Shine Partnerships Ltd

Hazelwood House

Inspection report

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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?	Outstanding

Summary of findings

Overall summary

This inspection took place on 10 December 2018 and was announced. At our last inspection on 4 February 2016 the service was found to be good.

Hazelwood House provides supported living to five adults with complex mental health needs so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. People have assured short-hold tenancy agreements and their own en-suite rooms within the house.

The supported living service had 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.

The service was outstanding in the way it was run.

There was a clear vision about the direction and culture of the service, which promoted an ethos of involvement and creative ideas to ensure people had a full and satisfying life. The provider and local management team demonstrated these values in their actions through their work with people who lived at the service and staff. Innovative solutions to support people included employing them as peer support workers and working with other organisations and stakeholders to enable people to move on from high support accommodation. In this way the service was exceptional, distinctive and people were at the heart of the service.

People felt safe at the service and told us they enjoyed living there. They told us staff provided them with good support, in a way and at a time that they wanted and that they were treated with dignity and respect.

People were supported to be as independent as possible and this included taking their medicines themselves. For those who required support, medicines were administered safely and on time.

Risk assessments were in place and people had developed their own relapse prevention plans which outlined what their symptoms of ill health looked like and how they wanted to be supported in times of a mental or physical health crisis. Care plans were up to date, comprehensive, holistic and person centred.

People were supported to pursue activities of their choice and attend college courses. The provider also facilitated people going on holiday abroad by assisting them to get the relevant documentation to travel and by arranging staff to accompany them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There was a

strong focus of person centred care within the service, which staff followed in practice to ensure people led a full and varied life. This meant people experienced an improved quality of life because they were supported to explore new opportunities and were proud of their achievements.

Staff recruitment was safe. Staff understood how to safeguard people and knew what to do if they had any concerns. Staff had completed training in key areas and annual refresher training took place. Regular supervision and appraisal helped them identify areas for learning and development and team meetings were used to share best practice as well as a source of learning across the staff team.

Staff told us they enjoyed working for the provider and health professionals told us there was continuity of trained, skilled staff who were able to form therapeutic relationships with people. Health professionals told us the management team and provider worked in collaboration with them to maximise and improve people's health and well-being.

There were quality systems in place to ensure service provision was of good quality. People living at the service and other stakeholders praised the local management team and the provider for being available and responsive to their needs. The provider, with the support of the local management team, were developing innovative schemes to support people to move to accommodation with less support and supporting people into work and training as part of their rehabilitation. The service employed people with personal experience of mental health needs as part of a peer support programme.

The provider had a complaints system in place and we could see the service responded to complaints within the timeframe set out by the provider. We could see the service learnt from accidents and incidents.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Outstanding ☆

The service was well led and demonstrated innovative practises which were outstanding. The local management team and provider were developing innovative practices and opportunities that enabled people to move to more independent accommodation and take up training and employment. These opportunities impacted positively on their lives.

The management team had audit systems in place to ensure the quality of the service was good.

The registered manager and provider were well regarded by the people who lived at the service and other stakeholders.

Hazelwood 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.

This inspection took place on 10 December 2018. The provider was given 48 hours' notice because the registered manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection was carried out by one inspector.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

At the inspection we spoke with the registered manager, who was called the service manager by this provider. We will use the term registered manager and deputy manager throughout this report when referring to the service manager and deputy manager. We also spoke with three members of support staff and three people who lived at the service.

We looked at two people's care records and risk assessments. Only one staff member had been recruited within the last 12 months so we looked at their recruitment record. We looked at audits carried out by the service; training and supervision records. We observed interactions between staff and people who used the service.

Following the inspection, we spoke with another person who lived at the service and we received feedback from five health and social care professionals that worked with the provider.

Good

Is the service safe?

Our findings

People told us, "Yes I feel safe. There are no problems with the other people living here." There was also CCTV installed in communal parts of the building which one person told us meant they felt safer at the service. Another person said, "If I did have any problems I would talk to staff."

