

Jigsaw Creative Care Limited

# Jigsaw Creative Care limited

## 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

### About the service

Jigsaw Creative Care Limited provides both a domiciliary care agency and supported living services to people who either live in their own home, or people who share accommodation with others. The service is registered to provide care to children, younger adults, older adults and people with disabilities. At the time of the inspection the service was supporting 33 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

Not all care staff felt supported and listened to. However, we found the registered managers were working with care staff and their management team to continue to develop a supportive culture.

Not all health and social care professionals felt that they had a productive working relationship with the provider.

Relatives felt the registered manager was supportive and open with them and communicated what was happening at the service and their relatives.

The registered managers had strengthened their quality assurance systems to more effectively monitor the quality of the service being delivered and took actions promptly to address any issues.

### People's experience of using this service and what we found

We have made a recommendation about ensuring people's Equality, Diversity and Human Rights (EDHR) have been explored and documented.

The outcomes for people using the service reflected the principles and values of Registering the Right Support.

People felt safe living at the service. Relatives felt their family members were kept safe in the service. The registered manager and care staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Staff recruitment and staffing levels supported people to stay safe. The management of medicines was safe, and people received their prescribed medicine on time.

People were supported to have choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received effective care and support from care staff who knew them well. Care staff had received the appropriate training to support people effectively. People were encouraged to eat healthily. People had timely access to healthcare professionals such as their GP.

We observed kind interactions between care staff and people. Relatives confirmed care staff respected people's privacy and dignity. People and their families were involved in the planning of their care.

The registered managers encouraged feedback from people and families, which they used to make improvements to the service. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last published inspection the service was rated good (report was published 3 January 2018).

#### Why we inspected

The inspection was prompted in part to follow up on concerns received about allegations of abuse raised with us in February 2019. This is subject to an ongoing criminal investigation.

Following the concerns raised in February 2019 a decision was made for us to undertake an inspection and examination of those risks. This resulted in urgent enforcement action being taken. The relevant safeguarding and commissioning bodies also commenced a provider concerns procedure to respond to and scrutinise the concerns raised. Due to unforeseen circumstances we were unable to complete all the necessary processes in order to publish the report. This inspection was part of the ongoing process to ensure people were receiving safe care. At this inspection we found no evidence that people were at risk of harm from this concern.

#### Follow up

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

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well led.	<b>Requires Improvement</b> ●

# Jigsaw Creative Care limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by an inspection manager, an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Jigsaw Creative Care limited are a supported living and domiciliary care agency. They provide personal care to people living in their own homes as outreach and specialist supported living housing. They provide a service to older adults, younger adults and people with a diagnosis of learning disabilities and / or autistic spectrum disorder. The service provides care and support to people living in 19 supported living settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the CQC at the time of the inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, after the inspection one manager deregistered. A new manager had been taken on and they were intending to register with the CQC.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us. We also needed to be sure that the registered managers would be in the office to support the inspection.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who use the service and five relatives. In addition, we spoke with the registered managers, HR/Training manager, safeguarding lead and quality assurance consultant. We spoke with 15 members of staff and received feedback as a result of a short questionnaire we sent out from seven more staff. We visited people in their own homes and visited the Academy, the service's day centre. We reviewed a range of records relating to the management of the service for example, audits and quality assurance reports; records of accidents, incidents; compliments and complaints. We looked at four staff recruitment files and staff support information. We looked at six people's support plans and associated records. We also contacted health and social care professionals for feedback and received five responses during and after the inspection.

