

Jigsaw Creative Care Limited

# Jigsaw Creative Care Limited – 77 Russell Street

## Inspection report

77 Russell Street  
Reading  
Berkshire  
RG1 7XG  
Tel: 01189393623  
Website: [www.jigsawcreativecare.co.uk](http://www.jigsawcreativecare.co.uk)

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection took place on 22 July 2015 and was unannounced. Jigsaw Creative Care Limited is a respite care service. It can provide accommodation and personal care for up to three people at any one time. On the day of the inspection one person was using the service.

At the time of the inspection there was a registered manager in post. 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 provider completed recruitment checks on potential members of staff. However, where gaps in employment history were identified they were not explored or

# Summary of findings

explained. Maintenance of the property was not always carried out promptly and the décor required updating. Checks on fire alarms and emergency lighting had not been completed in accordance with the provider's policy. These matters were all raised with the registered manager who took immediate action to begin correcting them.

There was a system to ensure people received their medicines appropriately. The quality of the service was monitored by the registered manager through gaining regular feedback from people and their relatives and the auditing of the service. The provider had plans in place to deal with emergencies that may arise.

People who use the service were unable to speak with us but relatives told us they were happy with the service they received from Jigsaw Creative Care Limited and felt their family members were safe using the service. The service had systems in place to manage risks to both people and staff. Staff had good awareness of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for them to use if they had any concerns.

People were treated with kindness, dignity and respect. They were involved in decisions about their care and relatives told us they had been asked for their views on the service. People's care and support needs were reviewed regularly. The registered manager ensured that up to date information was communicated promptly to staff.

Staff felt well supported by the registered manager and said they were listened to if they raised concerns and action was taken straight away if necessary. We found an open culture in the service and staff were comfortable to approach the registered manager for advice and guidance.

Staff understood their responsibilities in relation to gaining consent before providing support and care, therefore people's right to make decisions was protected. New staff received an induction and training in mandatory topics. The new Care Certificate award was being introduced and staff including the registered manager had signed up to complete it.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Recruitment procedures were not followed thoroughly, testing of fire equipment was not always carried out in accordance with policy and maintenance of the property was not always completed promptly.

There were sufficient suitably skilled and experienced staff to meet people's needs. Risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

Requires Improvement



### Is the service effective?

The service was effective. People were supported by staff who received relevant training to enable them to meet their needs. Staff met regularly with their line manager for support and to discuss any concerns.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet.

Good



### Is the service caring?

The service was caring. We observed and relatives told us people were treated with kindness and respect. People were encouraged and supported to maintain independence.

People's privacy and dignity was maintained and people were involved in their care. Staff knew people's individual needs and preferences well.

Good



### Is the service responsive?

The service was responsive. People had their needs assessed. They and their relatives were involved in planning their care. People were offered choice and their decision was respected. People were supported in a personalised way.

Feedback on the service provided was sought from people and their relatives and used to improve the service. Information on how to make a complaint or raise a concern was available but relatives told us they had not needed to complain.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. We found an open culture in the service. People responded well to the registered manager. Staff and relatives told us they found the registered manager approachable and said he listened to them.

The quality of the service was monitored. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had opportunities to maintain links with the community.

Good



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## 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.

The inspection was carried out by two inspectors on 22 July 2015. The inspection was unannounced. This was a comprehensive inspection.

Before the inspection we contacted the local authority care commissioners to obtain feedback from them about the service. We checked notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

During the inspection we spoke with four members of staff, including the registered manager and three care workers. We were unable to speak with people who use the service but spoke with three relatives. We observed staff supporting a person to take part in a community activity.

We reviewed the care plans and associated records for four people. We examined a sample of other records relating to the management of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for five staff.

# Is the service safe?

## Our findings

Recruitment practices helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Following these checks and when appropriate, risk assessments had been completed to manage and limit any risks to people using the service. Previous employers were contacted to check on behaviour and past performance in other employment. However, we found a full employment history had not been gained for all staff. All five files we looked at had gaps in the employment history which had not been satisfactorily explained or explored. This had not had an impact on the people using the service. We brought it to the attention of the manager who said this would be addressed immediately.

The property was an older two storey building. The décor of the service was tired and a ceiling in the dining room showed evidence of a leak which we were told had been fixed in June. We saw there was a broken radiator cover in the kitchen along with some cracked tiles. The garden appeared to need general maintenance. The fence had a board missing and a metal pole had been left under the swing which may have presented a risk to people using the service. Staff told us there was often a delay in getting maintenance work completed and they had discussed it at the last staff meeting. We spoke with the registered manager regarding these matters and were informed that all maintenance is requested using a log book. We reviewed the log book and saw issues had been reported. Audits of the service also confirmed these matters had been noted and reported in June 2015. During the inspection the registered manager contacted the maintenance company and was advised they would be commencing work at the service the following day. Following the inspection the registered manager confirmed work had started and sent us the maintenance schedule advising on dates for all work including the decoration of the service to be completed.

