

Penumbra Supported Accommodation (ARBD) Care Home Care Home Service

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Telephone: 01413368012

Type of inspection:
Unannounced

Completed on:
16 May 2025

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. At the time of inspection there were six people living in the service. The service is a short stay assessment centre for adults with a diagnosis of Alcohol Related Brain Damage (ARBD). The provider is Penumbra.

The home is located within a residential street in the north west area of Glasgow. The accommodation consists of eight single bedrooms with ensuite toilet and shower facilities, a communal bathroom, two lounge areas (one with a dining area), two communal kitchens and a laundry room.

People have access to a garden at the rear of the home which is shared with adjoining properties and some additional space to the side of the building. Visitor parking is available on the street outside the service.

About the inspection

This was an unannounced inspection which took place on 7, 8 and 9 May 2025 with additional information requested and provided on 16 May 2025. 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 five people using the service and one family member
- spoke with three staff the assistant manager, registered manager and senior operations manager
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- People experience support from staff who work in a recovery focused way.
- People are supported to access recovery communities, helping develop supportive networks.
- The service supports people to experience positive outcomes in relation to health and wellbeing.
- Staff maintain positive working relationships with the Alcohol Related Brain Damage Team.
- The environment promotes people's independence.
- The new manager had identified improvement areas to be taken forward.

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 staff team?	4 - Good
How good is our setting?	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.

We observed that interactions between people living at the service and staff was natural, key to fostering a sense of safety and security and helping build positive and supportive relationships. Comments people made about the staff included 'could not do enough for me' and 'couldn't fault the staff'.

People said they knew who their keyworker was and met with them on a regular basis. People also told us that they could speak with any staff member if they needed to and that staff would always make themselves available to them, this helped them feel valued.

Each person had a personal plan that was unique to them and those sampled had a focus on recovery, with people's desired outcomes evident as well as the progress made towards achieving these. Personal plans were designed to help people identify areas of their lives where they wanted to make positive changes. Monthly summaries completed by staff helped people see the progress they were making and supported them to identify new goals.

It was clear that people were central to directing the support they needed, for some people this included support to manage their medication. Following discussion the manager identified improvements to ensure that approaches to managing people's medication were aligned with best practice and with the providers policies and procedures.

People spoke about the difference the service had made to aspects of their lives. This included having a period of abstinence and stability, helping facilitate improved relationships with family members.

Being abstinent from alcohol enabled people to focus on areas of health and wellbeing that may have been neglected prior to being admitted into the service. People gave examples of medical treatment they had received since coming to the service and commented on improvements in sleep, appetite and memory.

We saw that where there were instances of lapse with alcohol use this was managed sensitively with safety measures put in place and regularly reviewed to help minimise risk and continue to support ongoing assessment of people by the service and key partners.

People benefitted from the close working links between the service and the Alcohol Related Brain Injury service. We sought the views of visiting professionals from this service during the inspection and their feedback was positive.

We were made aware that people were remaining in the service longer than anticipated. This was due to factors outside the control of the service and the manager acknowledged the potential impact of this on people's recovery and indicated how the service could mitigate the risks associated with this for people.

Staff helped promote a daily routine for people with the delivery of morning groups covering a range of topics. These helped encourage discussion, social contact and helped build relationships between residents and with staff. It was encouraging to hear that a similar service managed by the provider would be sharing some of their groupwork resources. This will help reduce repetition for those individuals remaining longer at the service.

We saw evidence of resident participation with people involved in planning weekly group activities and their own individual daily routines. People spoke about going out for walks with staff, and that this helped them to stay active. Some people enjoyed being involved in recovery community meetings, helping expand their support networks.

The 'you said, we did' notice board indicated that suggestions made by people at resident's meetings were listened to and acted upon. This indicated to people that their feedback was valued and effected change.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Safe and high-quality care and improved outcomes for people experiencing care requires the right people, in the right place, with the right skills, at the right time.

Whilst there was no discernible method for calculating staffing levels to ensure that these were appropriately meeting people's needs, people we spoke with said that staff were always accessible to them. Where the diary indicated that additional staff were needed, for instance if people needed support to attend an appointment, this would be accommodated.

We suggested that the management team seek feedback about staffing levels from people being supported and staff as part of their quality assurance processes and to help provide assurances that people are being supported by the right staff with the right skills at the right time.

People commented that during periods where individuals were being accompanied out of the service due to risk associated with lapse, this had an impact on staff resources. Consideration should be given to this when managing staff deployment.

Staff we spoke with said that they had good access to training to support them in their role and identified some additional training they thought they would benefit from. The manager was receptive when we highlighted this. It was good that additional training was being provided by the Alcohol Required Brain Injury team to enhance staff skill and knowledge in this area. This helped staff feel more confident and competent in their role.

There was good support for staff wellbeing with regular formal and informal opportunities to meet with their line manager to support reflection and personal development. Team meetings were held on a regular basis and provided an opportunity for staff to make suggestions for improvements and for the exchange of information from management. There were opportunities for peer support on a day to day basis.

We acknowledged that there had been significant staff turnover since the previous inspection and a very recent change to the management structure with the registered manager overseeing two services which impacted on the time they spend in this service. There had also been a change of registered manager. We appreciate that with these changes it will take time for the natural process of team development to take its course, nonetheless staff told us that team morale was good and that they felt valued.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Environment can play a key role in people's wellbeing and it was reassuring that the environmental improvements the manager had already identified were largely consistent with our findings. This included cosmetic upgrading to communal areas which aimed to give the service a more homely feel and further consideration to optimising the use of communal spaces. The manager advised that any changes and improvements would only be made following consultation with people living in the service.

People were observed engaging naturally in their environment, indicating that they regarded this as their home, and those we spoke with were positive about the environment. The only improvement people identified was in relation to the comfort of some mattresses. The manager agreed to establish how long it had been since these had been replaced.

Having a second kitchen meant that the use of these facilities was more manageable in a group setting, promoting people's independence. Signage on the outside of kitchen cupboard doors provided visual cues to what was contained within. Kitchens were appropriately equipped however some equipment needed to be cleaner and we suggested that the manager introduce a system to ensure that this is checked by staff on a regular basis.

Whilst there had been consideration to adapting areas of the home for people whose memory was impaired, some of the signage was cluttered and could cause confusion. The manager had already identified this and was in the process of addressing this.

We identified some quick improvements to enhance the quality of the environment, including ensuring that curtains are properly secured to the curtain rail and removing unnecessary equipment to enhance the spaces. It is important that staff are encouraged to be more attuned to people's living environment as this will help address improvements more proactively.

Bedrooms were well apportioned and having ensuite facilities promoted people dignity and privacy. People made good use of the white boards in their rooms as an aid to memory, including noting important dates and projecting appointments.

A volunteer had helped improve the garden area around the home and had involved residents in this and people were seen to be enjoying the outdoor space during this inspection.

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
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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