After the inspection

We continued to seek clarification from the registered managers to validate the evidence found. We looked at training information, quality assurance audits and meeting minutes. We continued to review feedback given to us by staff and health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At this inspection this key question was rated as good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Serious concerns had been raised in February 2019 regarding allegations of abusive behaviour relating to care staff who were supporting a specific person. This included concerns regarding some care staff not responding appropriately to people when they became distressed. This remains an ongoing criminal investigation. As part of this inspection we discussed these issues with the provider and management team. We were satisfied that the appropriate action had been taken by the provider in collaboration with the relevant safeguarding bodies to keep people safe.
- When there had been safeguarding concerns raised, the registered managers dealt with them appropriately. A social care professional told us "If I have had any concerns, I have raised them with the organisation and/or the multi-disciplinary team (MDT) and it has been very effective".
- A relative told us "I sleep at nights now I know [person] is safe...it's changed my life too." The provider had a safeguarding lead for the service. They had undergone specific safeguarding training so that they could provide in house support and training for staff.
- Care staff had undertaken the necessary safeguarding training and knew how to respond to and report any issues relating to people's safety. A member of staff told us "We wouldn't tolerate abuse. I have reported a staff member before [described situation]. Wouldn't be with the company if I was concerned." Another staff member told us "Staff report very quickly here if there are concerns".

Assessing risk, safety monitoring and management

- People had Positive Behaviour Support Plans (PBSP) in place. These explained interventions to be used where people had behaviours that could challenge themselves and others. As a last resort, reactive strategies were detailed with agreed interventions. If care staff needed to use an intervention that had not been agreed prior to its use, a referral would be made to safeguarding and an incident report completed.
- Care staff had received training to use agreed physical interventions. Care staff told us that they were aware physical interventions should only be used as a last resort and for the shortest possible time. One care staff member told us, "I have never had to use any restraints. I know the person I support well. You just move [person] away from the situation and reassure [person]."
- The service had a proactive approach to anticipating and managing risks to people. Information was analysed, and positive behaviour support plans were updated to reflect any changes to manage risks. A social care professional told us "They [the provider] have also shown a willingness to refer incidents for safeguarding review and share information."

Using medicines safely

- We checked to see if people's medicines were being managed safely.

- Medicines management systems were organised, and people were receiving their medicines when they should. There were proactive 'as required' (PRN) medicines pathway in place which detailed the reasons for the medication, signs and symptoms that would indicate the medication was needed and the dosage to be given. However, these records were not dated. We discussed with the registered managers the importance of dating these documents to ensure timely reviews took place.
- Where medicines errors took place, they were identified in a timely way and actions taken. This included, refreshing safeguarding training; refreshing the care certificate; medicines observations and spot checks. Messages were also put in the service's communication book and shift plan guidance. Discussions with staff and debriefs took place. Learning identified was detailed. For example, improving handover between shifts.
- Records showed, and staff confirmed, that they had all undergone medicines management training. Staff competency was checked regularly and to make this more robust, situational supervision had been introduced since the last inspection. Situational supervision is a supervision model that focuses on support and coaching.

### Staffing and recruitment

- Since February 2019 more robust processes had been put in place to ensure people were being supported by suitable care staff. Safe recruitment procedures were used to ensure people were supported by care staff who were of good character and suitable for their role. However, we noted that the reason for leaving a job was not asked on the provider's application form but was instead a question on the reference forms. This meant that there was a risk applicant's reason for leaving all jobs may not be explored. Gaps in applicant's employment history had been looked at and, in some cases, explanations hand written onto their application forms, which could be hard to read. We discussed this with the registered managers and HR manager. They showed us a new application form that was to be used going forward. This prompted applicants to explain their reason for leaving each job and any gaps in their employment history.
- There were enough care staff to support people's needs. Staffing levels were determined by people's needs. For example, some people required two members of care staff with them at all times. Other people had lower support needs and therefore fewer care staff. However, whilst the majority of care staff told us they felt there were sufficient staff, there were some mixed views expressed. One member of care staff told us "There is absolutely enough staff". Another member of staff said, "I feel there is not enough staff which leads to overwork and having to take on extra shifts." There was no evidence that people were unable to take part in activities of their choosing due to staff shortages.
- There were no concerns reported to us from relatives or health and social care professionals that people were not receiving their agreed support hours. Relatives we spoke with were satisfied there were enough numbers of suitable care staff. One relative told us "If [person] starts to display challenging behaviour towards a member of staff then they change to a different staff member." Another relative told us "Staff have been brilliant as [person] has only moved in seven months ago and [person] is already really settled. They always have time for [person] and there is always enough staff."

