

Shine Partnerships Ltd

# Shine House

## Inspection report

238 Church Hill Road  
East Barnet  
Barnet  
Hertfordshire  
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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

We undertook an announced comprehensive inspection of Shine House on 16 June 2016. We told the provider two days before our visit that we would be coming. Shine House is a supported living accommodation based in Barnet. At the time of this inspection, they provided support to four people living at the service. Shine House provides support to people with mental health needs who require support to maintain and develop their independence. This includes prompting people to take their medicines, engaging them in activities and assisting them to maintain their wellbeing and independence to move on to their own accommodation. .

At our last inspection in October 2013 the service was meeting the regulations inspected.

There was a registered manager. 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 using the service told us the service was well run and they felt safe. They said staff were caring and staff we spoke with were enthusiastic about their work with people.

Staff had received safeguarding adults training and demonstrated a good understanding of how to protect people from harm. The service had risk assessed and put in place measures to protect people and to maintain a safe environment.

There were enough staff on duty to meet people's needs and the service had safe recruitment processes in place.

The registered manager and director had a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated they understood people's rights and asked people's consent before offering support.

Staff had received training to equip them to meet people's physical and mental health support needs. Staff supported people to access the appropriate medical services and were proactive in requesting medical interventions.

People had person centred support plans and staff motivated and supported people to identify and attend a variety of social activities. Several people had been successful in attending college courses that would assist them to develop work skills for their future independence. People had been involved in their care planning and there were regular reviews.

There was a complaints policy and procedure and people were encouraged to raise concerns. People were

asked their views about the service and they felt involved in the running of the service.

The service undertook audits to ensure the quality of the service and had built strong working relationships with local authority commissioners.

## 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. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information and skills to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were encouraged to prepare their own meals and develop their independent living skills.

Staff supported people to attend healthcare appointments and liaised with the local community mental health team to ensure people's wellbeing was maintained.

### Is the service caring?

Good ●

The service was caring. People who used the service told us that staff were supportive and helpful.

Staff were respectful of people's privacy.

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access activities in the community and this reduced the risk of people becoming socially isolated.

People who used the service felt that staff were approachable and there were regular opportunities to feedback about the service.

**Is the service well-led?**

People were supported by staff who felt appreciated by their manager and the director. Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

**Good** ●

# Shine House

## **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.

We undertook this inspection on 16 June 2016 and was announced. The provider was given 48 hours' notice because the location provides support to people living in supported living accommodation. We needed to be sure that senior staff were available to assist with the inspection.

The inspection team consist of an adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information sent in by the provider, including notifications and spoke with the local authority quality monitoring team. We sent out 24 questionnaires to people using the service, staff, friends and relatives and community professionals. We received positive feedback and people and community professionals said that they would recommend the service to their relative. We received positive feedback about the service.

During the inspection we met and spoke with five people using the service. We looked at three people's care plans and associated care records. We looked at five people's medicines administration records (MAR). We interviewed three staff members, including the registered manager and director. We looked at three staff personnel files. Following the inspection we spoke with the local authority commissioning team.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us, "I feel very, very safe here."

Staff we spoke with knew people well and were able to tell us the signs they would look for that would indicate someone may be suffering abuse. They were able to tell us the different types of abuse and said that any concerns would be reported in the first instance to their manager and if appropriate action was not taken they would report concerns to external authorities, including the local safeguarding team, police and CQC. Records and staff confirmed that staff had received safeguarding training.

Systems for managing medicines safely were in place. People who administer their own medicines were assessed and a system was in place for monitoring the risks and how people would manage. We saw that there were systems in place to assist them to do this safely, this included regular spot checks carried out by staff. Records showed that one person had been monitoring the room temperature on a weekly basis where their medicines were kept. They understood the importance of this and knew what each prescribed medicine was for including the use of as-needed (PRN) medicine.

People told us they were happy with the medicines support arrangements and had been involved in agreeing them. Staff told us that medication was administered using different levels. This would include observing people taking their medicines where they were partly self-administering and asking people who self-administer what the side effects were, supporting people to record the weekly temperature, regularly asking them the name and frequency of prescribed medicines in preparation for independence. Records showed that staff completed

Detailed risk assessments were in place which identified people's individual risks. This covered areas such as people's physical and mental health condition, including historic background information and risk of relapse. This helped staff to identify when a person demonstrated signs that they were experiencing a relapse. Risk assessments included the signs of self-neglect, signs of harm from others and evidence of deterioration in health specific to each individual. Staff knew signs to look for such as instability, slurred speech, argumentative and becoming aggressive.

On the day of our visit we saw that there was enough staff on duty to meet people's needs. The registered manager told us that agency staff were not used by the service. This enabled the service to have consistency and to ensure that staff were able to provide the support people needed and wanted.

