

Penumbra - Edinburgh Supported Living Service Housing Support Service

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Telephone: 0131 229 0560

Type of inspection: Announced (short notice) Inspection completed on: 30 November 2016

Service provided by:

Penumbra

Service provider number:

SP2003002595

Care service number:

CS2004061905



Inspection report

About the service

Penumbra-Edinburgh Supported Living service is a housing support service and is part of the national Penumbra organisation. The service is based in 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 linked to the Penumbra Edinburgh service, sharing the same registered manager. It is made up of small teams of staff 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'.

This report could be read together with the Penumbra Edinburgh report.

What people told us

We sent out one hundredCare Standard Questionnaires and ten were returned to us. People told us:

'I could not function without my support'

'I wish I could have more time with my support worker'

'I am really happy with the service I get from staff and the help I get when I have any problems and the respect I get overall'

'My present support worker is very understanding and keen to help where I need it most. My support worker is often late'

'This is a fantastic service and all members of staff have been excellent in providing support. (Name) in particular always goes out of her way to provide the best support she can'.

'The service the support worker provides is outstanding. He is always in contact and visits where and when he says he will...He informs her of everything that is going to happen or has happened regarding her service and involves her in this at all times...he has a calm, reassuring, supportive nature....he makes every effort to attend meetings arranged at the last minute'.

We also met other people using the service in groups and individually. Each person said that they felt well supported.

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider.

The provider identified what it thought the service did well and gave examples of where improvements had been made. For example, in managing the staffing of each part of the service. They identified some areas for improvement and how this would be done.

The provider also told us how people were involved in talking about the service and its future plans, such as developing the social and other groups.

From this inspection we graded this service as:

Quality of care and support5 - Very GoodQuality of staffingnot assessedQuality of management and leadership5 - Very Good

What the service does well

The service has created smaller teams of staff led by a Recovery Practitioner. Each team works with a number of people using the service in a defined area of Edinburgh. People continue to have a key worker and staff they see regularly, but they also know the other staff in their team. This means that cover can be provided by staff people know. Continuity of support has improved and travel time reduced.

There has been significant changes in the ways each part of the service is managed. This has included the development and training of team managers and recovery practitioners. This has improved clarity of direction for staff, relationships with people supported and how staff rotas are managed and changes made.

People we met said they thought they had a 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 that they could contact the manager and check things out, believe what they were told by other staff and that there was a small enough staff team working with them, with' back up staff I know'.

Recovery Practitioners have brought more focus and direction to the teams. We saw that there was purpose to the support and better engagement with people supported across the service. This meant that people had clearer ideas about what support was for and how to use it. This also meant that staff were clearer about ensuring that the work they did was more focussed on helping people in their recovery. People were fully involved in making support plans that helped people decide what they saw as their goals and outcomes.

Feedback received from some people supported said that they felt lonely. Acting on this information small groups for people using the service have started up. These include a social group, a walking group and an art group. This helps people meet others and develop friendships as well as create opportunities for peer support based on shared experiences.

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We saw that the service helps people maintain good contact with hospitals 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. This also provides the service with healthcare support when a person is finding it difficult to manage and needs respite or more intense support from other health professionals. The service also supports people to manage benefit claims, housing issues and other concerns.

What the service could do better

We saw that staff were being trained to develop person-centred risk assessments. These would help to ensure that people were aware of the risks they took and what they could do to minimise them. Staff should continue to practice writing these, to involve the person using the service and reflect their views and input.

They should show how the risk assessment links into the support plan and that the goals that the person sets, where appropriate, to help them manage the risks.

We saw that more records are being completed. We did see that contact records varied in quality and suggested that these could have more purpose and be related to the goals people were working on. There is also a need to ensure that all records are completed and signed. Reviews of support plans and risk assessments should be completed by the set dates (or an explanation recorded). The service has a review format but does not seem to use this consistently. Use of this would help evidence the good work being done as well as highlighting any changes needed in the support.

We saw that teams were meeting more regularly and some teams weekly, after some big gaps over the summer. Staff were encouraged to come together to discuss work. Efforts were being made to ensure that supervision meetings took place as stated in the organisation's policy. We discussed that it is important that consistency in this work is achieved to ensure staff remain well supported.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service should ensure that risks are reviewed within a timescale that is appropriate to the seriousness of the risk. Any review should demonstrate how risks and work done to minimise these are evaluated.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements.

2. The service should ensure that each personal support plan clearly reflects the needs and goals a person has and how these are to be met, taking account of any reviews and risk assessments. Contact notes should reflect how work done helps meet the personal goals.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.

3. The service should ensure that when six-monthly reviews take place a record of the meeting and evaluation of the support work is kept. People supported should be encouraged to complete the 'My Review' paperwork.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements.

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

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Date	Туре	Gradings	
22 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 6 - Excellent 6 - Excellent

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