### Learning lessons when things go wrong

- The provider demonstrated lessons had been learnt following concerns that had been raised in February 2019. For example, notifications to the CQC had shown more detail around any investigation undertaken and what actions were taken following each incident. We saw that appropriate referrals had been made to seek professional input where necessary.
- Since February 2019, the service had implemented a safeguarding lead who analysed all incidents to identify if any changes were needed in people's support guidelines. This provided a clear overview of what action was needed and was followed through with any actions to be taken.
- A member of care staff commented, "A lesson learnt was not to put new staff into supporting people with



behaviour that challenges." Another member of care staff gave us an example of where lessons had been learnt; an incident had occurred where a person had self-harmed with medication. The care staff had reflected on the incident report and discussed ways to prevent reoccurrence. This resulted in a change of practice regarding medicines administration specifically for that person and there were no further similar incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At this inspection this key question was rated as good.

This meant people's outcomes were good, and relatives' feedback confirmed this.

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

- We checked to see if people's records of their assessed needs and choices were up to date and in line with current legislation.
- In line with 'Registering the Right Support' the provider had considered people's needs, including the British Institute for Learning Disabilities (BILD) guidance. Further consultation had been made with BILD to ensure care, treatment and support was delivered in line with evidence-based guidance to achieve effective outcomes. BILD is an organisation that works with other organisations that support people with learning disabilities, such as services providers, to ensure people receive excellent support and the service continually improves its practice.
- People's support plans were person centred and described people's personal likes and preferences. However, we could not see from this documentation how people had been involved in developing their care and support plans. We discussed this with the registered manager who showed us video of two people, (taken with their permission), at the Academy, (the provider's day centre), spending time talking about their support plans. It demonstrated they had been involved in developing and reviewing their plan. We were also shown a document entitled 'Talk Time Worksheet'. This was a record of what people had said about their care and support plan. One person, with the support of a staff member, had written "It's [care and support plan] fantastic. I get a choice in what I do."

Staff support: induction, training, skills and experience

- People were supported by care staff who had undertaken the necessary training. Care staff told us, and records confirmed, that they had undertaken regular training in subjects including the Care Certificate (a set of standards that social care and health workers adhere to in their daily working life), safeguarding and first aid. Specific training such as epilepsy and diabetes training was also in place. However, some health and social care professionals told us that they felt care staff would benefit from more specialised training such as autism training, rather than the more basic autism awareness training that was currently being given to care staff.
- The service had two staff members who were accredited trainers for PROACT-SCIPr-UK. We saw evidence of their accreditation; which requires annual face to face refresher training. This meant that they were able to provide in-house training for staff. PROACT-SCIPr-UK is an organisation that provides training to services around supporting people who may present with challenging behaviours, this includes positive behaviour support and physical interventions. One of the provider's trainers told us they intended to add two more trainers so that they could ensure that staff had timely access to up to date training.
- The structure of the service meant that care staff at each supported living location had either a service manager, an assistant service manager or team leader for managerial support. These teams were then

overseen by an Executive Manager who each managed three or four locations. There were some mixed views from staff with regards to how supported they felt. Many care staff we spoke with told us that they felt well supported by their manager, however, some said they felt more comfortable seeking support from their colleagues rather than the management team. Most care staff told us that they had regular one to one supervision where they discussed the people they supported, for example, any new ideas such as different activities the person may like.