We saw that there was a system in place for people to inform staff when they were going out and when they would be returning. CCTV was also provided in the communal areas and people using the service told us this made them feel safe. One person told us, "This helps us to feel safer." Staff used their individual knowledge of people to ensure contingency plans included appropriate action to take, including who to contact in the event the person deteriorated rapidly or out of hours.

We reviewed staff personnel files for staff and found that all staff had completed the necessary employment

checks, such as Disclosure and Barring Service (DBS) and proof of identity and address. Staff files contained a completed application form, interview logs and evidence of staff experience of working with people with mental health needs. One staff member told us that their previous experience of working with people with mental health needs had helped them to adapt to their new role and responsibilities.



# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The provider told us that people using the service had capacity to make their own decisions. Where restrictions were imposed this was documented in people's support plans. For example, people admitted to the service under a specific section of the Mental Health Act 1983 were required to comply with the conditions for them to remain in the community and avoid being returned to hospital. This allowed the service to provide support appropriate to people's needs and monitor that these arrangements were being followed. Consent to care and treatment was sought in line with legislation and guidance. Staff understood the importance of obtaining consent before supporting people. People using the service confirmed that staff asked their consent before providing support. The service had a policy on consent to care and treatment, which included the actions to take when people lacked capacity to make their own decisions. Staff had received training in the MCA.

People's independence was encouraged through weekly one to one keyworking sessions. One person told us, "I have one to one once a week with my keyworker. We discuss how I am getting on and staff are supportive." Records and people confirmed that staff carried out one to one sessions with people to maintain their independence and involve them in decisions about their care and treatment.

Each person had a recovery and support plan which had been reviewed every three months. These were kept electronically and updated on the system and covered various activities, such as mental health diagnosis, religious and cultural needs, likes and dislikes. Other areas detailed included allergies and medication. Staff encouraged people by encouraging them to cook meals and providing support to teach them cooking skills to develop their independence. This was confirmed by people using the service who told us that staff helped them to prepare healthy meals and sometimes they ate out at restaurants.

We saw that people were encouraged to take responsibility for their environment, which included being part of a cleaning rota for communal areas. One person spoke proudly about how they enjoyed getting involved and taking responsibility for looking after the home. They told us, "I always buy flowers for the house. It makes the house fresh like spring."

People felt staff were suitably trained to support them to meet their needs. Staff told us they received regular supervision and training. They felt supported by the registered manager and provider. We saw that each staff member maintained a staff calendar which included areas such as training and development, supervisions and appraisals and keyworking responsibilities. This enabled staff and the registered manager to monitor staff progress in these areas. One staff member told us that monthly staff meetings and monthly supervisions helped them to provide effective care. Staff completed an initial six day induction. This covered

a number of areas, including an introduction to people using the service, accident and incident reporting, health and safety, safeguarding and complaints.

Staff completed modular training in line with the care certificate standards. These are a set of standards used by health and social care workers in their daily working life. Staff training certificates reviewed included, infection control, record keeping, administering medicine and health and safety awareness. One staff member told us that this training had been quite intense and helped them to put this into practice.

Staff supported people to eat a healthy balanced diet. Staff received training in diet and nutrition to enable them to better support people to maintain a healthy balanced diet. People with health conditions such as diabetes were supported to eat a healthy diet to keep their blood sugar levels within a healthy range. We saw that posters were displayed at the service detailing information about diabetes and the signs to look for such as, hyperglycaemia (high blood sugar levels) and hypoglycaemia (low blood sugar level). People prepared and purchased their own meals and staff supported them to improve their life skills through weekly cooking sessions.

We saw evidence that staff were proactive in working with other healthcare professionals to meet the individual needs of people using the service.

Staff demonstrated a good understanding of people's health needs and maintained a record of the dates and outcomes of appointments with various healthcare professionals. We found documented evidence of the involvement of the community mental health team from regular care planning approach (CPA) meetings. People confirmed that they had access to other healthcare professionals including professionals of substance misuse services, dentist and GP. One person told us if they were unwell staff will contact the doctor to arrange an appointment

## Is the service caring?

### Our findings

People told us that staff were caring and kind and treated them with respect. One person told us that staff were, "Lovely, nice and kind. They give a smile."

We observed some good interactions between staff and people using the service. People were relaxed in the presence of staff and there was a calm atmosphere. People had locks on their doors and staff respected their privacy. We saw that staff knocked gently on people's room doors and waited for permission before entering. One person told us this is a "Very peaceful calm house. We all respect each other's views and we all get along."

People took part in various activities of their choice to enable them to develop their independent living skills. They told us they liked being independent, were able to go out shopping, visit family, carry on with social activities. One person living at the service told us that they were given the responsibility for planning some of the activities for the service. This includes arranging indoor and outdoor activities such as, football and snooker. On the day of our visit we saw that this person had organised a football gathering at a neighbouring service, which included ordering pizza. In order to accommodate this we saw that the service arranged transport for people to arrive on time. For another person they regularly attended college and was hoping to gain employment after they completed their course. Another person attended voluntary work with a charity.