Regular checks were carried out to check the safety of such things as water temperature, gas appliances and electrical appliances. The fire detection system and the fire extinguishers had been tested in accordance with relevant

guidance. Fire alarms and emergency lighting had been checked by staff regularly until 30 June 2015 and fire equipment until 30 April 2015. These tests were required to be completed weekly and monthly respectively. The registered manager took immediate action during the inspection and tested the equipment to ensure it was in good working order and recorded the results.

People who use the service were unable to tell us if they felt safe however, relatives told us they felt confident their family member was safe when using the service. One said: “[name] is very safe” whilst another said “Absolutely and utterly safe” and a third said, “Totally safe, I have no worries when [name] is there.” They went on to describe how measures such as a coded keypad on the front door and the attentiveness of staff kept people safe. One relative described how they used to worry when their family member first started using the service. They told us that they quickly realised how staff made sure people were safe. They added that staff would always contact them if something was wrong. They now felt totally confident about safety and no longer needed to telephone each day to check their family member was safe.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and fed into people’s support plans to ensure support was provided in a safe manner. For example, one person’s records showed a specific risk related to being in the community. The guidance for staff indicated how to manage and reduce the risks associated with situations the person found difficult or distressing, whilst ensuring they participated in activities of their choice. Detailed risk assessments relating to the service and the premises including those related to fire, health and safety and use of equipment.

Staff were knowledgeable about the signs that may indicate someone was being abused and the procedure to follow to report any concerns or issues. Guidance was available for staff to refer to with regard to keeping people safe from abuse. Staff told us and records confirmed they had received up to date training in safeguarding adults. People were encouraged to indicate any concerns regarding their safety and the manager told us that staff

## Is the service safe?

knew people well and would recognise if a person was anxious or worried. Staff were familiar with the provider's whistleblowing policy and understood they could report concerns outside the organisation if necessary.

People's medicines were stored and administered safely and staff had received training in the safe management of medicines. Staff who were involved in medicines management had their practical competency tested. The provider had a clear medicines policy and procedure. Relatives told us they had not experienced any concerns with the support provided to their family members to enable them to manage their medicines. One told us "They ring up and check with me if there are any changes to medicines." Each person had been assessed to ensure the support they required with their medicines was individualised. Storage and administration of medicines was audited when a person began a respite stay at the service and when they returned home. This ensured all medicines were accounted for during the person's stay.

Staffing levels were dependent upon the number of individuals being supported at the service at any given time. People were supported on a one to one basis

throughout the day. At night a minimum of one staff remained awake and they were supported by a sleeping-in member of staff when the service had the maximum number of people (three) using the service. These staffing levels ensured people's needs were met promptly in line with their support plans.

When appropriate, incidents were recorded by staff before being reviewed and investigated by the manager. Analysis of incidents was discussed with the staff team to identify actions to reduce them in the future. There was also a procedure to record accidents however, there had been no accidents since the previous inspection. The provider had an emergency contingency plan which included arrangements for alternative accommodation and procedures to follow in events such as fire, flooding, storms and loss of utilities.

Staff were aware of their responsibilities with regard to infection control. Daily cleaning tasks were completed as per the cleaning schedule. This was checked by the registered manager. Appropriate personal protective equipment was available for staff and waste was disposed of in accordance with legislation.

# Is the service effective?

## Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. Staff knew people well and understood their needs and preferences, they sought people's consent before they supported them and discussed activities with them in a way people could understand. For example, using pictures or gestures.

Staff received an induction when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, epilepsy and autism. Some senior staff had completed "Train the Trainer" courses in these topics, allowing them to ensure staff received appropriate training and support in these areas. Relatives told us they felt the staff were well trained and one said, "The staff are excellent, knowledgeable and they understand people." Another said "Yes, they certainly know what they are doing. We even ask their advice for problems we may be experiencing at home and they will tell us how they support [name] in those circumstances." Training was refreshed for staff regularly and further training was available to help them progress and develop. The registered manager confirmed that existing staff would be undertaking the new care certificate award and records showed a number of staff had already signed up to complete this course including the registered manager.

Individual meetings were held between staff and their line manager on a regular basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were told there was an open door to the registered manager and staff spoke positively about the "constant" support they received from him. They told us they could always approach him to seek advice and guidance.

Staff meetings were held regularly and provided opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property. In addition there were opportunities for staff to contribute and express their views. Staff confirmed they attended staff meetings regularly. They told us they felt listened to at the meetings and found them helpful.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected. They told us they had contacted the local authority supervisory body to seek guidance following the changes made to DoLS by the Supreme Court.

People's healthcare needs were mostly supported by their families. However, the registered manager told us medical attention would be sought if a person became ill during a respite stay. Relatives confirmed this and one told us a doctor had been called to their family member. They went on to say they too had been contacted without delay to keep them informed of the situation.

Staff worked with people to ensure they had sufficient to eat and drink. When people arrived for their stay they worked with their keyworker to decide what food they wanted and went to shop for the ingredients. They were supported to prepare food safely and chose where they wished to eat. Staff recorded and monitored people's diet, guiding them when appropriate on healthy choices.

People could choose to spend time in their own rooms or in the other areas of the service such as the lounge, dining room or garden.

