

Jigsaw Care Limited







Kimblesworth

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?	Good	

Overall summary

This inspection took place on 16 July 2015 and was unannounced. This meant the provider did not know we were inspecting on that day.

This was the first inspection of the service under the new ownership of Jigsaw Care Limited

Kimbleworth is a home for up to 19 people who have mental health needs. It is located in a village outside of Durham with easy access to local amenities. At the time of our inspection 19 people were using the service.

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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time our inspection there was a manager in post who was not registered for the home. This manager had been registered for a sister home. CQC had received a notification to explain the changes in

Summary of findings

management. Following the inspection we spoke to the provider who thought the appropriate applications had been made and agreed to ensure appropriate documentation would be submitted.

We found the home was clean and tidy and there was a cleaning schedule in place to reduce the risk of cross infections. The provider had taken actions as recommended by the Infection Prevention and Control team to improve the building.

The provider had appropriate arrangements in place to safely administer people's medicines.

We found staff had received appropriate and ongoing training to support them to care for people in the home. Staff had also received support through regular supervision and appraisals.

Work was on going to improve the fabric of the premises. At the time of our inspection a bathroom was being refurbished.

We found evidence of health checks carried out by the nurses in the home. The health checks included a person's height, weight and blood pressure.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the learning had been applied to people living in Kimblesworth.

All the care plans were in the process of an overarching review by the clinical lead to ensure consistency of care planning and best practice.

People's needs had been assessed and people had in place a range of care plans. The care plans described people's needs and people had also been involved in developing their care plans as we could see their preferences were included.

People had been engaged in a range of activities either on a one to one basis or as a part of a group activities.

The provider had in place an appropriate process to respond to anyone's complaints.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

Staff were complimentary about the manager and told us they felt well supported.

Fifteen out of seventeen people surveyed who were living in Kimblesworth said they would recommend the service to others.

The service worked in partnership with key organisations to support care provision, service development and joined-up care.

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 safe.

The home was clean and tidy and there was a cleaning schedule in place to reduce the risk of cross infections

We found there were sufficient staff on duty to meet people's care needs.

People's medicines were administered to them safely.

Good



Is the service effective?

The service was effective.

Work was in progress to improve the building and the improvements which had taken place met people's individual needs.

We found staff had received appropriate and on-going training to support them care for people in the home. Staff also had received support through regular supervision and appraisals.

People told us they liked the food in Kimblesworth. We found the staff knew about people's specific dietary requirements and how to meet them.

Good



Is the service caring?

The service was caring.

We found independence and involvement was encouraged at Kimblesworth. People had been involved in choosing the décor and had access to an independent kitchen where they could make drinks and prepare their own snacks.

We observed positive interactions between staff and people who used the service during our inspection. People enjoyed the banter with staff and were relaxed in their company.

We observed people in the home were treated appropriately by staff and were not discriminated against.

Good



Is the service responsive?

The service was responsive.

We found people's needs had been assessed and people had in place a range of care plans. The care plans described people's needs and people had also been involved in developing their care plans as we could see their preferences were included.

The provider had in place an appropriate process to respond to anyone's complaints.

We found choice was a key theme of the home. People were supported to choose what they wanted to do.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

The provider had in place a number of audits to monitor and improve the quality of the service.

Staff told us they felt well supported by the manager.

Kimblesworth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 July 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us, this included provider statutory notifications. No concerns had been raised with by the local commissioners or safeguarding team.

During the inspection we spoke with eight staff, this included the manager, nursing and care staff and ancillary staff and people using the service. We reviewed three people's records and the records maintained by the provider about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

We checked the staff rota to see if there were sufficient staff on duty and found the number of staff on duty reflected what was described on the rota. The rota included staff being on holiday, on sick leave or on training courses. At the time of our inspection two staff were also on holiday with five people from the home. The manager explained many people in the service were independent and able to self-care and this would be revised if more people required additional support. We found there were sufficient staff on duty to meet people's care needs.