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

- We checked to ensure that people were encouraged and supported to choose healthy food options.
- There was evidence in people's care and support plans that dietary support and healthy eating had been considered in consultation with the person. For example, one person was keen to continue to lose some weight and so wanted support around cooking healthy meals. This person had already lost a considerable amount of weight since 2014. One person told us "I go to the shops sometimes. I like shopping for my food".
- People were supported to try new things. A member of staff told us ". We have staff from various cultures, so we try to offer the clients the opportunity to try different types of food, if they want."
- All the relatives we spoke with were positive about the support their relatives received around nutrition. A relative told us "[Person] gets good advice about what to eat but it's always [person's] choice." Another relative told us that their relative had been inclined to be underweight but since they had been at Jigsaw their weight had been steadily improving. They felt this was due to the staff regularly monitoring them and encouraging them to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care staff worked together to ensure that people received person-centred care and support. For example, some people chose not to be supported by certain members of care staff and arrangements were made to move staff to other locations.
- People were referred to various health care professionals in good time to address any health or changing needs. The registered managers and the staff were knowledgeable and informed about people's health and wellbeing. Records showed that people received their annual health checks.

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

- People lived in their own homes.
- An environmental risk assessment took place to ensure any changes to properties were done with the person's consent or in their best interest.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). However, where a person resides within their own home, a Court of Protection is applied for.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Since the concerns raised in February 2019 improvements had been made to the MCA process and we saw that people were assessed for specific decisions and the best interest decisions documentation, when in place, clearly showed who had been involved.

- MCA's were decision specific, for example they covered areas such as finance and access to healthcare. We saw that consultation had taken place to inform Court of Protection referrals and ensure that any restrictions in place were the least restrictive whilst awaiting authorisation. For example, for one person we saw that their social worker, advocate and relatives had been consulted with. A best interest meeting had taken place about physical interventions. A method was agreed by all involved, including the social worker and family members, as the least restrictive and safest. A referral was made to the PROACT-SCIPr-UK training consultancy who approved the interventions. Analysis by the provider had shown that the intervention had led to a reduced frequency of the behaviour.

- Where necessary, people had access to an Independent Mental Capacity Advocate (an IMCA) when decisions were being made about them. Local authorities are required to provide people with IMCA's when people have been assessed as lacking capacity to make certain decisions. This ensures their views and wishes are heard by those involved in their care and treatment. However, some health and social care professionals felt more could be done to ensure that people were aware of their right to access an IMCA.

- Care staff understood the need to give people choice and assess people's capacity to help them make decisions. One care staff member told us "I had training in MCA. It's important to know that everyone can make certain decisions." Another staff member told us "You assume people have capacity. You give people choice."

# Is the service caring?

## Our findings

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

At this inspection this key question was rated as good.

This meant people were supported and treated with dignity and respect.

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

- On this inspection we checked to see if people were treated well and with respect. We visited some people in their homes and at the Academy. During these visits we saw people were relaxed and enjoying appropriate banter with staff. We observed lots of smiles and laughter.
- We did note that people's care and support plans lacked detail around their equality and diversity support needs. We discussed this with the management team. They agreed that they would look at this. Staff had all undertaken equality and diversity training.

We recommend that the service seeks advice and guidance from a reputable source to ensure that people's equality and diversity needs are fully met and that this is clearly documented.

- Relatives we spoke with were all very happy with the care their relatives received. One relative said, "They [staff] are kind and friendly and come up with great ideas that make life more enjoyable." Another relative told us "They [staff] are all so caring...really lovely people. They see a real person not just a care plan with boxes to tick."
- We observed that when care staff were talking on behalf of someone, they sought their permission first. Care staff we spoke with knew people well. We asked care staff to tell us about the people they supported. They could describe in detail what people liked to do, what could cause them distress and what helped to de-escalate challenging situations. This was an accurate reflection of their care and support plans.
- A member of care staff described a person they supported as, "A very different [person] now from when they came to Jigsaw. A lot more chilled which has been helped by consistency and approach."

