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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 13 and 17 May 2016 and was announced. 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 six small supported living schemes. Two of the schemes were in Harrow and the three were in Barnet and one in Enfield. The provider met all the standards we inspected against at our last inspection on 5 January 2016.

The service has a registered manager. 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.

The service had provided care for some people with complex and mental healthcare needs. This meant that some of them required support which other services may not be able to provide. The statement of purpose for the service indicated that they were willing to provide care for people and support them to live as independent a life as possible.

People who used the service and their representatives stated that people had been treated with respect and dignity. The service had a safeguarding adults policy and care workers had received training in safeguarding people. Potential risks to people were assessed and guidance provided to care workers for minimising these risks. People had been given their medicines and no unexplained gaps were noted in their medicines administration charts. We however, 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. Regular checks of the hot water temperatures had not been recorded. These measures were needed to ensure the safety of people. These were put in place soon after our visit.

The registered manager and director informed us that the service had undergone a re-organisation of its care workers recently as part of the development plan of the company. This had meant that some care workers had been moved to other supported living units and additional new care workers were recruited. We examined the recruitment records. The records indicated that care workers had been carefully recruited. Care workers had received appropriate training to ensure that they had the skills and knowledge to care for people. They were knowledgeable regarding people's needs and preferences. Care workers said there was a good staff team. Staff supervision and annual appraisals had been carried out. These ensured that care workers were supported. People informed us that there was sufficient care workers to attend to their needs. In one instance we noted that there was insufficient care workers during the night in one of the places we visited. The registered manager stated that extra care workers had not been commissioned by the care purchasers. They however, informed us soon after the inspection that extra staff had been provided while awaiting funding for extra care workers.

People's needs had been assessed and detailed care plans were prepared with the involvement of people and their representatives. The provider had employed a behavioural intervention specialist to support care workers in care planning. Reviews of care had been carried out to ensure that the care provided was relevant. People's physical and mental healthcare needs were monitored and they had access to health and social care professionals to ensure they received treatment and support for their specific needs. Two relatives and four social and healthcare professionals however, stated that the care needs of people had not been met. Two professionals stated that the service had been able to make improvements in the care of the clients. One professional stated that their client had become settled following concerns expressed. One person informed us that they had made progress and had been able to find a job. The registered manager explained that there had been a re-organisation of care workers and new care workers had also been recruited. He added that there was an action plan to improve the care provided.

The service had a complaints procedure and people knew how to make a complaint. We however, noted that the complaints record was not sufficiently comprehensive or accurate. One relative and a person who used the service stated that the service did not respond promptly to complaints made. The registered manager acknowledged that improvements were needed. He stated that the service was in the process of collating all complaints so that there was a comprehensive centralised system for effectively responding to complaints.

Feedback had been sought from people and their representatives and the last satisfaction survey indicated that people and their representatives were positive about the service. We, however noted that the service did not have sufficiently comprehensive and regular audits and checks. The health & safety checks by the registered manager for one of the schemes was only documented six monthly and did not identify important fire safety deficiencies we noted. There was no record of recent audits of medicines so that deficiencies can be promptly identified and rectified.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. All necessary action to ensure the health and safety of people had not been taken.

Care workers knew how to recognise and report any concerns or allegation of abuse. Risk assessments were in place and care workers had been provided with guidance on minimising potential risks to people. Arrangements were in place to ensure people were given their medicines.

Care workers had been carefully recruited and essential recruitment checks had been undertaken. Additional care workers had been provided when needed. People had been given their medicines and no unexplained gaps were noted in their medicines administration charts.

Is the service effective?

Good

The service was effective. People informed us that most care workers were supportive. There was evidence that careworkers ensured that when needed, the healthcare needs of people were attended to.

Care workers ensured that people were supported to eat healthily and have sufficient food. Care workers were aware of the arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA).

There were arrangements for supporting care workers. They had received appropriate training. Staff supervision and appraisals had been provided.

Is the service caring?

Good

The service was caring. People and their representatives told us that careworkers were pleasant and people who used the service had been treated with respect and dignity.

Care workers spoke with people and interacted with them in a caring and friendly manner and were able to form relationships with people. People and their representatives were involved in decisions about their care and support.