Some people had formed good friendships with other people living at the service and they told us there was a friendly atmosphere. The registered manager told us they were very careful to ensure the mix of people in the house was cohesive and safe; they had refused one person the opportunity to move in during the last 12 months as they became aware during the induction period that their behaviour was placing another person at risk.

Staff were able to tell us about the different types of abuse and what they would do if they had any concerns. A staff member said, "I would speak to the person concerned first, then to the manager and inform them of my concerns." Staff understood how to whistleblow and which agencies to phone if they were concerned.

The service had risk assessments in place called relapse prevention plans. People had outlined how their mental health symptoms affected them and what actions they found helpful when they were in crisis. For example, there was a list of actions the staff could take if the person was in crisis as these had been agreed with them. These included talking about their concerns with staff, contacting family members and health professionals. A health professional told us the service managed to get, "The right balance between meeting the needs of the residents but also risk management" which was key for people with a forensic history.

The service encouraged people who were able, to self- medicate as part of their rehabilitation. One person had asked the staff to let them come and ask for their medicines when they were due, but had agreed if they had not asked for their medicines by a specific time, staff could remind them. The service kept a log of how often they needed to prompt the person and this formed part of a wider discussion about moving on to more independent living arrangements. For the people who needed support with medicines the service stored and administered them safely and the electronic system recorded when they were given. Regular audits were kept of medicines as were the temperature at which they were stored.

There was routinely one staff member on shift with additional staff employed as needed. The service did not use agency staff due to the complex nature of people's health and relied on bank staff and staff being utilised across the provider's other schemes if required. The service also employed a floating support staff team who supported people with participating in community activities so there was a flexible workforce. People were not routinely supported with personal care at the service when they were well. People told us there were enough staff available to them and, "They help me get my blood test" and, "They help me when I need it. They are very flexible."

Staff recruitment was safe. Appropriate criminal checks and references were completed prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

There were systems in place to minimise the spread of infection. The communal areas of the service were clean and staff ensured the fridges did not have out of date food in them. One person told us, "This place is clean." Another person said, "I do my own room. Everything gets fixed quickly if it breaks."

We could see that the service learnt from accidents and incidents and logs were kept of actions taken. The registered manager and staff told us they debriefed if there was an incident at any service and learning was shared across the staff teams. The registered manager told us they had recently learnt that it was too disruptive having major repair work completed at the service whilst people lived there. Whilst they had asked people prior to the work starting if they were agreeable to the work taking place, the impact of noise and disruption proved too much for some people and impacted on their well-being. The provider then put people up in a hotel, along with staff to support them, until the major work was completed. This had provided a learning experience for the provider: they would not plan major work at a service in the future without moving people out.

Good

Is the service effective?

Our findings

People's needs and choices were assessed in line with current legislation and best practice. For example, prior to people being admitted to the service the registered manager, deputy manager and two staff visit the person in hospital. They complete an assessment of their needs from a multidisciplinary perspective and to get the views of the person as to what care they would need on discharge. This information then informed the support plan. Over the period of induction to the service, which could take many weeks or months, the support plan was updated together with the personalised relapse prevention plan.

People told us they were supported to manage their physical and mental health conditions and records showed this was the case. Health and social care professionals were very positive about how the service worked in partnership with them. We were told it was, "Excellent" and another professional told us, "Staff maintain a close liaison with other care teams, including addressing physical health."

People were very positive about how the staff and the management team worked with them at the service. People told us, "Staff help me volunteer at the X", "Yes, staff help me when I need it" and, "All the staff are very good." Staff told us they enjoyed working at the service and felt well supported. The provider employed a staff member to induct people across the organisation over a four-week period. Staff were on probation for three to six months and completion of their induction had to be signed off by the registered manager. Staff had to complete the Care Certificate on starting work at the service. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

We saw from records that staff undertook training in key areas such as medicines administration, food hygiene, fire safety and first aid. Training took place through e-learning, face to face and at staff meetings. We saw presentations that had been given by staff members with specific skills to other staff members where mental health issues and best practice were regularly discussed and reviewed. Staff were competency checked in key areas such as medicines management on a yearly basis.