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

- People were provided with opportunities to express their views and make decisions about their care. For example, we saw information recorded for staff to ensure they asked a person what they wanted to wear and putting these clothes out for them.
- People had their choices respected. A member of care staff told us, "We were on the way to the cinema and [person] decided on the way they wanted to do something else. So, we did that!" A relative told us "They [staff] are patient and thoughtful and take time to explain things properly in a way [relative] can understand." Another relative said "Staff know how to talk to [relative] ...They can get through to [relative] superbly so [relative] understands things in a way I had not thought possible." We asked a person if they can do what they enjoy. They told us "I like him [staff]. I get to see my mum on the weekend."

Respecting and promoting people's privacy, dignity and independence

- An issue had been raised prior to this inspection regarding a member of care staff not allowing a person privacy when on the phone with their relative. During our inspection we discussed this with the provider. We were satisfied that the appropriate action had been taken to ensure the care staff member understood their role in supporting people's privacy.
- All the relatives we spoke with were confident that their relatives were treated respectfully. One relative told us "They treat [relative] with respect and dignity at all times. They treat [relative] as a normal person who has difficulties...not as a difficult person who is abnormal." Another relative said "They see a real person and treat [relative] very respectfully." People's records described how to promote dignity. For example, a person's sensory profile described how they may pull down an item of clothing and to be aware of how this could impact on their dignity.
- People's records contained information about promoting independence. For example, prompting the person to wash their face and other parts of their body independently. Also, advice that the person could dress independently and was able to carry out the rest of their day independently, such as eating and drinking.

## Is the service responsive?

### Our findings

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

At this inspection this key question was rated as good.

This meant people's needs were met through good organisation and delivery.

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

- We checked to see that people were in receipt of well documented person-centred care and able to take part in activities and interests of their choosing. We found one contradictory piece of information in a person's care and support plan related to the use of physical intervention. We discussed this with the registered managers and it was immediately rectified.
- People had detailed records on the care and support they required. The information was very comprehensive and took time to read through. We asked whether there was a summary version so any care staff who were not familiar with people could access the essential information quickly. The provider said that they had considered this but there was a concern that it was another record that needed to be kept updated. They confirmed that new care staff were given the time to review people's care and support plans. We asked care staff about this. There were mixed views. Some care staff told us that they felt they had time to find out about people before supporting them. However, some care staff said that they did not always have the time. From our discussion with care staff we were assured that they knew the people they were supporting well.
- The service was planning on moving to a computerised care planning system. The system would record the support provided for each person during the day and be used to update staff with any new information they needed to be aware of.
- Care staff understood people's needs well and talked about areas of progress people had made. For example, we heard how one person had been very reluctant to celebrate their birthday, and for the first time, had enjoyed having a celebration with other people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We looked at what had been recorded in people's care and support plans regarding their interests and checked to see if people were supported to follow those interests. People's interests were varied for example, horse riding and swimming. One person was an assistant manager for the Golden Planet Project. This is a Community Interest Company set up by people with learning disabilities in partnership with Jigsaw Creative Care Limited to provide employment opportunities for people. Care staff supported people to follow their interests and talked to us about how people were given options and sometimes chose to do different things. Many people were supported to attend the Academy. Here a variety of activities took place including social opportunities to meet with friends and learn new skills such as cooking, mindfulness and yoga. Information sessions were run on issues such as safeguarding, human rights, making complaints and bullying. The Academy was open to those not supported by Jigsaw Creative Care Limited, which provided people with an opportunity to meet new people. We asked people about the Academy; one person said "I

like going to Jill's group [the Academy]. We talk about good days and bad days. I'm doing cooking today. Sausage casserole." Another person told us "I like the Academy. I go to the girl's group. Everyone is my friend in my group. I like to sing High School Musical."

- On this inspection no concerns were raised with us from health and social care professionals, people, staff or relatives regarding staffing levels to ensure people could undertake the activities of their choosing. A relative told us "They [staff] are so creative in the way they look for and arrange activities. [Relative] does things I would not have believed possible and they plan it so well that [relative] has a positive experience. They have transformed [relative's] life." Another relative said "[Relative] has the best social life they have ever had. They have supported [relative] to do so much including going to concerts and learning guitar...it's amazing... they really have a new lease of life!"

