

Chiltern Support & Housing Ltd

Chiltern Jigsaw Resource Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chiltern Jigsaw Resource Centre provides a supported living service for people with a learning disability or autistic spectrum disorder. The service provided care and support to people living in three small 'supported living' settings, where people were supported to live as independently as possible. One of them was in Harrow and two were in Barnet. At the time of this inspection the service provided care for a total of 11 people. The service also provided personal care for one person living in their own home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service aimed at ensuring that people receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

At the last comprehensive inspection in 24 July 2018 we found one breach in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. The registered provider did not have an adequate system of comprehensive and regular quality monitoring checks and audits. This may put people at risk of harm or of not receiving appropriate care. During our responsive inspection on 1 March 2019, we found that although improvements had been made, there were still some areas where further improvements were needed. Therefore, the service continued to be rated as "Requires Improvement" overall.

People's experience of using this service

People and their relatives told us they were satisfied with the care provided. They stated that staff treated them with respect and dignity and they felt safe in the home. We observed that staff interacted well with people and were caring and attentive towards them. Staff made effort to ensure that people's individual needs and preferences were responded to.

Risk assessments had been documented. Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people.

Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse. A number of safeguarding allegations were made against the service. These relate to concerns regarding the management and care provided at one of their supported living schemes. The service had taken action in response to concerns raised and significant improvements had been made.

People received their prescribed medicines. Staff had received medicines administration training and knew how to administer medicines safely. However, in one instance a person's medicines administration record

(MAR) chart had not been signed promptly. This was rectified on the same day.

Staff had been carefully recruited and essential pre-employment checks had been carried out. The service had adequate staffing levels and staff were able to attend to people's needs.

People and their relatives told us that staff observed hygienic practices and had assisted people to keep their home clean and tidy.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

The healthcare needs of people had been assessed. Staff supported people in accessing the services of healthcare professionals when needed.

Staff had received training and had knowledge and skills to support people. The managers provided staff with regular supervision and a yearly appraisal of their performance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the services supported this practice. However, one person whose liberty was restricted was still awaiting a Court of Protection authorisation. The registered manager informed us soon after the inspection that the local authority was in the process of applying for the authorisation.

People's specific care needs had been assessed prior to them receiving services. This enabled the service to provide person-centred care. There were arrangements for meeting the diverse needs of people. This included ensuring that people were supported with their individual, religious and cultural needs. Staff supported people to participate in various social and therapeutic activities within the community. This ensured that people remained as independent as possible.

There was a complaints procedure and people knew how to complain. Complaints recorded had been promptly responded to.

The provider had made significant improvements in managing the service. Morale among staff was good. Relatives provided positive feedback about the service. Staff had kept them informed of people's progress. A more detailed quality monitoring system was in place. We however, noted that further improvements were needed to establish an effective quality monitoring system. The service need to have a consistent track record of identifying deficiencies and promptly rectifying them. The service had taken action in response to suggestions made in a recent satisfaction survey.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was requires improvement (published 9 April 2019).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Chiltern Jigsaw Resource Centre

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors.

Service and service type

Chiltern Jigsaw Resource Centre is registered for personal care and provides care and support to people living in 'supported living' settings, 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; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives. We also spoke with the nominated individual, the registered manager, the area manager, the quality monitoring manager, two team leaders and ten care workers. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of ten people using the service, six staff employment records, policies and procedures, maintenance and quality monitoring records.

After the inspection

We received feedback from six care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People and their relatives told us that they were safe in the home. One person said, "I feel safe with staff without question." A relative said, "My relative is safe when accompanied by the staff."
- One allegation of abuse had not been notified to the CQC. The registered manager stated that this was due to a misunderstanding and they would ensure that this be done in the future. The notification was submitted soon after the inspection. We are satisfied that this was a misunderstanding.
- A number of safeguarding allegations had been made against the service. These relate to concerns regarding the management and care provided at one of their supported living schemes. The service had taken action in response to concerns raised and significant improvements had been made. This was confirmed by a local authority monitoring officer involved who stated that all recommendations had been actioned.

