

Chiltern Support & Housing Ltd

Chiltern Jigsaw Resource Centre

Inspection report

101 Draycott Avenue
Harrow
Middlesex
HA3 0DA

Tel: 02089099877
Website: www.chilternsupport.com

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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 ●

Summary of findings

Overall summary

This inspection took place on 5 and 6 January 2016 and was unannounced. Chiltern Jigsaw Resource Centre is a supported living service for people with a learning disability or autistic spectrum disorder. It provides personal care for people who live in their own accommodation. At the time of this inspection the service provided care for people living in three small supported living schemes. Two of the schemes were in Harrow and the third was in Barnet. The service also provides a rehabilitation service for people with a learning disability or autistic spectrum disorder who visit the centre during the day. The provider met all the standards we inspected against at our last inspection on 28 November 2013.

The home 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.

One person and three relatives informed us that they were satisfied with the care and services provided. They informed us that that people who used the service were treated with respect and dignity. The service had arrangements to ensure people were safe. There was a safeguarding adults policy and suitable arrangements for safeguarding people. Potential risks to people were assessed and guidance provided to staff for minimising these risks.

People had been given their medicines and the arrangements for medicines administration was satisfactory. There was a medicines policy and procedure to provide guidance for staff.

There were measures were in place for infection control and staff were aware of procedures to prevent infection. Protective equipment and hand gel were available.

We saw that there were sufficient staff on duty and they interacted well with people. The staff records indicated that staff had been carefully recruited. Staff 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. Staff supervision and annual appraisals had been carried out. These ensured that staff were supported. A staff member stated that there were times when they were disturbed when they were on "sleeping in duty" and this meant that they were tired when they had to be on duty the next day. The registered manager stated that they had arrangements whereby staff could inform them if they were disturbed during the night and alternative staffing arrangements could be arranged. He agreed to remind staff of this arrangement. A member of staff had worked excessive hours. This may place people and the staff concerned at risk. The registered manager and human resources manager agreed that the staffing arrangements would be carefully planned in future and closely monitored so that this would not re-occur.

People's needs had been assessed and detailed care plans were prepared with the involvement of people and their representatives. Regular reviews of care had been carried out to ensure that the care provided was

relevant. Their physical and mental health needs were monitored and they had access to health and social care professionals to ensure they received treatment and support for their specific needs.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the service. Consultation meetings had been held for people and their representatives. People were encouraged to be as independent as possible and enabled to do their own shopping and prepare their own meals with assistance from staff. The service had an activities programme and a sensory room to provide social interaction and therapeutic stimulation for people.

Staff were aware of the aims of the organisation which were to ensure that people were well cared for and encouraged to be as independent as possible. The quality of the care provided was monitored by the company director and the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Arrangements were in place to ensure that people were protected from abuse. Staff had received training and knew how to recognise and report any concerns or allegation of abuse.

People had been given their medicines and the arrangements for medicines administration were satisfactory. Staffing levels were adequate and safe recruitment processes were in place.

There were measures were in place for infection control and staff were aware of procedures to prevent infection.□

Is the service effective?

Good ●

The service was effective. People and their representatives informed us that

People were well cared for and supported by capable staff. Arrangements were in place to ensure that when needed, the healthcare needs of people were attended to.

Staff ensured that people were supported to eat healthily and have sufficient food. Staff were aware of the arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the process to follow if a person's freedom needed to be restricted for their own safety.

There were arrangements for supporting staff. Staff 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 staff were pleasant and people who used the service had been treated with respect and dignity.

Staff spoke with people and interacted with them in a caring and friendly manner and were able to form positive 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?

Good ●

The service was responsive. People's needs had been assessed and detailed care plans were prepared with the involvement of people and their representatives. Regular reviews of care had been carried out to ensure that the care provided was relevant.

Staff encouraged people to be as independent as possible. People had opportunities to take part in activities they chose and their choices and preferences had been responded to.

Staff responded promptly and appropriately to complaints and concerns were expressed.

Is the service well-led?

Good ●

The service was well led. People and their representatives informed us that staff and the registered manager were approachable and helpful. Communication with relatives was good.

We saw that checks and audits had been carried out regarding the care and services provided. There was an action plan for improving the service.

Staff 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

Start this section with the following sentence:

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 5 and 6 January 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 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 one person who used the service and three relatives. Some people who used the service were not in the supported living accommodation when we visited. We also spoke with the registered manager, three care staff and the human resources manager. We visited two supported living accommodation in which people lived. We also received feedback from three health and social care professionals.

We reviewed a range of records about people's care and how the home was managed. These included the policies and procedures, care plans for three people, recruitment records, staff training and supervision records for staff employed by the service. We checked people's medicines records and the insurance certificate.

Is the service safe?

Our findings

The service had suitable arrangements in place to ensure that people were protected from abuse. One person who used the service and three relatives told us that people were well treated by staff. One relative said, "Yes, my relative is safe with staff." Another relative said, "I am happy with the care. They treat my relative with respect." Professionals informed us that they had no concerns regarding the care and safety of people being cared for.

The service had a safeguarding policy and whistleblowing policy. Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. Staff 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 senior staff or the nominated individual. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission (CQC).

