

Chiltern Support & Housing Ltd

Chiltern Jigsaw Resource Centre

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?

Requires Improvement ●

Summary of findings

Overall summary

We undertook this announced inspection on 16 and 18 May 2017. Chiltern Jigsaw Resource Centre is a supported living service for people with a learning disability or autistic spectrum disorder. It provides personal care for people who live in their own accommodation. At the time of this inspection the service provided care for people living in three small supported living schemes. Two of the schemes were in Barnet and the third was in Harrow.

At our last comprehensive inspection on 13 and 17 May 2016 we rated the service as "Requires Improvement". We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The first breach was in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. The registered provider did not do all that was reasonably possible to mitigate against health & safety risks to people. During this inspection, the provider demonstrated that they had taken remedial action to comply with the requirement made. Fire safety arrangements and PEEPS (personal emergency and evacuation plans) were in place and regular checks of the hot water temperatures had been recorded. The second breach was in respect of Regulation 9 relating to Person-centred care. The provider had not ensured that the service only accepted people it could adequately care for. During this inspection, we found that there were arrangements to ensure that people were carefully assessed so that their needs could be met. The third breach was in respect of Regulation 17 relating to good governance. The service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. During this inspection, we saw evidence of improvements made. These included a centralised system of audits on medicines, complaints and incidents. We however, noted that that further improvements were needed to ensure that deficiencies were promptly identified and responded to. We have asked the provider to send us an action plan setting out how they will address this.

People who used the service informed us that they were satisfied with the care and services provided. They stated that they had been treated with respect and felt safe with care workers. There was a safeguarding adult's policy and suitable arrangements for safeguarding people. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. People's care needs and potential risks to them were assessed and documented. Personal emergency and evacuation plans (PEEPS) were prepared for people. This ensured that care workers were aware of action to take to ensure the safety of people.

The service had arrangements for Infection control. Care workers assisted people in ensuring that their bedrooms and communal areas were kept clean and tidy. The service kept a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, staff fire training and risk assessments.

There was a recruitment procedure to ensure that care workers were carefully recruited. There were enough care workers deployed to meet people's needs. They had received essential training and were knowledgeable regarding the needs of people. Arrangements were in place to ensure teamwork and

effective communication. Care workers had been provided with support and supervision.

People's healthcare needs were monitored and arrangements had been made with healthcare professionals when required. The service had arrangements for assisting people with their dietary needs. There were arrangements for encouraging people to express their views and experiences regarding the care provided and management of the service. Care workers prepared appropriate and informative care plans which involved people and their representatives. Regular meetings and one to one sessions had been held for people and the minutes were available for inspection. The care provided had been reviewed to ensure the needs of people were met.

The service assisted people in accessing suitable activities in the community. This ensured that they received social and mental stimulation. People knew who to complain to if they had concerns.

Audits and checks of the service had been carried out by the previous registered manager and senior staff of the company. We however, noted that a small number of deficiencies were not noted in the audits. In addition, we received feedback from one relative and two care professionals that communication with the service was not always good. The new manager informed us that the service had a communication procedure and they would be monitoring this area to ensure that request for information are promptly responded to. After the inspection, the service provided us with details of action they were taking to improve communication and audits carried out.

Care workers worked well together and they had confidence in the management of the service. They were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Care workers were carefully recruited. The required documentation and checks were in place. Care workers were aware of the safeguarding policy.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines.

The service had an infection control policy. Care workers were aware of good hygiene practices.

Is the service effective?

Good ●

The service was effective. Care workers had been provided with essential training and support to do their work.

Staff supervision sessions had been provided.

Care workers supported people in accessing healthcare services when needed. The nutritional needs of people were attended to.

Is the service caring?

Good ●

The service was caring. People were treated with respect and dignity. Care workers were able to form positive relationships with people.

The preferences of people had been responded to. People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives. The service listened to people's views.

People knew how to complain. Complaints recorded had been responded to.

Is the service well-led?

Some aspects of the service were not well-led. Audits and checks had been carried out and we noted that significant improvements had been made in this area. We however, noted that these audits had missed out a small number of deficiencies. The service sent us details of action they were taking to further improve their audits. We were also provided with their new policy aimed at improving communication with people and their representatives.

People and care workers expressed confidence in the management of the service. Care workers worked as a team and they were aware of the aims and objectives of the service.