Assessing risk, safety monitoring and management

- At our last comprehensive inspection on 24 July 2018 we found that the service did not have a fire risk assessment for a person who smoked. This was rectified soon after the inspection so no requirements were made but we rated the service as requires improvement.
- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with behaviour which challenged the service, scalding, epilepsy and self-neglect. Risk assessments contained guidance for minimising risks to people. We however, noted that one person who used the service had a medical condition and needed special attention did not have an appropriate risk assessment. This risk assessment was provided soon after the inspection.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, portable electrical appliances and electrical installations.
- Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

Staffing and recruitment

- During our responsive inspection on 1 March 2019, we found that the night staffing levels in one of the supported living sites was inadequate. This was rectified soon after the inspection, so no requirements were made but we rated the service as requires improvement.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- We found the service had adequate staffing levels to meet the needs of people. People told us that staff were attentive towards them. Staff were able to complete their allocated tasks.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. With one exception, there were no unexplained gaps in the MAR charts. One person's MAR chart had not been signed on the morning of the first day of our inspection. Staff informed us that the medicines had been given and they signed it soon after.
- Medicines were stored securely at people's homes. Staff checked and recorded the temperatures of the room where medicines were stored. This ensured that the temperatures were suitable for maintaining the quality of medicines stored.
- Weekly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.
- We noted that the amount of medicines were not recorded in three MAR charts at the beginning of the cycle. The registered manager stated that she would ensure this was done in the future.

Preventing and controlling infection

- Staff had assisted people to keep their bedrooms and communal areas clean and there were no unpleasant odours.
- Staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available for staff.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, control measures were in place and there was guidance provided to staff for preventing re-occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were recorded. This ensured that their individual needs could be met by staff supporting them.
- People's care needs were regularly reviewed with them and their relatives and care professionals involved. Care plans were updated when there were changes in people's requirements and preferences. People who were able to provide feedback and relatives confirmed that their care needs had been met.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff had received a comprehensive induction. New staff had started the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff records indicated that care workers had completed a range of training relevant to their role. Training included administration of medicines, food hygiene, infection control and safeguarding.
- Staff were supported by management and there were arrangements for regular supervision and an appraisal of their performance. They told us that their managers were supportive and approachable.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary needs and preferences were recorded. This ensured that their individual needs could be met by staff.
- People's preferences and choices had been responded to. For example, one person enjoyed swimming and staff had arranged regular sessions for them. Another person enjoyed wrestling and there was evidence they had attended a wrestling match. A third person liked their bedroom to be in a certain colour. We saw that staff had started painting the room in the colour this person wanted.

Supporting people to eat and drink enough to maintain a balanced diet

- The nutritional needs of people were met. Nutritional needs had been assessed and there was guidance for staff on meeting the dietary needs and preferences of people. Some people needed to have special diets and staff had ensured that this was made available for them.
- Staff had received training on nutrition and food safety.
- People told us they were satisfied with the meals provided. One person said, "Staff are very good. They encourage me to eat healthily." Another person said, "Food is ok-no problems!"

Staff working with other agencies to provide consistent, effective, timely care

- Staff regularly engaged with social and healthcare professionals regarding the healthcare needs of people. Care records contained evidence of appointments made with people's GP, dentist and psychiatrist. This ensured that the needs of people can be met. Appointments had also been made with hospital consultants when needed.
- Care professionals told us that staff worked with them to ensure people received the care they needed. Some however, stated that further improvements were needed to improve communication with them. The registered manager stated that communication would be improved.

Adapting service, design, decoration to meet people's needs

- Staff had assisted people in ensuring that their bedrooms were comfortable and well furnished. Bedrooms had been personalised with people's pictures and ornaments. Staff had assisted people in choosing the colour of their bedrooms and arranged for the bedrooms to be painted accordingly. This ensured that people felt at home.

Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff care for people who had healthcare issues and needed special attention.
- Staff arranged appointments with healthcare professionals such as their GP, psychiatrist and psychologist when needed.
- Care professionals said they found staff to be always pleasant and helpful and willing to worked together with them to improve the care provided.

Ensuring consent to care and treatment in line with law and guidance

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes or in supported living schemes, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Care workers had completed MCA training. They had a basic knowledge of the MCA and the importance of always asking for people's permission before supporting them with personal care and other tasks.
- Care plans included information about people's capacity to make decisions and provide consent to their care. There were details of people's next of kin or others who advocated for them.
- We noted that a person's liberty had to be restricted for their own safety and they could only go out when accompanied by staff. This person's care records did not contain a Court of Protection authorisation even though they had been receiving care for over six months. The registered manager stated that they had brought this to the local authority's attention and there had been a delay by the local authority concerned. She stated that they would contact the local authority again. Soon after the inspection, we were informed that the local authority would commence the application.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in ensuring equality and valuing diversity. They were also reminded in team meetings to show respect for all people.
- Staff respected and supported people in meeting their diverse needs and were non-judgemental in their work. One person told staff what cultural food he liked and staff purchased this and cooked it for them. They also assisted someone with accessing their religious program on TV so they can hear their religious songs. Staff also learnt how to cook a particular meal from a relative so they could cook for the person concerned.
- On the day of the inspection, we observed positive interaction between people and staff. Staff spent time with people. They spoke with people in a pleasant, respectful and friendly manner. One person said, "The staff are OK. I can talk to staff. They talk nicely to me and show me respect."
- To prevent people getting distressed when seeing their GP, staff planned ahead when a person was due to visit their GP. They requested that this person be seen on time. They also prepared this person by using social stories three days before the appointment.
- People's care records included a "Hospital Passport". This provided information for hospital staff in the event of people needing care in hospital.

Supporting people to express their views and be involved in making decisions about their care

- Staff held monthly meetings where people could express their views. This was confirmed by people and in minutes of meetings we saw. There were one to one sessions where people could talk with their key workers. This enabled people to discuss their individual progress and concerns.
- The care records of people contained communication profiles of people with guidance to staff on how to effectively communicate with people. This included guidance on using simple sentences, maintaining eye contact, giving people time to respond and using objects of reference.
- One professional said, "My client was supported to make choices. We found staff very friendly and accommodating."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff protected their privacy. People told us that staff knocked on their bedroom doors and waited before entering. One person said, "The staff are good. They treat me with respect. They knock on my door and ask permission before coming in." Another person said, "The staff are nice to me. I love this place."
- Staff told us that when providing personal care, they would close doors, not expose people excessively and if necessary close the curtains too.

- People were encouraged to be as independent as possible. This was confirmed by relatives and a care professional. One professional however, stated that more could be improved to improve people's independence.
- We saw that people could prepare drinks for themselves when they wanted to. One person told us that they also tidied their bedroom.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question remains as good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service aimed at providing people with personalised care and support. Care plans detailed people's individual needs and included guidance about how care workers needed to support them. Staff were knowledgeable about each person's needs and had assisted people settle down. Relative and professionals confirmed this. One relative said, "My relative is well cared for and happy with the service." Another relative said, "I am happy with the service. My relative seems content. He has had a care review recently."
- The individual needs of people had been recorded and the service had made effort to respond to these. A care professional said, "My client had been supported to make choices and given choices, even using use of picture aids." A relative told us staff had previously been able to assist their relative find a job.
- There was a programme of specific activities for each person depending on their interests. This included bowling, cooking, arts and crafts sessions, shopping, going to the gymnasium and swimming. One person said, "I have some outside activities. Staff take me to the restaurant and shops." Another person said, "I can go to the gym by myself and I can also go out with staff."
- We discussed with staff the care of people with behaviour which challenged the service. Staff were knowledgeable and stated that they would provide reassurance, offering a drink and divert people's attention. If necessary, they would summon further assistance or administer medicines to be given as required. They stated that they had been provided with training in the care of people with behaviour which challenged the service. Care records contained information regarding triggers that result in adverse behaviour, preventative measures and how to care for people with such behaviour.
- The service had recently recruited a behavioural analyst who was providing support to staff on analysing and planning care for people with behaviour which challenged the service. We noted that two people with behaviour which challenged the service had now become more settled and were interacting well with staff. This was confirmed by one of their relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a policy for meeting this standard. Certain important documents were in pictorial form so that people could understand them easily. This was evidenced in the care plans, menus and activities timetable. In addition, each person's care record contained a communication section with information regarding how to effectively communicate with people. Some staff had received training in the use of sign language.
- Staff used objects of reference and a picture board with illustrations of daily activities, meals and other