Each person had a recovery and support plan which had been reviewed every three months. These were kept electronically and updated on the system and covered various activities, such as mental health diagnosis, religious and cultural needs, likes and dislikes. Other areas detailed included allergies and medication. Staff encouraged people by encouraging them to cook meals and providing support to teach them cooking skills to develop their independence. This was confirmed by people using the service who told us that staff helped them to prepare healthy meals and sometimes they ate out at restaurants

People said they felt supported by their keyworkers and that they felt listened to when they wanted to talk about things important to them.

We saw that people were encouraged to take responsibility for their environment, which included being part of a cleaning rota for communal areas. One person spoke proudly about how they enjoyed getting involved and taking responsibility for looking after the home. They told us, "I always buy flowers for the house. It makes the house fresh like spring."

## Is the service responsive?

### Our findings

People's independence was encouraged through weekly one to one keyworking sessions. One person told us, "I have one to one once a week with my keyworker. We discuss how I am getting on and staff are supportive." Records and people confirmed that staff carried out one to one sessions with people to maintain their independence and involve them in decisions about their care and treatment.

Each person had a named keyworker. This member of staff worked closely with the person to support them on a day-to-day basis, including encouraging them to participate in activities and supporting them to maintain a healthy lifestyle. Staff had supported one person to complete forms for benefits and to help them manage their finances. Others were encouraged to attend the free community gym available to people living at the service.

We saw that the person had been responsive to people's needs. For example the director took a hands on approach to engaging with one person where they had to deliver news which meant they may become disappointed and respond in an aggressive way. One staff member told us, "We support people to develop independent living skills and help them to understand how things work so they can move on to accommodation with less support." They spoke passionately about their role in supporting people to achieve their goals and move on to greater independence.

Keyworkers completed a monthly record of each person's progress and support. The record included key issues such as if the person had stopped taking their medicine and what this could indicate in terms of their support needs. Staff used keyworker reviews to update individual risk management plans. It was clear keyworkers understood the personality and needs of each person they supported and their reviews were individualised. For example, reviews included consideration of the person's psychological and physical health, compliance with prescribed medicines, drug and alcohol use, their ability to manage personal finances, daily living skills and daily activities.

The provider had a complaints policy in place and people using the service knew how to make a complaint. People told us that they were able to raise their concerns with their keyworkers and monthly resident's meetings. People spoken with said they did not have any complaints, but told us that if they did have any concerns they could bring this up during keyworking sessions or they could approach the registered manager. Monthly residents meetings were used to bring ideas and address any concerns, including maintenance issues.

## Is the service well-led?

### Our findings

People and staff said that the registered manager and provider were approachable and supportive and they could speak to them whenever they wanted to. The provider and registered manager were knowledgeable and had a number of years' experience of working with people with mental health needs.

People told us they felt the service was well run and felt able to approach staff with any concern. We saw that the registered manager and director had an open door approach and people felt comfortable to discuss their concerns with them.

Health and social care professionals spoke positively about the service. One healthcare professional said, "The managers are always accessible and work very closely with care teams. They work hard to meet the needs of their clients."

Staff said they were happy working for the provider who provided them with the support they needed to effectively carry out their role. Staff supervision demonstrated that staff were being supported by the registered manager and their development action points followed through. There was a robust lone working system in place which enabled staff to have access to feel safe when working alone. One staff member said, "I feel well supported and safe working here." They described management as being, "Very open, transparent and approachable." This staff member also told us that the quality of staff was very good, they said that the director was very hands on and, "Uplifting."

We saw evidence of good partnership working with other agencies including the Community Mental Health Team. The provider regularly attended local authority provider meetings. This was confirmed by local authority commissioners who told us that they felt the provider was proactive and the service well-led. The provider's involvement in these groups enabled them to keep up to date with changes to working practises and to improve the quality of the service.

Systems were in place to monitor the quality of the service and following up on concerns identified. For example, we saw that a medicine spot check carried out by the manager in June 2016 had identified issues with missing signatures on medicine administration charts had been addressed by staff. Weekly audits included medicines and health and covered compliance with medicines and issues with self-administration. Other audits included care records, cleaning and health and safety. Manager's spot checks included cleaning, medication and good practice observed.

We saw that there was a system for obtaining feedback from people through the director's monthly monitoring audits. This included discussions with people using the service, environmental and staff observation and suggested improvements. This enabled the provider to involve people in the running of the service.

The service introduced a monthly newsletter in May 2016. We saw that this included stories from people using the service, planned trips, art work, recipes and suggested activities. We were told by the director that

the staff member who created the newsletter was nominated for a reward. The provider had a staff reward scheme for staff to nominate colleagues for exceptional or innovative work, this encouraged good practice.