacy services were also supported, not least where people did not have family members who could act in that role. We looked at the record of complaints and found that comments and complaints made were discussed at two weekly managers meeting. These were also reviewed by the providers in house compliance manager and any action or points of learning were considered. The service took complaints seriously and had systems in place to review complaints and to act to respond and to any learning points that may be derived from them, for example how information was shared with people.

The service did not specialise in providing end of life care although did support a person who was using community based palliative care services. The service was working effectively with other professionals supporting the person and communicated regularly about the person's continuing needs.

Good

Is the service well-led?

Our findings

A person using the service told us "I Get on well [talking about the manager]. They do have meetings with me sometimes [to talk about the person's support needs]." Another person said, "I have never met the manager as I have my own flat now." We asked the registered manager about this comment and were told they had not visited the person yet since they had started to use the service but were arranging to do so.

The registered manager stated that there was very regular and ongoing contact with people as the service is very small. People we spoke with confirmed they had regular contact with staff from the agency. This demonstrated that the provider engaged with people using the service and listened to their views about how the service was run.

The provider monitored the day to day operation of the service. This included care planning, medicines, risks and day to day matters such as ensuring staff were available to support people or to provide cover if any staff were absent. Staff had specific roles and responsibilities. Apart from support workers that directly supported people using the service, senior staff continued to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose.

A service review was carried out by the provider in March 2018. This outlined changes to the current operation of the service, levels of need and support for people using the service, staff recruitment and training as well as training and day to day operational matters. This review went on to describe how the service would improve and recommendations from the review. These improvements included full use of a database that was being introduced during this inspection, improved monitoring of care records and a support worker training programme as permanent staff were being appointed. The service was starting to grow in the provision of personal care. An action plan for the next steps to take had resulted from this review which demonstrated that improvements were recognised and plans to achieve the improvements and to grow the service had been developed.

People's views and ideas about the way the service operated were continuously sought through engagement forums. This was in addition to the regular and on-going day contact with people using the service and the views of other professionals supporting people. There were clear lines of responsibility and procedures for assessing the performance and quality of the service. A part of this was the regular two weekly senior management meetings which considered all aspects of the service.