

Penumbra Supported Accommodation (ARBD) Care Home Care Home Service

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Possil
Glasgow
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Telephone: 01413 368 012

Type of inspection:
Unannounced

Completed on:
21 April 2022

Service provided by:
Penumbra

Service provider number:
SP2003002595

Service no:
CS2006130024

About the service

Penumbra Supported Accommodation (ARBD) Care home is registered with the Care Inspectorate to provide support to a maximum of eight adults. The service is a short stay assessment centre for adults with a diagnosis of alcohol related brain damage (ARBD). The provider is Penumbra Mental Health.

The home is located within a residential street in Possil, Glasgow. Accommodation consists of eight single bedrooms with en-suite toilet and shower facilities, a communal bathroom, two lounge areas (one with a dining area), two communal kitchens and a laundry room.

Residents have access to a garden at the rear of the home which is shared with adjoining properties. Visitor parking is available on the street outside the service.

About the inspection

This was an unannounced inspection which took place on 19 and 20 April. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with six people using the service and one of their family members, we spoke with six staff, a social work student on placement at the service, the assistant manager and the manager. In addition we observed practice and daily life, reviewed documents including care plans and spoke with four visiting professionals.

Key messages

Staff facilitated a variety of daily groupwork and social and recreational activities that provided structure, stimulation and opportunities for social interaction.

Staff worked closely with health and social care partners to support people's health, wellbeing and recovery.

Staff worked alongside people in a recovery focused way.

The service promoted independence and risk enablement.

The management team should create a service improvement plan.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

All the residents we spoke with told us they felt very well supported by the staff team at the service. They said they were comfortable with staff and found them approachable. "I can speak with any of the staff" said one resident.

Most of the staff we spoke with were either new or relatively new and the full staff team had changed since our last inspection. We found staff to be enthusiastic and observed that residents experienced respectful and sensitive interactions with staff.

Since our last inspection the service model had changed. The home was now a short stay assessment centre for people with a diagnosis of alcohol related brain damage (ARBD).

The service worked closely with the ARBD team which included an occupational therapist, psychiatrist and nurse as well as social care staff. This meant that people living at the service benefitted from a multidisciplinary and coordinated approach towards supporting their recovery.

Staff facilitated groupwork and social and recreational opportunities. This meant people experienced daily structure that helped provide stimulation, promote social skills and encouraged physical activity. This contributed positively to people's general wellbeing. Residents helped create the weekly activities planner.

Cognitive impairment is a feature of ARBD and staff helped individuals identify the most appropriate systems and prompts to support their memory. We saw a variety of memory aids around the service.

There had been a range of learning opportunities for staff in some areas relevant to people's needs. The manager advised that the ARBD team would be delivering staff training in the near future. We suggested that the service workforce learning and development plan include trauma training. This will help ensure that staff work in a trauma informed way.

The service was following the Scottish Government's open with care guidance. This meant that people had enjoyed uninterrupted access to those important to them. Residents benefitted from time out of the service with family, including on overnight stays.

Staff supported people, if it was their wish, to reconnect with family where contact had been lost. This helped enhance people's recovery network.

As Covid-19 restrictions reduced in the wider community, staff at the service remained vigilant to the risks of Covid-19. Infection prevention and control measures were evident, with enhanced cleaning taking place and staff using personal protective equipment (PPE) appropriately. We found the service to be clean and tidy.

Residents were encouraged to take care of their own bedrooms and where required, staff offered assistance. There were sufficient supplies of cleaning materials including chlorine based products. We asked the manager to improve their systems to ensure that all cleaning products have been risk assessed and procedures for accidents and emergencies are in place.

There were systems in place to assess people's ability to manage their own finances and medication. Action plans identified the support people needed and staff encouraged people to be as independent as they could be in these areas.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

We noted residents suggestions were reflected within the 'you said we did' information which was prominently displayed. This meant that people's experience of the service was improved because the service listened and acted on what they had to say.

The manager was already aware of the things we identified could improve the service further. Whilst there was not a formal service improvement plan where we would expect all of this information to be recorded, there was good evidence that the management team were responsive to feedback and improvements had taken place. For example, we saw that the service was working in accordance with national guidance to help with infection prevention and control management. We were pleased to see that improvements identified during a recent care home assurance visit had been taken forward.

We identified that there was further need to review both the care plan and tool used to measure people's outcomes to ensure that these are the most appropriate to support people with ARBD.

We saw that quality assurance systems included regular audits, reviews of the care people received, observations of staff practice, staff supervision and team meetings. This provided important information to help address any areas where further action was needed.

We acknowledged that recruitment challenges at the service and changes within the organisation's quality team had delayed progress in improving some key quality assurance processes. The service needs to focus more on these areas (**see area for improvement 1**).

We suggested ways that the service could identify and evidence what it does well, this will help inform their service improvement plan. We suggested that key stakeholders could be involved in the service evaluation and that the service evaluate itself against the 'Quality Improvement Framework'. This framework sets out the quality of service provision that people should expect and focuses on outcomes for people.

Areas for improvement

1. The management team should identify what the service is doing well and what needs to improve. This process should include feedback from stakeholders and internal quality assurance systems and should inform a service improvement plan that is outcome focused and evaluative. This will ensure that people who experience care can be confident that they are being supported by a service that is well led and committed to continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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