Arrangements were in place to ensure that people's preferences and their likes and dislikes were responded to.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. People's needs had been assessed and detailed care plans were prepared with the involvement of people and their representatives.

Difficulties were experienced in meeting the needs of some people who had high needs. However, there was an action plan in place to address the issues. Some people and professionals informed us that people had made improvements and benefitted from the care provided.

The service had a complaints procedure and record of complaints received but further improvements are needed to ensure that the service had an effective and comprehensive system for responding to complaints.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The service did not have sufficient and comprehensive audits and checks. As a consequence some deficiencies were not identified and promptly responded to.

A satisfaction survey had been carried out and the results indicated that people and their relatives were mostly satisfied with the management of the service. However, some relatives and professionals we spoke with were dissatisfied with the management of the service. There was an action plan for improving the service.

Care workers were aware of the values and aims of the service. They were aware that people should be treated with respect and dignity and encouraged to be as independent as possible.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 and 17 May 2016 and it was unannounced. It was carried out by two inspectors. Before our inspection, we reviewed information we held about the service. This included notifications submitted and safeguarding information received by us. Prior to the inspection the provider completed and returned to us their 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.

We spoke with nine people who used the service and two relatives. We also spoke with staff of the company. They included the director of the company, the registered manager, six care workers, a behavioural intervention specialist, a physiotherapist and the human resources manager. We visited three supported living schemes (101 Draycott Avenue, HA3 0DA, 88 Roxeth Green Avenue HA2 8AQ and 437 Cockfosters Road, EN4 0HJ). We also received feedback from six health and social care professionals.

We reviewed a range of records about people's care and how the care of people was managed. These included the policies and procedures, care plans for eight people. We examined recruitment records, staff training and supervision records for eight staff employed by the service. We checked people's medicines administration records (MAR) the storage arrangements of medicines.

Requires Improvement

Is the service safe?

Our findings

People we spoke with informed us that they felt safe and the service had arrangements for responding to allegations of abuse.One person who used the service told us that people were well treated by care staff. A second person said, "I feel safe here. Everything is OK." A third person said, " I feel safe. The staff respond when I need help."

The service had a safeguarding procedure and whistleblowing policy. Care workers had received training in safeguarding people. This was confirmed in the training records and by careworkers we spoke with. They knew what constituted abuse and what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to the registered manager or the director. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission (CQC).

A number of safeguarding concerns had been reported to us and the local safeguarding team since the last inspection. The service had co-operated with the investigations and sent us their action plans to safeguard people. This had included ensuring that medicines were given as directed, people had access to adequate activities and maintenance issues were brought to the attention of owners of the premises where people lived.

The care needs of people who used the service had been assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with neglect, aggression and specific mental health conditions. Careworkers were aware of action to take in the event of a fire. Fire procedures were on display in the places we visited. We however, 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 done by care workers. Regular checks of the hot water temperatures in one of the supported housing schemes had not been recorded. We also noted that one person living there was at risk of scalding from hot water.

The above deficiencies put people at risk. Appropriate safety arrangements and comprehensive safety checks are needed to ensure the safety of people. Failure to ensure that all suitable safety arrangements are in place at all times is a breach of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. These safety arrangements and checks were put in place soon after our first visit.

People told us that care workers had given them their medicines. There was a policy and procedure for the administration of medicines. This included a protocol for medicines administered as required. There were arrangements for the recording of medicines administered and disposed of. Training records seen by us indicated that care workers had received training on the administration of medicines. We looked at the records of disposal and saw that it was recorded that medicines were returned to the pharmacist for disposal. We examined a sample of MAR charts. We noted that there were no unexplained gaps in the medicines administration charts examined. We however, noted that there was a discrepancy in the number

of tablets for one person. Following an investigation, the registered manager informed us soon after the inspection that care staff had omitted to record when new medication was received for this person and that the matter had been resolved and care workers had been asked to ensure that all medicines received on behalf of people were always checked and recorded.

Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records check, evidence of identity and provision of two references to ensure that care workers were suitable to care for people. The registered manager and care workers informed us that the service had sufficient care workers to attend to the needs of people. This was confirmed by people who informed us that there were sufficient care workers and they stated that care workers provided them with assistance when they needed help. One person stated that some care workers were working excessive hours and not able to give of their best to people. We checked the duty rotas and did not find evidence of this. The registered manager also confirmed to us that since the last inspection he had been vigilant and there was no evidence that care workers had worked excessive hours.