topics. This ensured better communication with people.

Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure. People and their relatives told us that they knew how to complain. One person said, "I can't complaint. Staff are very good." A relative said, "I am aware of how to complain and have the office telephone number."
- Complaints recorded had been recorded on a spreadsheet. We noted that these had been promptly responded to.

End of life care and support

- The service was not currently providing end of life care. The service had an end of life policy to provide guidance for staff.
- People's preferences and choices regarding their end of life care were explored with them and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Improvements had started to be made to the service since our last inspection. However, it was too early for the provider to be able to demonstrate that these improvements could be sustained over time. We have rated this section requires improvement for the following reasons. Although there have been Improvements, our findings are that the improvements had come about because of the combined input from the provider and the host local authority (LA). The LA continues to provide support to drive improvements. We did not identify matters that amounted to a breach of Regulation 17, which covers the governance arrangements. Our findings indicate that there are still improvements needed to the governance arrangements.
- At our last comprehensive inspection on 24 July 2018 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. We noted that the registered provider did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. During our responsive inspection on 1 March 2019, we found that although significant progress had been made, there were still some areas where further improvements were needed.
- At this inspection we found checks and audits of the service had been carried out. These were done by the quality assurance monitoring manager and other senior staff of the company. Checks had been carried out weekly and these included checks of the premises, care records and medicines. Audits had been carried out monthly and these included areas such as accidents, incidents, care plans, and complaints. These had identified deficiencies and action had been taken to rectify them. However, we noted that the checks and audits were not sufficiently effective or comprehensive as they did not identify and promptly rectify several deficiencies noted by us. These deficiencies included a safeguarding issue which was not notified to us in July 2019. One person did not have a court of protection authorisation although they had been cared for by the service for over six months. This meant that the service was restricting the liberty of a person without proper authorisation. One person with a medical condition did not have an appropriate risk assessment although they needed special dietary attention and hospital appointments. We noted that the amount of medicines received were not recorded in three people's MAR charts. Prompt action to rectify the deficiencies was taken soon after the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the management of the service. They informed us that there was good communication and they worked well together. Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.

- People and their relatives we spoke with were mostly positive about the way the service was run. One relative stated that they were not fully satisfied with the quality of care provided while two relatives suggested that people should have access to more activities.
- The service had taken action to improve communication with relatives and care professionals involved. Staff had kept relatives updated via mobile phone applications. A new computerised access system was in the process of being used to allow relatives to access people's records, where appropriate.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and senior staff were aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things went wrong.
- Care documentation and records related to the management of the service were mostly well maintained and up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's diverse and individual needs had been met. One person had vegetarian meals while another had meals which met their religious requirements. People were able to attend their chosen places of worship.
- Six care professionals stated that staff were caring towards people and people appeared content. However, four of them stated that further improvements were needed in areas such as care documentation, communication between management and care staff, provision of more activities and training for staff.
- A satisfaction survey had been carried out with people and their relatives. There was documented evidence that suggestions made had been followed up.