Staff received supervision every two to three months and team meetings took place every month. Staff told us the manager, "Is very supportive" and another said there was "Management cover 24 hours a day, seven days a week" which they found supportive. Staff were provided with an alarm in the event of an incident taking place and one staff member told us, "If I didn't feel safe I would talk with my manager about it." Another staff member said, "We would never put ourselves at risk of harm."

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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. People's liberty was not limited in any way at the service. It was the condition of some people's admission to the service that they undergo drug testing periodically and we saw people had signed to agree to this. Other records showed us the service asked permission to share information with health professionals and provide access to records. Some people refused to allow CQC access to their records which was their right. Consent forms were reviewed every six months by the service.

Staff were clear that people had to provide consent before any action or help was provided. People were fully capable of making choices about how they lived their lives, their friendships and how they spent their money. One person was supported to manage their money and the appropriate documentation was in place to support this.

Only one person regularly needed help with shopping and preparing food. They were supported to eat a healthy diet and to manage a physical health condition they had; staff had discussed this person's condition with them and how they thought they could manage this. The person suggested having one take-away a week and cooking food they enjoyed the remainder of the week. Staff worked with this person to support them in this goal, but also realised this person could choose to eat more than one takeaway a week, even though they aspired to limit a high fat diet.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Feedback included, "I am happy at this house", "Staff are kind, yes" and, "I find staff very kind."

There was a relaxed atmosphere at the house which people told us they appreciated. People told us they were treated with dignity and respect. Staff told us they knocked on people's doors, treated people respectfully, were sensitive to people's situations and did not judge them. One example given included, "Make sure I never talk about someone's personal business in a place where others can hear."

Staff were confident in their understanding of equality and diversity. They were able to tell us how they supported people's different cultural and religious needs, through awareness of their beliefs, respect and acknowledgement of people's religious and cultural festivals. The service was planning a communal Christmas dinner for those who chose to attend which the service paid for. Other cultural and religious festivals were celebrated throughout the year at the service.

Staff spoke confidently of supporting people to express their sexuality and the house rules promoted a safe space for people of all races, cultures and sexualities. Staff told us people were encouraged to be open about their sexuality. We saw care records noted people's culture, religion and sexual preference where people chose to tell staff.

People told us they were happy with their rooms and could personalise them as they chose. There was a living room with a communal TV and access to the internet was available free of charge at the house.

People were fully involved in the way their care was provided, through discussion and development of their support plan. People also had the opportunity to influence the way the service was run through monthly house meetings which we saw the records of. These meetings covered a broad range of issues that were important to people including outings, cleanliness and reminders not to eat food that belonged to other people.

Family and friends were welcomed at the service. At the time of the inspection there were specific safety guidelines in place for visitors due to one person's unstable mental health, but otherwise people told us friends were able to visit and stay over at the house at any time.

We were aware from a health professional that the provider was working with the local forensic health service to set up social events for people with complex mental health needs to help them meet other people and expand their social network. Two recent events had taken place, one was a Christmas party.

Good

Is the service responsive?

Our findings

Support plans were highly personalised and provided an account of people's background, forensic behaviour, current mental and physical health needs and how the person wished to be supported at the service.

People told us staff understood their needs and the service was personalised. They received help when they wanted it and with the things they struggled with, and to enable this the provider employed staff to work hours that met the needs of the people using the service. Some of the staff employed had personal experiences of mental health services. The areas they offered help with ranged from attending the gym, or sorting out benefits, to liaising with family members and generally talking through people's concerns and issues.