People informed us that there were sufficient care workers to attend to their needs. In one instance we noted that there was insufficient care workers during the night in one of the places we visited. The registered manager stated that extra care workers had not been commissioned by the care purchasers. They however, informed us soon after the inspection that extra staff had been provided while awaiting funding for extra care workers.

The service had suitable arrangements in place to protect people from the risk of infection and gloves and aprons were available for care workers if needed. They confirmed that they had access to these and used them when providing personal care or when needed.

The service kept a record of accidents and incidents and where the incident was preventable, guidance had been provided.

Good

Is the service effective?

Our findings

People had their healthcare needs monitored when this was part of their care agreement. Care records of people contained important information regarding their medical conditions and healthcare needs. There was evidence of recent appointments with healthcare professionals such as hospital consultants, speech and language therapist, physiotherapist and the GP. The outcome of these appointments and correspondence were documented in people's records. The physiotherapist of the company was present. He informed us that he assisted people with mobility problems and encouraged them to be as active as possible. This was evidence in the care records provided. A "hospital passport" was included in the care records and this provided information for hospital staff if people needed to go into hospital.

When needed, there were arrangements to support people so that their nutritional needs were met. Nutritional assessments and care plans were in place. These contained information regarding food allergies and assistance people needed from care workers. People went out shopping with care workers if assistance was needed and they told us they could buy food they wanted. Care workers said they encouraged people to eat healthily and have fresh fruits and vegetables. Care workers kept a record of the monthly weights of people and they were aware of the need to review people's nutrition and diet arrangements if people put on or lost a significant amount of weight. One person informed us that care workers assisted them in food preparation.

Essential training had been provided for care workers. We saw copies of their training certificates which set out areas of training Topics included equality and diversity, Mental Capacity Act 2005 (MCA), health and safety, food safety and the administration of medicines. To assist staff in managing behavioural difficulties which some people may experience there was training in Non-Abusive Psychological & Physical Intervention. Care workers confirmed that they had received the appropriate training for their role.

New staff had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, information on fire safety, health and safety and safeguarding. Following induction new care workers spent some time shadowing more experienced care workers. The registered manager informed us that some of the new staff had enrolled for the Care Certificate. Other staff had NVQ (National Vocational Qualifications) qualifications. One care worker confirmed that they had completed the Care Certificate and they found this to be very useful. Care workers said they worked well as a team and received the support they needed. The registered manager carried out supervision and annual appraisals of staff. Care workers we spoke with confirmed that this took place and we saw evidence of this in the staff records. We however, noted that some supervisions of care workers were not regular. The registered manager said he would investigate. He informed us soon after the inspection that some care workers had been on maternity leave while others had just completed their induction.

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 lacked mental capacity

to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Most care workers and the registered manager were knowledgeable regarding the Mental Capacity Act 2005 (MCA). Most of them stated that they had received the relevant MCA training. They informed us that most people had capacity to make their own decisions. They were aware that if people lacked capacity, then best interest decisions can be made for them following consultation with people's representatives and these needed to be recorded. The registered manager stated that arrangements would be made for all staff to receive MCA training.

One person who used the service was at risk of harm if they left the supported living unit unaccompanied by care workers. We noted that that their liberty was restricted for their own safety. However, there was no evidence that the necessary Court of Protection authorisation was in place or had already been applied for. The registered manager informed us that this person had only recently been provided with their care and was still in the probationary period. He stated that the behaviour of this person had deteriorated recently and following care reviews with health and social care professionals involved it was agreed that this person would be moved to a new and more appropriate placement. The registered manager informed us that In the interim period a Court of Protection application had been made by the social worker involved.

Good

Is the service caring?

Our findings

Feedback we received from people and their representatives indicated that people were treated with respect and dignity. One person said, "The staff show me respect. They knock on the door before coming in." A second person said, "The staff are respectful. They try to help me." A third person said, "The staff listen to me and show respect for me."

Two professionals informed us that care workers were respectful towards people and they observed positive and caring interactions between care workers and people they worked with. Both of them stated that people they worked with were difficult to place and had complex needs. They added that care workers had been able to form positive relationships and people had made progress.