# Is the service caring?

## Our findings

On the day of the inspection only one person was using the service. They looked relaxed and calm and chose to spend some time in their room whilst waiting to go out to a community activity. We observed positive interaction between the person, the registered manager and supporting staff.

We observed the community activity the person took part in and saw they were treated with respect and dignity. Support was offered in a calm and patient manner. The staff member always asked the person their opinion and offered choice and help when required. The person was supported to manage their anxieties which helped them to remain safe and happy throughout the activity. Relatives confirmed that privacy and dignity was respected, one said, “oh, very much so,” and another, “they are definitely respectful.”

Staff had detailed knowledge of the people using the service. They knew what people liked to do, the type of thing that may upset them and what would help to calm them down if they became anxious or distressed. They told us they were kept fully informed and up to date with any changes in people’s support requirements. This was achieved through handover meetings and reading the communication book at the start of every shift. We reviewed the communication book and saw staff initialled to acknowledge they had read the updated information.

Feedback from relatives of people using the service was very positive. They confirmed staff knew the needs of their family members. One told us, “They know [name] so well, they pick up on likes and dislikes and know how to manage [name]’s moods.” Another commented they felt the needs of their family member were known well because there was consistent staff working with them each time they stayed at the service. Other comments included, “[name] beams and is full of joy when he’s been at Jigsaw, he would go every weekend if he could”, and “I would entrust them with [name]’s future.”

Although people using the service had some communication difficulties, staff ensured they were involved in making decisions about their care. Staff were able to give examples of how people communicated their needs and feelings and we saw information was displayed in picture format to help people understand such things as choice of activities. Each person had a member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them well.

People were supported to maintain their independence. Staff encouraged people to make choices and take part in everyday activities such as shopping and cooking. Individual support plans gave staff guidance on how to promote people’s independence.

# Is the service responsive?

## Our findings

People's support plans were individualised and focussed on them. Where people were unable to express their own views family and professionals had been involved in helping to develop the support plans. Support plans were reviewed annually or more frequently if a change in a person's support was required. Information in people's support plans included people's daily routines, their preferences and how to support their emotional needs. It was clear if a person could do things independently or if they required support. Where it had been identified a person could become anxious or distressed, clear information was available to guide staff on how to support them through this.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. We saw activities included going cycling, cooking, shopping and swimming. One relative said: "they have plenty of activities; [name] has a more fulfilled life at Jigsaw", another said their family member, "[Name] does so much", they told us many activities were tried out to see what their family member enjoyed and they added, "They attempt things no-one else would try with [name]." The manager told us activities were an essential part of

people's support and helped to avoid people becoming distressed or anxious. The manager told us people were supported to attend religious services if they wished to. Support plans indicated cultural and spiritual needs were considered for each person, for example one person used their own cooking pots and utensils in order to meet their cultural needs.

The provider had a complaints policy and a complaints log to record any complaints made. A box was also available for any complaints to be raised anonymously. At the time of the inspection there were no complaints in the box and none had been recorded in the log since the last inspection. Relatives told us they were aware of the complaints procedure and knew how to raise concerns if necessary but had not had the need to do so. One relative said although they had not needed to complain they were confident they would be listened to if they did and things would be put right as soon as possible.

Relatives told us they were invited to give feedback about the service. They said that communication between the service and themselves was, "Excellent." Two relatives confirmed they had recently completed a survey which they had returned and said they did this at least once a year. We reviewed the responses to the most recent survey and found the feedback given to be positive. It included comments such as, "You guys are amazing" and generally gave praise and thanks to the staff for the care provided.

# Is the service well-led?

## Our findings

At the time of the inspection there was a registered manager in post as is required by law. There had been no change in the registered manager since the service registered with the Care Quality Commission.

There was an honest and open culture in the service. Staff were aware of their responsibilities and understood how they related to the wider team. Staff informed us the registered manager and senior staff were always available to provide expert advice when required. They told us, “I believe that the manager leads the service in a correct way,” and “The manager is always on the ball.” They confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

The person using the service on the day of the inspection approached the manager in a relaxed manner and they were responded to positively and with respect. Staff told us they were listened to by the manager and felt they could approach him with issues and concerns. They praised him for giving constant support and told us he acted quickly to solve any kind of problems that arose.

The manager told us links to the community were maintained by ensuring people engaged in activities outside the service. People used public transport and went into the town centre; they used the swimming pool, sports centres, coffee shops and attended social activities of their choice.

A robust programme of audits was completed by the manager and provider. A monthly audit report identified actions needed to manage any issues found. Audits included checking staff understanding of important policies and practice such as the Mental Capacity Act (MCA) as well as checking routine things like stock and supply orders. Where a shortfall was noted action was taken. For example, paperwork needed to be completed by a staff member. This had been raised with them and action taken. In addition to the audits carried out by the manager, the provider completed unannounced checks on the service. Records of all audits were sent to head office in order for trends to be monitored.

Relatives of people using the service said they found the service to be, “well managed” and “very flexible.” One told us, “Tom (registered manager) is amazing, he leads by example and the service is second to none” and another commented, “Yes, well managed, they could teach others how to do things. It’s really great, a five star service.”