A peer support worker, who had been a user of this provider's mental health services, told us they had recently helped a person make contact with their family who they had not spoken with for several years, to enable them to get their documentation so they could get a passport and go on holiday with staff from the service. This was very positive for the person who told us they enjoyed the holiday abroad. The peer support worker had also helped another person start up their gardening and car washing business. The provider also offered support to people to attend appointments or activities with people on a flexible basis. The provider had set up a floating support team which were a group of additional staff member who worked across a range of the provider's services, available to provide this flexible support.

The providers focus for the service was on rehabilitation so training and education was prioritised for people who wanted to start working or return to work following hospitalisation. Key working sessions, using a variety of rehabilitation tools, helped people focus on their ambitions and staff then worked with people to achieve these goals. A staff member told us, "All the goals come from the people, this is self-directed care." Another staff member told us it had taken a lot of time and energy to find a suitable course for one person. This person told us they were really enjoying the training course to become a plumber as they wanted to, "Have a qualification" so they could work.

Other people at the service told us they were supported to volunteer at a local food bank and charity shop, attend the gym, take part in weekly cooking courses and go to the cinema. People did activities individually, with the option to participate in group activities across the services if they chose.

The service organised day trips to the seaside in the summer and an annual trip abroad, which for some people was the first opportunity presented to them for overseas travel. One person told us they really liked the support from staff, "Giving me good encouragement." Another person said they found it "Helpful that staff help me with my schedule."

The service had a complaints procedure in place and we saw complaints were dealt with in line with timescales as set out in the procedure. People told us they "Would feel able to talk with the staff if there was any issues" and another person told us they would talk with their keyworker if they were unhappy with

anything. Health and social care professionals told us they found the provider and the local management team very responsive if they had any issues.

The service did not have any people experiencing serious physical health conditions and as the service focused on moving onto independent living they had not held end of life discussions with people at the service.

Outstanding ☆

Is the service well-led?

Our findings

There were many ways in which this service demonstrated outstanding practices which included the way in which it was managed.

There was a clear vision about the direction and culture of the service, which promoted an ethos of involvement and creative ideas to ensure people had a full and satisfying life. The provider and local management team demonstrated these values in their actions and through their work with people who lived at the service and staff. In this way the service was exceptional, distinctive and people were at the heart of the service.

The organisation had a focus of rehabilitation which was emphasised prior to and at the point of people moving into this and the provider's other schemes. The provider offered a service to people with the most complex mental health needs, many with a forensic history, who had been hospitalised for long periods of time. Some people had become institutionalised and needed creative, personalised support to help them integrate back into the local and their own personal community of friends and family.

Since the last inspection, the registered manager had won the 2017 Home Care Manager category award in the Great British Care Awards for their work in introducing self- managing teams and employment opportunities for a marginalised group of people who used the service.

An example of this was the development of the peer support worker role, employing people who themselves had once used the services provided by Shine Partnerships Ltd. One of the peer support workers told us their role was positive both for them and for other people using the service.

People they supported had told them it was inspiring to see them progress and move forward and despite their 'lived experience' of mental health services and hospitalisation, they were now in paid employment. For the peer support worker themselves they told us the paid work was "A life saver" and that having paid work "Was therapeutic and had boosted their confidence" and although it had "Taken them out of their comfort zone" their "Mental health had improved." They were focusing their attention on the other people they were supporting and not focusing on their own issues.

This showed the positive impact of the peer support programme for the individuals employed and as a role model for those people still working through their own rehabilitation following hospitalisation. This was a good example of how the service was outstanding in the way it created meaningful opportunities for people, who once used their service and were recovering from mental ill health.

There were other examples of constructive engagement with people since the last inspection, where the service had further developed partnership working with external stakeholders resulting in positive outcomes for people. Examples below relate to additional employment opportunities and creative solutions to further people's independence as part of their recovery from mental health crises.

The provider had developed links and was working in partnership with the employment, training and education department within the local forensic outreach service (covering five London boroughs) and other local organisations to offer employment opportunities for people living at the service. These included employing people who had been on training courses to undertake paid decorating work at the services and supporting a person to run a car washing service by buying start up equipment for them. This person had previous experience of work in this area prior to becoming unwell and was keen to regain these skills. Several health care professionals praised these innovations. One told us in their view there was "Excellent partnership working to the top of their organisation," another told us these initiatives "Had a positive effect on people and their health."