We saw the home had a safeguarding policy in place. All staff had received up to date safeguarding training and staff we spoke with were aware of their safeguarding responsibilities. In the minutes of the service user's meeting held in June 2015 under the heading of safeguarding people confirmed they knew who their keyworkers were to discuss any worries and were guided to a telephone number we found displayed so they could contact the local safeguarding service if required. This meant safeguarding awareness was visible within the home. Staff were able to give examples of types of abuse. One staff member told us how they had acted in the past when they had concerns and how they could do so again should they have concerns about vulnerable adults being at risk of harm.

We found the provider had in place a recruitment policy and procedure which had been followed when a post became vacant. The policy stated, 'It is essential that 2 satisfactory written references be obtained prior to the employment of any new member of staff. Appropriate checks such as DBS and ISA first must also be obtained for relevant posts.' We looked at staff recruitment records and saw that appropriate checks in line with the provider's policy had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out prior to a member of staff starting work and two written references had been obtained

Proof of identity was obtained from each member of staff, including copies of passports and birth certificates. We also saw copies of application forms where prospective staff members had listed their previous employment. This meant that the provider had a robust recruitment and selection procedure in place to reduce the risk of unsuitable people working with people with vulnerabilities.

We found people who used the service were kept safe by the provider who had in place a disciplinary procedure. The manager discussed with us how it was used and gave us an example of the disciplinary procedure in practice.

We found people's medicines were kept in a locked medicines cabinet within a locked room. The medicines trolley was also securely attached to the wall when not in use. A controlled drug is a drug where there are additional risks. One controlled drug was in use and this was kept in a locked cupboard within another cupboard, securely attached to the wall. We reviewed the administration of this drug and saw that it been checked weekly and the three administered doses corresponded with the amount remaining. The clinic room and the medicines fridge temperatures were checked daily and always within recommended limits. We reviewed the Medication Administration Records (MARs) and there were no gaps. Each MAR chart contained allergy advice, the person's picture and their room number. There was a sample signature page at the front of the file to ensure it was clear who had administered medicines. All people using the service had capacity although one person sometimes had difficulties communicating they were in pain. They were supported by staff prompting them to ensure they received 'as and when required' medicines (PRN) such as paracetamol. The need for prompting was not in the MAR nor was there a PRN plan. The manager showed us plans to separate PRN and other medication and committed to ensuring this person's particular means of exhibiting pain/discomfort and the need for prompting were accessible to staff. We found the provider had incorporated the latest National Institute for Health and Social Care Excellence (NICE) guidelines for care homes into their practice. This meant that people were protected against the risk of maladministration of medicines.

The provider had in place risk assessments and how to mitigate the risks to people. For example people who were at risk of falling had guidance for staff in place to prevent falls. We observed staff following this guidance. For example one member of staff advised a person to move slowly and use their walking stick. People with diabetes had risk assessments in place to prevent hypoglycaemic/hyperglycaemic episodes. We found the provider had in place comprehensive risk assessments which related to people's needs.

Is the service safe?

We found the provider had recorded accidents and incidents in a file. We saw one person had a number of falls and asked the manager what action had been taken. They showed us the person had been referred to a physiotherapist and their last two falls had occurred when they had forgotten their walking stick. The manager told us staff were aware and were checking to see if the person was safe. This meant the provider had taken immediate action when a person was at risk and ensured risks were informed by the appropriate experts on the subject.

People had in place personal arrangements for evacuation of the building. A list of people's support needs was available in the office together with room numbers. This meant emergency services had access to information on people's bedroom numbers and the support they would need to evacuate the building. In the event of an occurrence where the service could not be provided from the location the provider had in place a business continuity plan. The home had a health and safety lead nominated.

Following a visit by the Infection Prevention and Control Team actions were needed to improve the home. This

included a refurbishment of the laundry. We saw the provider had carried out these actions and the team had agreed sufficient actions had been taken. There was a cleaning schedule in place to reduce the risk of cross infections; we reviewed the schedule and found all areas of the home had been included. The records demonstrated regular cleaning took place and we saw the home was clean and tidy, meaning people were protected against the risk of acquired infections.

Regular checks were carried out on the building to make sure the premises were safe. These included regular fire checks. We found there was weekly testing of the fire alarms. The provider also undertook regular nurse call equipment emergency lighting and water testing. We saw the provider had in place arrangements to ensure people were protected from unsafe premises. Portable appliance testing (PAT) had taken place within the last year. This meant that people were protected against risks associated with poor upkeep of premises.

