

Penumbra - Edinburgh Supported Living Service Housing Support Service

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Type of inspection: Announced (short notice)
Inspection completed on: 10 October 2017

Service provided by:
Penumbra

Service provider number:
SP2003002595

Care service number:
CS2004061905

About the service

Penumbra-Edinburgh Supported Living service is a housing support and care at home service and is part of the national Penumbra organisation. The service is based in the Leamington area of Edinburgh. It provides support to adults who have mental health issues, in their own homes, across Edinburgh and Midlothian. The service is now combined with the Penumbra Edinburgh service.

Managers oversee a number of small teams, each led by a Recovery Practitioner. Each team is allocated a geographical area of the city. One team works with people who are at risk of becoming homeless and is part of a consortium of services providing this kind of assistance.

The service aims to offer flexible and responsive support to people who have social, behavioural and mental health difficulties, while helping people sustain their housing tenancies. It also aims to increase the opportunities open to people to improve the quality of their lives.

At the time of inspection around 230 people were making use of the service.

The Service Users Charter states 'Penumbra envisages a society where people with mental health problems expect recovery and are accepted, supported and have the resources to fulfil their potential. Our vision is aspirational, ambitious and hopeful'.

What people told us

We met with nine people during the inspection. Everyone seemed happy with the support they were receiving and the staff providing it. Many said the staff were 'good'. One person said the staff were 'brilliant and spend a lot of time with me'.

People we met who were living in shared accommodation said they thought there was enough to do, that they had the choice not to do it and some things, around meals, were helpful and got people involved.

We sent out 110 questionnaires and 31 were sent back to us. Everyone said they were 'happy with the quality of care and support this service gives me'. They also all agreed that staff treated them with respect and nearly everyone said they thought staff had the skills to support them and staff had enough time with them.

Other comments included:

'I find the support I get is fantastic. Staff make me feel totally relaxed and at ease'

'The two members of staff that come to my house are more than qualified for the job they are doing...they are always there for me and do as I ask of them'

'Very helpful. Very patient. Very understanding people...the support I've been offered it has been very personal and unusually respectful and flexible'

'I feel safe and content living in my flat with support. I am happy'

'I am personally very lucky with the individual support staff who work with me and I feel they have adequate skills'

'Better communication between staff members'.

Self assessment

We did not ask for a self-assessment this time.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

People we met said they thought they had a very good service. They thought that staff were good at listening to them and flexible in helping them meet their needs. They said that staff usually turned up on time, were not rushed, were respectful and flexible in their approaches to the work. They said that they nearly always knew who was coming and would be contacted if there was a problem. They would be given a choice about whether to take support or not. One person told us how, among other things, staff had helped her to manage housework herself, from not being able to do so at all. Others told us how activities such as breakfast clubs had helped them meet and interact with other people, as well as eating better.

Greater emphasis was placed on physical activity which, along with eating better, was promoted. People were encouraged to do at least 150 minutes of exercise a week to improve their health. It seemed more people were doing more activity, going to the gym, swimming and making use of the walking and other groups available. This all encouraged people to take part and develop friendships too.

At the last inspection we said there was a clearer sense of purpose in some parts of the service. This has continued and we found that engagement with people using the service, especially in some of the shared accommodation, had continued to improve. Daily notes staff wrote showed more how the work they were doing when they met a person supported the goals and outcomes the person wanted and had agreed to.

Generally, staff said they were well supported by managers and recovery practitioners (RP). This was demonstrated in many ways, including flexibility in how the rotas were managed and requests for changes to the hours staff worked were treated sympathetically. Managers would always respond to phone calls and talk through any concerns or provide advice and support, sometimes in person. Staff could receive a lot of informal supervision.

Managers told us about how they used coaching and supervisory techniques to help staff look at their work practice and where they were struggling in work, make decisions about whether they could continue in their work role, practice an internal audit described as 'excellent'. It seems important that managers work in this way in a service that supports people by using a recovery model of mental health.

These examples suggest that the changes and improvements we saw at the last inspection had been maintained. This has resulted in staff being clearer about the purpose of their work. This has benefitted people using the service because staff are more able to support them as they plan for their futures.

We continue to see that the service helps people maintain good contact with hospital staff and other health professionals. This is important as it helps people supported secure the specific help they need, in particular when they are less well. Some people also need regular checks and monitoring. This also provides the service with healthcare support when a person is finding it difficult to manage and needs respite care or more intense support from other health professionals.

Managers told us that a number of people using the service could have their provider changed or hours of support reduced. Although this was outwith the control of the service, we saw that staff were supporting people to find out information about any changes, to consider other means of funding a service and to get access to advocacy support. This would help people using the service make decisions about their own futures.

What the service could do better

We saw that there had been a small number of medication errors. While these had been reported and managed when they happened it is important that staff are vigilant when carrying out this task, identify concerns and minimise mistakes, to ensure the health and safety of people they work with (see recommendation 1).

While there were many positives in how staff were managed and supported there were also some difficulties caused by absences, work performance and with recruiting staff. These all had knock on effects for other staff and affected the regularity of formal support and supervision meetings and opportunities for staff teams to meet together. We saw that managers had put measures into place to lessen the impact of these issues and more staff recruitment is due to take place which should help ensure there are adequate numbers of staff. It is also important that formal, recorded 1:1 supervision is provided.

As the recording of daily notes improves, it would also be helpful for the service to use support plan reviews to evaluate the work staff are doing to help people reach their goals. It would also be helpful to demonstrate how risks are reviewed and what work has been done to help people minimise these (see recommendation 2).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should ensure that medication is administered correctly and taken as directed.

National Care Standards, Care at Home, Standard 4 - Management and staffing and Standard 8 - Medication.

2. The service should ensure that reviews of support plans and risk assessments show how work done has been evaluated and provide reasons for changes being made or not made.

National Care Standards, Care at Home, Standard 4 - Management and staffing.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
30 Nov 2016	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
6 Nov 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
13 Nov 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
16 Nov 2011	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
27 Sep 2011	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
6 Nov 2009	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
22 Dec 2008	Announced	Care and support 5 - Very good

Date	Type	Gradings	
		Environment	Not assessed
		Staffing	6 - Excellent
		Management and leadership	6 - Excellent

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