All the people we spoke with talked of wanting to move on to their own accommodation or to a tenancy with less staff support. Feedback included it's "Time to move on." However, there was limited accommodation with support for this client group in the local area. The provider and local management team worked creatively to support people's independence since the last inspection and through their work were able to support people to move on from their high supported housing schemes into more independent living. This was an aim of the people at the service, the health and social care professionals working with them, including the staff at the service, and the local commissioners.

For example, as part of an innovative solution, the provider networked with local lettings agents to secure independent self-contained flats for people where Shine Partnerships Ltd acted as a guarantor for the tenancy and people used their housing benefits to pay the rent. A team of floating support staff employed by Shine Partnerships Ltd were commissioned to support individuals as they were needed and if a person became unwell the team would increase the level of support and act as a crisis support service. In the last 12 months out of 12 people being supported by this service, only one person had been readmitted to hospital due to mental health needs. A local commissioner told us they were "Very satisfied" with the services provided by Shine Partnerships Ltd.

The provider had also created another innovative solution to the lack of move-on accommodation for people living at the service. Since the last inspection the provider had also been in discussion with commissioners regarding the need for accommodation that provided support from 9am-5pm and were opening two services that would provide 12 beds for people in 2019. One person told us they were moving on soon, to one of the 9am – 5pm supported services, run by Shine Partnerships Ltd and they were, "Really looking forward to it". A local commissioner told us they were "Very excited" by the developments of these services to a group of people with complex mental health needs, as there was a need for this service locally. Also, move-on accommodation provided a further step to independence for people on the road to recovery from mental ill-health.

Innovation was celebrated and shared and the provider and local management team showed high levels of constructive engagement with staff. Staff were empowered to be involved in creative ways to improve the service with a strong focus on people's independence. Staff told us "There are opportunities to develop" through additional training and opportunities to progress to more senior roles within the organisation. Some staff took responsibility for key audits which were then overseen by the registered manager and deputy manager. Staff organised their own rotas, with oversight by the registered manager and deputy manager to ensure there was a suitable skill mix on shift.

Staff told us they enjoyed working for the provider and found the organisation and local management team supportive. Many of the staff were longstanding and this was noted by two health professionals as positive as they were skilled in working with people with complex mental health needs and developing therapeutic relationships. Continuity of relationships with skilled staff, in the view of the professionals, had a positive

impact on people receiving the service. Staff were able to work overtime if it was available, but were expected to do a 'fatigue test' monthly. This required completion of a questionnaire for the staff member and management team to check the staff member was not being adversely impacted on by working longer hours. This showed the management team were focused on staff welfare.

The values of the home were cascaded during staff meetings and individual supervision and appraisals. Team meetings took place monthly and staff used the opportunity to discuss best practice issues, share their knowledge and share any concerns regarding people's mental health. We saw from records, staff unavailable to attend team meetings had to sign that they had read the minutes. This positive approach to staff management contributed to a cohesive staff team who believed in providing a good service to people and who were keen to tell us this.

Quality of care at the service was checked through a range of methods. The registered manager and deputy manager were available at the service for people to speak with, there were tenants' meetings taking place monthly and quality audits took place in a range of areas. These included weekly medicines audits, environmental checks, audits of care records and checks that supervision and training were taking place. If issues of concern were identified, these were discussed with the staff member through supervision, and at team meetings.

The provider used an external internet feedback service and we saw comments were positive, as well as verbal feedback from stakeholder, people and family members. People living at the service praised the way the service was run. We were told, "Yes, I would recommend this place, very much so."

We could see there was a particularly strong emphasis on continuous improvement by this provider and the progress they showed us at this inspection demonstrated that they were outstanding in the way they were led.