Is the service effective?

Our findings

We spoke with two people who told us they were very happy to live at Kimblesworth. Both said they liked having their laundry done and having a clean bed.

We looked at nutrition in the home and found people were given two options for lunch and their evening meal. There was a four week rotating menu in place. Catering staff were aware of people's needs who had diabetes. One staff member told us, "We try and provide healthy options." People told us they liked the food in Kimblesworth. One person said the food was, "Excellent." Where people were at risk of losing weight we saw the provider had used the Malnutrition Universal Screening Tool (MUST) and actions had been put in place to prevent further weight loss. Staff told us people choose from the menu or ask for an alternative. We observed one person asking for an alternative and a staff member responded with, "No problem."

In the provider's recruitment policy it stated, 'All new employees must undergo a period of mentoring and supervision whilst completing the induction process.' Staff told us they had experienced an induction period and shadowed other staff. We found induction records were completed on staff files. One staff member told us they were impressed by their induction and the fact that they were introduced to all service users in person and at a service user meeting.

We talked to staff about their training, one person said, "There is loads of training", and listed their recent training including infection control and health and safety. We reviewed the training records for staff and found there were courses which the provider expected staff to do on a yearly basis, for example manual handling and infection control. The provider also expected staff to do first aid, safe handling of medicines and food hygiene every three years. In addition other training for example nutrition awareness had been made available to staff. One member of staff told us they enjoyed this on-going training as it was more in depth than their induction training. We found staff training to be up to date and plans in place for further staff training. This meant the provider ensure staff received consistent and up-to date training for their role. The manager and the clinical lead had recently undertaken mentor training so that students from local universities could have placements at Kimblesworth.

Staff also received support through supervision. We saw supervision records which demonstrated staff had supervision meetings at least a quarterly. Staff confirmed to us they received supervision from their line manager. A supervision meeting occurs between a staff member and their line manager to discuss their concerns, their performance and any training they might need. We also saw each member of staff within the last year had their performance reviewed through an appraisal.

We discussed with the manager people's capacity for making decisions in other areas of their lives. The manager recognised the need for capacity assessments and told us about ongoing capacity assessment to ensure a person was kept financially safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager was able to demonstrate to us an understanding of DoLS, however the manager said everyone was free to leave if they wished and had the capacity to make their own decisions. We saw staff had been trained in the Mental Capacity Act and the use of DoLS. This meant the provider was aware of the requirements of the DoLS and had addressed the requirements in the service.

The manager told us that since Jigsaw Care Limited had acquired the home there had been a number of procedural and paperwork changes. However there had been discussions between the provider and the manager to look at what was the most effective care planning paperwork to use with people, given the service provided care for people with a broad range of needs. The manager decided to use two different types of care planning documents, dependent on people's needs. The 'Recovery Star' document and the 'My Life' information document were both completed in line with people's preference and needs and showed that the manager was tailoring available resources based on individual need.

The manager told us that due to the history of the service prior to it being acquired by Jigsaw Care Ltd there had been very little money spent on the fabric of the building. The manager showed us where work had been taken place and described future work to be carried out. During our inspection we saw work was in progress refurbishing a bathroom. One person told us they liked the way their room had been decorated and showed us their new carpet.

Is the service effective?

The manager showed us the colour of a person's door had been changed to help them identify their bedroom. This meant work was in progress to improve the building and the improvements incorporated people's individual needs.

The provider had in place staff meetings. We saw on the minutes of the last agenda staff were given information on the latest CQC inspections, updates on the going

developments in the home and positive feedback on training and a recent safeguarding referral. This meant staff were given a range of information in team meetings which supported the effectiveness of the service.

We found evidence of health checks carried out by the nurses in the home. The health checks included a person's height, weight and blood pressure. This meant people's health was reviewed and monitored. We also saw people had accessed community health facilities for example the dentist.

Is the service caring?

Our findings

One person told us they were, “Very happy” with the standard of care, the person sitting next to them agreed. Another person told us. “The staff are lovely” and another person told us the staff were good because, “They helped you out.”