We observed care workers interacting with some people. We noted in one supported living unit that people were comfortable and relaxed around care workers and interacted well with them. We saw one person smiling and chatting happily with a care worker. In another place we saw people were relaxed and co-operated with staff.

Care workers we spoke with were aware that all people who used the service should be treated with respect and dignity. They informed us that they respected people's privacy and knocked on their doors to ask for permission before entering. We observed that this happened in practice and where a person did not want care workers to go into their bedrooms, staff respected this.

The service involved people in planning activities they liked to engage in. There were meetings for people and their relatives where they could express their views. This was confirmed by people and relatives we spoke with and in the minutes of meetings.

Care workers told us about people's interests and their backgrounds. Care workers had a good understanding of people's care needs and their preferences. Some care workers were newly recruited or had been transferred from another scheme and were getting to know people.

Care workers had been provided with guidance by the provider's behavioural intervention specialist on how to treat people and gain their co-operation. The care records of people contained information obtained from people on how staff should talk to them, promote independence and choices and ensure people have a sense of belonging. We noted in the care records guidance had been provided for care workers on how to communicate effectively with people. These included closely observe people's speech, facial expressions and body language to ensure they understood people. Care workers were also advised to ensure they had the attention of people before beginning to communicate with them.

We spent time with the provider's behavioural intervention specialist. she described how she analysed untoward incidents affecting people. She then discussed with staff how they could be aware of triggers and difficulties which may upset people and how to defuse antisocial behaviour. She visited the schemes and was constantly available to assist care workers form positive and therapeuitc relationships with people.

Requires Improvement

Is the service responsive?

Our findings

Two social care professionals stated that the service had been responsive and was able to meet the needs of people. However, four social and healthcare professionals stated that the service did not provide care that responded fully to the needs of people and there was sufficient activities for them.

People's care was monitored by the registered manager to ensure that their needs were met. Meetings had been arranged with relatives and professionals involved and we saw some of the minutes. We noted that two relatives and four social and healthcare professionals indicated that that the care needs of people had not been met. They stated that care workers did not try hard enough to ensure that the needs of people were met and people had not been encouraged to participate in activities outside the home. One relative stated that whenever they visited, their relative was usually in bed. One person said, "I have not been out. I get abit bored." The registered manager stated that each person had a programme of activities and care workers had tried to engage people in activities but some people chose not to participate in activities. The registered manager stated that more effort would be made to encourage this person to go out. However, he stated that this is sometimes related to the funding by local authority purchasers as in one instance a person was unable to go to an activity they wanted to as the funding was not available.

Two social and healthcare professionals informed us that they intended to transfer their clients elsewhere as the service could not provide the care and support that people needed. We noted that the service had provided care for a few people with complex and high needs and some difficulties had been experienced in managing the care of these people and complaints had been made by professionals involved. One person had communication difficulties and required close supervision. This included ensuring that they did not harm themselves. A recent review carried out indicated that this person's needs had not been fully met. A second person with a history of antisocial behaviour had caused damage to another person's bedroom and the funding for this person was not sufficiently high to enable this person to be closely supervised at all times. We were informed by the registered manager that extra funding was requested and agreed. The extra support that was then provided had brought about improvement in this person's care.

There were arrangements for providing care which took account of people's needs. People had been assessed by the registered manager and care workers to ensure that their needs and preferences were noted. Care plans were informative and goal orientated. There was evidence that they had been prepared with involvement of people and their representatives. We noted that information had been obtained from people regarding how they wanted to be treated. There was Information on how care workers should communicate with people, their person's personality, and what activities they liked to engage in. Some contained information regarding people's daily household chores. This ensured that care workers were fully informed regarding people's care and their daily routine. We noted that people had participated in activities such as shopping, going to the gymnasium and swimming. We spoke with the provider's physiotherapist who informed us that he was responsible for ensuring that people had appropriate activities and he also ensured that people who had mobility problems received appropriate attention.