#### Meeting people's communication needs

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

- People's positive behaviour support plans (PBSP) provided person centred information for staff about how people may communicate different needs or express their feelings. For example, there was a description of how a person shows that they are happy. This included, that they would be smiling, they may put their arm around people and may choose to sit close to others. Other information provided gave examples of how the person may be communicating they are not happy. This included, talking without listening in a high-pitched tone and using certain phrases. For another person, communication records informed staff that they needed to communicate by using the same vocabulary and phrases as the person.

#### Improving care quality in response to complaints or concerns

- Since February 2019 the service had made improvements to their complaints procedure. There was a complaints log in place so that actions taken, and any outcomes could be tracked. Complaints were linked to safeguarding investigations if appropriate. For example, a complaint had been made by a relative that staff were not answering the phone at their relative's home. The actions from this included the management team undertaking random phone checks to ensure that this was no longer the case. A relative told us "I know what to do if I need to complain but they are so open and thorough about everything that I can't imagine ever needing to complain. Sometimes things aren't perfect but that's life...they always call if somethings happened and explain everything openly and honestly and I don't think I could ask for anything more than that." A member of staff was responsible for auditing the complaints process. This ensured a thorough overview.

- People in the service took part in learning sessions about what a complaint was and how to make a complaint. How to make a complaint documentation was in an easy read format.

#### End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At this inspection this key question was rated as requires improvement.

This meant the leaders and the culture they created did not always support the delivery of high-quality care.

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

- There were mixed views from staff about the culture of the service. Many staff told us that they felt the registered managers and the assistant service managers were approachable and supportive. However, some staff reported to us that they did not always feel listened to, and that they turned to colleagues for support rather than their managers. Some staff told us that they felt very stressed at times and were expected to work long hours which could compromise the quality of care given.
- During the inspection several staff whistle blew, (raised concerns), to the CQC. Some of their concerns were around communication from the management team, staff support and training. All of these issues were passed to the provider for investigation, whilst keeping the whistle-blowers anonymous. We were satisfied with the provider's responses, which they supported with documentary evidence in some cases. Nevertheless, work was still needed to ensure that there was a consistently supportive relationship amongst staff and the management team and that managers and all staff had a shared understanding of each other's key concerns and challenges.
- The registered managers told us that they had already taken some steps to improve this through introducing new systems such as SafeCall, a whistleblowing hotline service for staff run independently of the provider. At the time of our inspection it had not been used. They had invested in an employee counselling service. BILD positive behaviour support coaching was being introduced. They had also recently commenced an employee benefits scheme that meant that staff could benefit from discounts in certain shops. However, it was too soon to judge if any of these systems had an impact on staff morale and team building improvements.
- The service's values of delivering person centred care was evidenced in the responses we received from relatives. The director/registered manager was cited by all the relatives we spoke with as a person dedicated to the care of people. Many relatives told us that they had supported them, as well as their relatives at times of distress. Several relatives told us the service had voluntarily provided care at times and in situations when funding to Jigsaw Creative Care Limited was not available, (such as when admitted to hospital for long periods of time), enabling their relative to have consistent contact with care staff they trusted despite the provider not being paid. One relative told us "We have got to know the manager really well and she is inspirational in the way she thinks about care."

Working in partnership with others

- Relationships with stakeholders including local authority and health and social care professionals was mainly good. Most health and social care professionals gave us positive feedback about the service. One

social care professional told us "I have always been very happy with the service that my clients received. I found Jigsaw trustworthy with what they told me. They respected the parents/family and local authority. I worked well with them as they spoke my language – maximising independence as much as possible. They were also flexible in their approach." However, some health and social care professionals told us that they felt improvement was needed in terms of communication and collaboration between themselves and the provider.