On entering the building we saw a board with photographs and the names of staff and their roles. On an adjacent table the provider had laminated staffing profiles. This meant the provider provided information to people and visitors alike about who worked in the home

We found there was humour used in the home, for example the staff notice board also had a picture of the home’s hamster on the board accompanied by a one page profile. We observed staff try to engage people in the care of the hamster.

People showed us their bedrooms and we saw their bedrooms had been personalised with photographs and possessions. We found people were able to have their familiar things around them. Another person in our presence reminded the manager to get some bird food for their pet bird. They told us they were allowed to keep their pet in their room and were happy about it. This meant people had the opportunity to increase their well-being using pets. One staff member said, “We try to make things as homely as possible”.

Staff who spoke with us told us about the need to respect people’s independence and involve people in the home. People chose the colour of the dining room and wall paper samples for a lounge had been made available to people to state their preferences and involve people. The home had a separate therapeutic kitchen where people could make their own drinks and prepare their own snacks to maintain their independence. Financial plans were in place to support people’s independence in spending their own money.

The service had also put into place pictorial prompts for people who experienced literacy difficulties. This meant the provider had arrangements in place to support people’s communication needs.

We found there were monthly meetings in place to share information with people. We saw minutes were on the notice board and available to people. An explanation of

staff training was provided to people. During the same meeting a discussion took place with people as to the appropriate location for a new gazebo which had recently been delivered and was intended for use by people who wished to smoke. We found people had been engaged in discussions about their service. People confirmed to us these discussions had taken place and where they thought the gazebo was best placed.

The manager told us no one was receiving end of life care in the home. However staff had begun to train in the ‘Gold Standard Framework’ for end of life care. This meant the provider was anticipating people’s future care needs and had plans in place to support people.

We observed positive interactions between staff and people who used the service during our inspection. People enjoyed the banter with staff and were relaxed in their company. We saw staff engage people in conversations and respond to their needs. We found staff had the skills to develop a rapport with people. One person complained of a headache and was offered paracetamol by the staff. They responded to the staff member by saying, “I would love some.” Staff were able to tell us about the likes and dislikes of people living in the home.

In the provider’s policy on advocacy it stated, ‘All people using the service, or where appropriate their relatives and friends, should be given information about how they can access the services of an advocate. This information should be contained in the Welcome booklets Statement of purpose. We saw advocacy was explained to people in the service user guide. We spoke with the manager about advocacy, they told us one person had an advocate who was currently addressing a specific issue with the person and another person had requested an advocate to help them with a personal situation. The manager told us people in the home have capacity and usually say what they want to happen; the home has very little contact with relatives who have acted as natural advocates for their family members.

In the service user’s guide we saw the provider had a section on ‘Equal Opportunities for All’. The section detailed aspects of discrimination and the expectations of how people were to be treated by staff and other people living in the home. We observed people in the home were treated appropriately by staff.

Is the service caring?

We found on the staff room wall a dignity checklist. The manager told us this was a guide to staff to encourage them to support people's dignity. One member of staff told us people, "were treated with dignity and not herded like cattle." People had access to their bedroom and were able

to have private time. We observed staff knock on people's doors before entering and opening doors wide enough to get in but not exposing the person within to passers-by. This meant staff maintained people's privacy and dignity.

Is the service responsive?

Our findings

The manager explained to us not all files contained useful pre-admission documentation because people had been living in the service for years and practices has changed. We found where people had recently been admitted to the home the provider had gathered relevant information which enabled them to make a decision about meeting people's needs. The manager was also aware people's experiences in other services and was able to monitor their transition.

We found people's needs had been assessed and people had in place a range of care plans, these included communication, diet and nutrition, mental health and continence. Staff told us the new care plan system took them a long time to complete and they were not yet fully used to the system. The care plans described people's needs and people had also been involved in developing their care plans as we could see their preferences were included.

Staff had used information provided by a local GP and a national society to inform a person's care plan and provide improved care. We also found advice had been sought from other professionals. This meant people had person centred care plans which were informed by relevant agencies. Each person's plans varied according to their needs, we saw those with more complex need had a greater range of care plans. This meant the provider had responded to each person individually.