The provider had employed a behavioural intervention specialist. She informed us that her role was to

support care workers in analysing incidents and providing guidance on psychological and behavioural interventions. This was noted in the care plans of some people with complex needs and behavioural difficulties. We discussed with care workers how they would manage people with behavioural problems. They were able to describe to us the techniques and interventions they would use such as distracting people, suggesting activities which would reduce their agitation and re-assuring them,

Regular reviews of care plans had been carried out by care workers. An annual review was carried out with social and healthcare professionals. Where this had not been done, we were provided evidence by the registered manager that he had contacted the professionals involved to ensure it was organised. In one instance we noted that there was dissatisfaction at the lack of progress made by a person. We saw documented evidence that the service had responded to concerns and taken action. We spoke with the person concerned who stated that they had made progress in becoming more independent and had been able to go out on their own.

People and their relatives informed us that they knew how to make a complaint. One relative stated that the registered manager had responded and contacted them promptly when they left a message for him. Another relative stated that their complaints were not responded promptly by the service.

We asked for the record of all complaints received in the past six months together with details of investigations and responses to the complainants. The registered manager stated that these details were not available and they were kept at the head office. We were only provided with a brief audit of details of these complaints during the second day of inspection. A record of complaints was sent to us soon after the visit but this only contained brief details related to complaints in one scheme. The registered manager then sent us another list of complaints received at another location. There was an error in the date of action taken for one complaint. Another complaint was responded to after twelve days. The registered manager explained that the complaint was actually responded to immediately. This was however, not documented in the complaints record. We further received information from one professional, a person who used and a relative indicating that their complaints were not promptly responded to.

Failure to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints in relation to the carrying on of the regulated activity keep a comprehensive record is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.

The registered manager acknowledged that improvements were needed. He stated that the service was in the process of collating all complaints so that there was a comprehensive centralised system for effectively responding to complaints.

Requires Improvement

Is the service well-led?

Our findings

Two health and social care professionals stated that careworkers and the management team were helpful and their clients had benefitted from the care provided. However, two relatives and four professional stated that they were not satisfied with the management of the service and people who used the service had not made progress. They stated that communication was poor and they were not always aware of what was being done to assist people who used the service. Three professionals stated that the service did not deliver the care service they agreed.

We discussed the running of the service with the registered manager and the director of the company. They informed us that the service had been going through an unsettled period recently due to some re-organisation of care workers and some of them were unhappy regarding the changes. They stated that new staff had been recruited and were settling in. They further explained that some people had not settled as well as expected and plans were being made for them to be transferred to more appropriate accommodation.

There was evidence that audits and checks of the service had been carried out by the registered manager and senior staff of the company. These included regular checks on cleanliness, staff records and maintenance of the premises. We saw that these had been completed either by the registered manager or senior staff. We, however noted that these were not sufficiently comprehensive and regular. The health & safety checks by the registered manager for one of the schemes were only documented six monthly and did not identify important fire safety deficiencies. Regular checks of the hot water temperatures had not been recorded. There was no record of recent audits of medicines so that deficiencies can be promptly identified and rectified. The minutes of meetings with one person and their relative were not available in the care records. This was provided on the second day of our inspection. The record of all complaints were not available in the office. This lack of close scrutiny and quality monitoring may put people at risk of harm or of not receiving appropriate care. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We discussed the need for the registered manager to have additional support in his role so that deficiencies can be promptly identified and responded to. We also noted that he had responsibility for four supported living schemes spread across the north of London. The director and registered manager agreed to review this. They informed us soon after the inspection that a deputy manager had been appointed.

There was a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety to provide staff with guidance. There was a service user guide. However, the guide had not been updated and did not have the address and details of the location. The registered manager stated that this would be amended.

Satisfaction surveys of the service and care provided had been carried out. The latest survey indicated that there was a high level of satisfaction. The registered manager and the director of the company informed us

that they are aware of deficiencies and areas where improvement was needed. They informed us that there was an action plan for improving the service. The action plan included ensuring providing additional support for the registered manager, comprehensive audits including frequent health and safety checks, closer scrutiny of complaints and recruiting more staff.

One person informed us that they found the management of the service to be uncaring and unsympathetic. However, other staff we spoke with said they found the registered manager and senior staff of the company to be approachable. Monthly staff meetings had been held and we noted that staff had been updated regarding management and care issues. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and ensuring that people were encouraged to be as independent as possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not do all that was reasonably possible to mitigate against health & safety risks to people.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints in relation to the carrying on of the regulated activity.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service.