- The registered managers attended regular safeguarding conferences and were members of the Restraint Reduction Network. This is an independent network that brings together organisations to focus on reducing the reliance on restrictive practices and improve the support of people with learning disabilities.
- The service had good links with the local community. They had been invited to attend a school to talk about the Golden Planet Project and Jigsaw Creative Care Limited. They host charity events such as Macmillan coffee mornings. They had links with another learning disabilities care provider - Purley Park Trust. Jigsaw supported people to attend Purley Park social club so that people had a chance to visit with old friends and meet new people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We checked to ensure that the services quality assurance systems were effective and that the CQC was being notified appropriately of important safety concerns.

At the time of the inspection the service had two managers registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the safety and quality of care provided. One of the registered managers was also the Director and provider of the service. The registered managers told us that they had recently employed a new manager to the service who they intended to register with the CQC, so the director could step back from the registered manager role. Due to previous concerns raised prior to this inspection they had also hired a quality assurance consultant who worked at the service three days a week and was responsible for assessing the service's quality assurance systems, processes and audits. This included evaluating safeguarding and complaints processes.

- The registered manager had quality assurance systems in place to help them identify shortfalls and complete timely actions. The audits included medicines, care planning, review of any feedback received, stakeholder consultations and any accidents or incidents. There was evidence that these systems were helping to drive improvements. For example, medicine audits had identified medicine errors in one person's home. The person was supported by one care staff who was therefore a lone worker. The action was to ensure that the care staff member was called on the phone before administering the medication to talk through the MAR chart with them. There have been no medication errors for this person since. The registered manager also worked alongside care staff to observe daily practice and pick up any issues promptly.
- Audits were taking place in line with advice from the Association of Directors of Adults Social Services (ADASS) to support a proportionate approach through a streamlined assessment process focusing on whether care might be given differently and whether any environmental and social restrictions were as least restrictive as necessary.
- More comprehensive audit tools were also being rolled out. This included a Monthly Visit report where areas such as 'relationship with staff' 'Is this my home or the staff's place of work?' 'Do I have control over my money' are explored with people. There was also a Manager Monthly report that looked at staffing issues, such as appraisals and staff hours together with a monthly overview of audit results and accident and incidents so that themes and patterns could be easily identified.
- Services that provide health and social care to people are required by law to inform the CQC of important events that happen in the service in the form of a 'notification'. Previously we had concerns that the provider

had failed to notify the CQC of some allegations of abuse. However, going forward this had improved, and the registered managers had submitted notifications to us when required.

- The quality assurance consultant was also the lead on the whole service improvement action plan.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were clear about their role. We discussed duty of candour and what incidents were required to be notified to the CQC. Relatives confirmed to us that they were kept informed if any incidents occurred. One relative told us "They are quick to respond, and incidents are rare and always well dealt with well. We are always told straight away, and they are open and honest, so we trust them."

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

- The registered managers held staff team meetings/forums to ensure any issues were shared with the staff team. Topics discussed included training needs and work hours. There were also regular team meetings at each location. Here people's needs were discussed to include areas such as activities.
- The service did not have an Equality Diversity and Human Right (EDHR) policy in place. An EDHR policy sets out an organisation's commitment to continuously understand and respond to the diverse needs of the people they support and the staff who work for the organisation. We raised this with the management team. We were told that this would be implemented, and we were provided with a copy soon after the inspection. We were informed that in sessions at the Academy staff had discussed human rights in safeguarding with people. We were also told that people were supported to practice their faith, for example, attending temple. One person had been supported to visit a PRIDE festival.
- Relatives were sent questionnaires to gather their feedback. We saw evidence that actions were taken because of this. For example, a relative stated that they were unsure how to complain and this led to an action to go through the complaints policy with them. Relatives we spoke with confirmed that they were asked to provide their views. One relative told us "I am always consulted, and I believe my feedback is important and they listen properly to my views and opinions." Another relative said "They ask us regularly what we think about aspects of care."