Regular reviews were held about people's care with care managers and local commissioners and updated accordingly. Care plans were reviewed monthly. We found all the care plans were in the process of an overarching review by the clinical lead to ensure consistency of care planning. The actions required following the reviews were documented and were being addressed. For example, a person's care plans required the addition of a photograph. Consent had been obtained by the provider to take the

person's photograph. The manager explained a number of people had been using the service for years and a thorough review was required to ensure best practice was adhered to.

We saw the provider had in place a complaints policy. We looked at the documentation and found there had been no recent complaints made by people. People told us they had not made a complaint but knew they could talk to the staff about any concerns they had. The provider had in place an appropriate process to respond to anyone's complaints.

We found choice was a key theme of the home. People were supported to choose what they wanted to do. For example people had chosen to go on holiday; people chose what they wanted to eat and if they wanted to go out. This meant people were able to define their own style of living.

We discussed with the manager that whilst care plans indicated social activities they did not set out a regular pattern of events which reflected people's lifestyle choices. The manager told us there had been a change in the activities coordinator and there would be improvements in this area.

We looked at the activities record and found they began with people's favourite things which listed their likes and dislikes. There was evidence to show a range of activities had taken place with people choosing their activities for example people had chosen to go swimming. The manager explained the actions of one person to us and what they were doing. One person wanted to go shopping and discussed with staff what they wanted to purchase. We saw the person return later with shopping and they told us they had been out with a member of staff and got what they wanted. In addition to individual activities the home had held film nights, pizza nights, offered the opportunity to play swing ball and go out for walks. Whilst we were inspecting five people and been supported to go on holiday to Wales. This meant people had been afforded the opportunity to engage in a range of activities either individually or in small groups.

Is the service well-led?

Our findings

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. We spoke with the manager about not being registered for this location having already been registered for a different location owned by the same provider. Following the inspection we spoke to the provider who agreed to ensure the appropriate application were made to the CQC.

The manager had in place annual questionnaires for people to assess the quality of the service. We found the responses from the last survey in January 2015 had been aggregated with the majority of people being very satisfied or satisfied with the care they were given. Out of 17 people who responded 15 said they would recommend Kimblesworth to others, two people did not answer the question.

Staff told us the manager was supportive and cited personal life events where they felt they had received particularly good support. Another member of staff told us the support they received was "Excellent." We looked at the collated responses to the staff questionnaire from January 2015. Staff were asked to rate their thoughts on the statement, 'I have confidence in the leadership and direction of the home'. Six people stated they strongly agreed, four people agreed and one person was not sure. This meant most of the staff who responded had confidence in the leadership of the home. Nine people also strongly agreed and two agreed with the statement, 'My manager acts fairly in his/her day to day treatment of staff'.

We looked at the culture of the home. Staff told us they enjoyed coming to work because it felt like, 'an extended

family'. In the staff survey most people felt their contribution was value and their efforts recognised. We found the culture of the home included listening to staff and people who used the service to influence continuous improvements.

We saw all records were kept securely, up to date and in good order, and maintained and used in accordance with the Data Protection Act. The provider had in place an access to records policy which was detailed in the service user's guide. This meant the provider was open and transparent with people about their records

The service worked in partnership with key organisations to support care provision, service development and joined-up care. These included Local Authorities, GP's, mental health service personnel and occupational therapists. This meant the staff in the home were working with other services to meet people's needs.

We saw a copy of the quality audit schedule, which included a list of all the audits to be carried out and the frequency. For example, a medication, an infection control audit and a kitchen audit were carried out was every month. A monthly mattress audit was also carried out. We saw copies of the most recent audits. All were up to date and included action plans for any identified issues. The manager also had in place an effective matrix to oversee staff training, supervisions and appraisals.

The provider had arrangements in place for six monthly pharmacy audits as well as monthly in-house audits and spot checks by the manager. These audits provided additional assurance about the safety of medicine administration and opportunities to identify any gaps in best practice. For example, we saw that one pharmacy audit had identified that the new Medication Administration Records (MARs) did not contain allergy advice. We saw that this was promptly resolved by the home.