Requires Improvement 

Chiltern Jigsaw Resource Centre

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 checked 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 took place on 16 and 18 May 2017 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The inspection team consisted of two inspectors. Before our inspection, we reviewed information we held about the service. This included notifications from the service and reports provided by the local authority.

The service provided care and support to a total of ten people living in the three supported living schemes and also to three people who lived in their own homes outside of these supported living schemes. We spoke with eight of them. We also spoke with the deputy manager, the new manager, another registered manager of the company who was overseeing this service, the human resources manager, eight care workers and the development manager. We observed care and support in communal areas and also visited people's bedrooms with their agreement. We obtained further feedback from four health and social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people and this included their medicine administration record (MAR) charts. We examined six staff recruitment records, supervision, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

People who used the service told us that they were well treated and there were enough care workers to attend to their needs. One person told us, "Yes, I feel safe here – no problem. It's a good home." A relative said, "There are enough staff, yes. My relative is safe and he likes it there. When I visit, my relative is clean and well dressed. The staff take care of my relative and help my relative keep clean." A second relative said, "This is the best arrangement we have had. My relative is safe and stable. The staff are excellent. The premises are clean."

We observed that care workers had ensured that people were cleanly dressed and people appeared well cared for. We observed that care workers were pleasant and they interacted warmly with people. Some people stayed in their bedrooms while others had gone out to participate in community activities.

At our last comprehensive inspection on 13 and 17 May 2016 we found a breach of Regulation 12 in relation to safe care and treatment. We noted that the fire safety arrangements were inadequate as PEEPS (personal emergency and evacuation plans) were not in place and there was no documented evidence of weekly fire alarm checks, drills and fire risk assessments. Regular checks of the hot water temperatures in one of the supported housing schemes had not been recorded to protect people who were at risk of scalding from hot water. At this inspection we noted that these deficiencies had been rectified to ensure the safety of people and this included checks of the hot water temperatures prior to assisting people with showers. Documented evidence was seen by us.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the office and at the entrance of the supported living accommodation. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team following the last inspection. The service had co-operated with the investigations and followed up on agreed action.

We examined the six staff records of newly recruited staff. We noted that all the records had documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom. With three exceptions the required checks and documents were in place. Three records did not contain a second reference. The human resources manager informed us that he had checked the records and was in the process of obtaining the second references. Soon after the inspection, evidence that these references were obtained was sent to us.

We looked at and discussed staffing levels with the manager overseeing the service and with care workers. They informed us that the staffing levels were adequate and they were able to attend to the needs of people. People we spoke with informed us that there was enough staff to care for their needs. This was also

confirmed by three relatives we spoke with who stated that the staffing levels were adequate. Our findings indicated that the service had sufficient care workers to meet the needs of people.

The service had a medicines policy which provided guidance to care workers. There were suitable arrangements for the recording, storage, administration and disposal of medicines. The temperature of the rooms where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by care workers and the pharmacy staff involved. There was a system for auditing medicines. This was carried out by senior staff of the service. There were no gaps in the four eight MAR charts examined. People we spoke with told us they had been given their medicines.

Care workers assisted people in keeping the premises clean and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy with guidance for soiled laundry which needed to be washed at a sufficiently high temperature. A record of accidents had been kept and where appropriate guidance was provided to care workers on preventing re-occurrences. The service had a current certificate of insurance.

Is the service effective?

Our findings

People using the service told us that care workers were capable and they were satisfied with the care provided and when needed, their healthcare needs had been attended to. One person said, "The food is good. The staff ask me what I like to eat. They try to cook food I like." A second person said, "I go shopping with staff. They encourage me to eat healthy food." A relative told us that care workers had ensured that people had access to healthcare. This relative said, "My relative had been taken to the doctor and also to an appointment in hospital." A care professional expressed confidence in the service and stated that they found care workers approachable and professional.

There were arrangements for monitoring the healthcare needs of people. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. There was evidence of recent appointments with healthcare professionals such as people's medical consultant, psychiatrist and GP. This was also confirmed by people we spoke with. One healthcare professional informed us that the service co-operated well with them in caring for people.

The service ensured that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. Care workers said they encouraged people to eat healthily and discouraged excessive eating of fatty foods. To ensure that people received sufficient nutrition, monthly weights of people were recorded in their care records. Some people informed us that they could discuss what meals they wanted at meetings with care workers. They said they could buy food they wanted to cook and care workers assisted in preparing their meals. We observed people having their lunch and breakfast. People told us they were satisfied with the meals they had. One relative informed us that although they felt their relative was mostly well cared for, their relative had put on a significant amount of weight and they were concerned. This was relayed to the new manager. She informed us that there was a plan to assist this person lose weight. She also informed us soon after the inspection that an appointment had been made with the dietician for this person.

Care workers had been provided with essential training to enable them to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, first aid, fire safety, safeguarding adults, health and safety, fire training and the administration of medicines. Care workers we spoke with confirmed that they had received the appropriate training for their role.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager overseeing the service stated that all new staff had started the 'Care Certificate'. The 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Care workers said they worked well as a team and received the support they needed. The previous manager and senior staff had carried out supervision sessions with care workers. Care workers confirmed that this took place and we saw evidence of this in the staff records. We

however, noted that appraisals had not been carried out in the last twelve months. The registered manager overseeing the service explained that this had been delayed due to the resignation of the previous manager. He stated that appraisals would be taking place soon.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had guidance on the MCA. Care workers we spoke with had a basic understanding of the MCA. We found the service worked within the principles of the MCA and where needed authorisation had been sought and obtained from the Court of Protection. Documented evidence was seen by us.

Is the service caring?

Our findings

People told us that they were well treated and care workers listened to them. One person said, "The staff talk nicely to me. When they help me with personal care, they respect my privacy and explain things to me." Another person said, "Everybody is good to me. I am very happy. The staff show respect for me." A third person said, "I am well treated. I can talk to the staff. A care professional stated that people were treated with respect and dignity and care workers were caring and treated their client "like one of their own". A second care professional stated that their client was involved with every decision related to their care. This professional added that all of the care workers had such a nice approach to care and independence is encouraged at the service users pace.

We observed positive interactions between care workers and people. We saw care workers greeting people warmly and talking with them in a respectful and pleasant manner. We noted that one person on several occasions was restless and appeared agitated. Care workers responded calmly and spent time talking and reassuring this person. The person concerned responded well and soon calmed down. Care workers we spoke with were familiar with the needs of people and knew how to respond to variations in their behaviour.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The service had a policy on ensuring equality and valuing diversity. Care workers had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. One person whose first language was not English informed us that the service had translated information regarding their care into their language. This was confirmed by their relative.

Care workers said they were aware of the importance of treating all people with respect and dignity. They were also able to tell us what they did to ensure people's privacy. They said they would knock on bedroom doors and request permission to enter. They stated that when they provided personal care they would ensure that doors were closed. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering. One care professional who wished to remain anonymous informed us that there was an occasion when care workers talked about a person when they were present and this appeared disrespectful. This was discussed with the new manager who stated that this should not have happened and she would be reminding care workers not to do this.

There was detailed information in people's care plans about their life history, interests and how to communicate with people. Care workers we spoke with could provide us with information regarding people's background, interests and any special needs they had. They informed us that they knew people's daily routines and their likes and dislikes. When we discussed the care of a person with a care worker, they demonstrated a good understanding of what the person enjoyed doing and what they liked to eat. This was confirmed by the person concerned. Another care worker was able to tell us about the activities that people

participated in and where these activities were held. People told us that they got on well with care workers and found them caring and helpful. This was reiterated by relatives we spoke with.

Regular meetings had been held so that people could express their views and make suggestions regarding the running of the service. This was carried out in weekly one to one sessions with people's individual keyworkers. People could discuss their progress and problems with care workers. People confirmed that this took place and the minutes of these sessions were kept in the care records.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. One person said, "The staff discuss my care with me. I feel much better now. I am OK. I feel more independent and can go to the shops by myself now." A second person said, "Everything is getting better. They take good care of me. They listen to me when I make a complaint." A relative told us that their relative who was in the supported living scheme had felt settled and their care needs were met. This relative stated, "They have activities to keep my relative busy. My relative is happy and goes shopping, bowling and to the cinema. They understand my relative and my relative is doing well." A second relative said, "The staff are respectful. My relative had settled there. It is a great thing." A care professional stated that their client has made remarkable progress in their health and physical state whilst being cared for by the service and this was also noted by the client's doctor. A second care professional stated that their client was happy and more confident and their life had completely changed with the help of the service.

At our last comprehensive inspection on 13 and 17 May 2016 we found a breach of Regulation 9 in relation to Person-centred care. We noted that the registered provider did not ensure that the service only accepted people it could adequately care for. This placed people at risk of receiving inappropriate care. At this inspection we noted that the provider had taken action and ensured that people were carefully assessed to ensure that appropriate care could be provided. This was confirmed by positive feedback we received from people, their relatives and care professionals.

The service had a complaints procedure and this was on display on the notice boards in the supported living accommodations. People and three relatives informed us that they knew how to complain if they had concerns. Complaints made were logged on computer and monitored using colour codes to ensure they were responded to. Complaints examined by us had been promptly responded to.

The service provided care which was individualised and person-centred. People's needs had been carefully assessed before they moved into the supported living accommodation. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Signatures of people were evident to indicate they had agreed to the care plans prepared. People and relatives confirmed that they had been consulted and their views were taken into account in the delivery of their care.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person's care plan showed that they had a neurological condition which required regular monitoring. Care workers were aware of this and appropriate action had been taken to assist this person. They stated that this person had made significant improvement in their health and mental state. This was documented in the care records and confirmed by the person's relative. Another person who used service had experienced difficulties in a previous placement and needed to be transferred. This person had settled well within the supported living scheme and care workers were able to meet their care needs. This was confirmed by the relative of this person who expressed satisfaction

at the care provided.

One person had difficulty with their personal hygiene. Care workers informed us that they were working with the company psychologist to assist this person. This was confirmed by the psychologist who stated that this person was being assessed and an intervention plan would be devised for this person. The psychologist also informed us that she assisted care workers in analysing incidents and behavioural problems experienced by people. Following this she assisted care workers formulate and implement care plans.

The service had assisted people in accessing appropriate activities within the community. This was confirmed by a professional who provided who also said people were encouraged to be as independent. People we spoke with informed us that there were activities available for them to participate in. Activities arranged for people included cooking, bowling, walks in the park, swimming, attendance at community centres, day centres and places of religious worship.

Is the service well-led?

Our findings

At our last comprehensive inspection on 13 and 17 May 2016 we found a breach of Regulation 17 in relation 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. At this inspection we noted that significant improvements had been made. Checks had been carried out weekly and monthly in areas such as cleanliness of premises, fire exits, medicine administration charts, care documentation and maintenance of the supported living accommodation of people. Monthly audits had been carried out by the previous manager and senior staff of the company. There was a centralised complaints system.

However, we noted that these audits were not sufficiently comprehensive as there had been a delay in ensuring that all staff files contained the required references. We found that three files had only one reference and the second references were only obtained after the inspection. One care record did not contain details of whether a Court of Protection application had been approved. The new manager stated that she would check and inform us. We were provided with the required documentation soon after the inspection.

One relative informed us that although they felt that the service was mostly well managed, communication with the senior managers of the company was not always good. This relative stated that management staff did not always respond promptly. This was also reiterated by a care professional who stated that they had requested information on a number of occasions but it had not yet been sent to them. This professional wanted to remain anonymous. The new manager informed us that the service had a plan and they aimed to respond within two to seven working days. We were also informed by the new manager soon after the inspection that they had contacted the relative concerned to discuss how to work better with them.

The registered manager overseeing the service and the new manager informed us that prompt action would be taken. We were provided with their new communication policy which included closer monitoring of communication and obtaining feedback from stakeholders. The human resources manager also provided us with details of action he was taking to ensure that all staff records contained the required documentation. The new manager informed us that she would be closely auditing and monitoring the care arrangements.

People expressed confidence in the management of the service. They informed us that they were well cared for and could approach both care workers and management if they had concerns. Relatives said they were mostly satisfied with the care provided and were positive regarding the management of the service. One care professional stated that the service acknowledged positive criticism and adjusted accordingly.

The service did not have a registered manager. The registered manager had resigned from the service the previous month. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run. A new manager had been recruited and she was present during

this inspection. The registered manager of another location overseeing the service informed us after the inspection that the new manager would be applying to be the registered manager.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, medicines, safeguarding and health and safety. Care plans were up to date and well maintained.

The service had a clear management structure. The new manager was supported by a deputy manager. The registered manager of another location of the company was providing management cover in the interim period. This manager continued to support the new manager.

Care workers informed us that communication amongst care workers was good and there were meetings where they regularly discussed the care of people and the management of the service. The minutes of these meetings were seen by us.

Care workers stated that senior staff and management staff were approachable and listened to their views. Care workers said they had confidence in the way the service was managed. They were aware of the values and aims of the service and this included treating people with respect and dignity, providing a good quality service and encouraging people to be as independent as possible.

The service had a newsletter which provided people and care workers with information regarding the management of the service, events and staff appointments. This was seen by us.