A small 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 taken appropriate action to safeguard people. This had included ensuring that staff received specialised training in caring for people when they experienced behavioural difficulties. This was confirmed by staff and documented evidence was provided by the Human Resources manager and the registered manager.

The care needs of people who used the service had been comprehensively 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.

Relatives informed us that staff supported people with their medicines and people had received their medicines as prescribed. There were suitable arrangements for the recording of medicines received, stored, administered and disposed of. Training records seen by us indicated that staff 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 noted that there were two gaps in the medicines administration charts examined. The registered manager explained that this was because the person concerned was with their family. He agreed that a code would be used to explain this. This was done soon after the inspection. There was a policy and procedure for the administration of medicines.

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 staff were suitable to care for people. The registered manager and staff informed us that the service had sufficient staff to attend to the needs of people. This was confirmed by people who informed us that there were sufficient staff and they stated that staff provided them with assistance when they needed help. We examined the staff rota and noted that a member of staff had worked continuously over a two day period on 25 and 26 December 2015. The registered manager and human resources manager agreed that this was unsatisfactory as the staff member concerned may get too tired. The registered

manager explained that this was a rare occurrence and due to staffing difficulty over the holiday period. The registered manager and human resources manager agreed that the staffing arrangements would be carefully planned in future and closely monitored so that this would not re-occur. A staff member stated that at times they get tired if they did a sleeping in duty followed by a morning shift. The registered manager stated that there is an on call phone line that staff could contact if they were too tired and alternative staffing arrangements could be made. He agreed to remind staff of this.

The service had suitable arrangements in place to protect people from the risk of infection and gloves and aprons were available for staff if needed. Staff confirmed that they had access to these and used them when providing personal care or when needed. Staff had encouraged and assisted people in keeping their homes clean. The service had an infection control policy.

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

Is the service effective?

Our findings

One person and relatives informed us that they were satisfied with the staffing arrangements and the care provided. A relative informed us that their relative living in the home had made significant progress and staff were competent. This relative said, "I am happy with staff. They check decisions with me. They let me know what is happening." Another relative said, "The staff are professional. They know what they are doing."

People had their healthcare needs closely monitored. 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. One relative informed us that staff had ensured that the medical condition of their relative was treated by the doctor and they were able to follow guidance provided on how the condition should be cared for. This was evidenced in the care records.

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 staff. People went out shopping with care staff and could buy food they wanted. Staff said they encouraged people to eat healthily and have fresh fruits and vegetables. Staff 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 or lost a significant amount of weight. We noted that this happened in practice and the progress of a person who had experienced this had been closely monitored and their care discussed with them and their family. People said they had a choice of what they wanted to eat and they could cook their own meals. Staff assisted people in the proper storage of their food by keeping a record of fridge and freezer temperatures.

Staff were knowledgeable regarding the needs of people. 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. Staff 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 staff spent some time shadowing more experienced staff. 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. Staff said they worked well as a team and received the support they needed. The registered manager carried out supervision and annual appraisals of staff. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. They informed us that communication was good and their manager was approachable.

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. Senior staff and the registered manager were knowledgeable regarding the Mental Capacity Act 2005 (MCA). Staff said 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. They were aware of the procedure to follow if people needed to be deprived of their liberty for their own protection. They stated that this would be brought to the attention of the social worker concerned so that an application can be made to the court of protection. We noted that this had been followed.

Is the service caring?

Our findings

Feedback we received from people and their representatives indicated that people were well cared for and staff treated them with respect and dignity. One person stated that they had privacy and could lock their bedroom door from the inside. This person said they could talk to staff if they had problems and staff would listen to them. Relatives informed us that staff had been able to form a positive relationship with their relatives and had helped them make progress. One relative told us, "The staff is like a brother to my relative. They know sign language and can communicate with my relative. My relative has learnt a lot." A second relative said, "The staff are wonderful, good people. They get used to my relative, communicate with my relative. They are trying to understand my relative." Two professionals informed us that the service treated people with respect. One of them stated that staff had been able to help people develop skills and improve their life.

People looked relaxed and comfortable in their accommodation. We saw they were able to approach and talk with staff and staff interacted well with people. On the day of inspection, staff celebrated the birthday of a person. A birthday cake and music was provided by the service. The person concerned appeared to enjoy the occasion.

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 and decide what they wanted to do. This was confirmed by relatives we spoke with and in the minutes of meetings.

Staff told us about people's interests and their backgrounds. They had a good understanding of people's care needs and their preferences. This ensured that people received care that was personalised and met their needs. A relative informed us that staff understood the particular needs of people and provided food which met the cultural and religious needs of people. One relative stated that staff were willing to accompany people to their place of worship.

Staff had been provided with guidance by people on how to treat people and care for them. 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 one care record that staff were requested to closely observe people's speech, facial expressions and body language to ensure they understood people. Staff were also advised to ensure they had the attention of people before beginning to communicate with them. Relatives we spoke with confirmed that staff communicated well with people and tried to understand people so that they could receive appropriate care.

Staff we spoke with were aware that all people who used the service should be treated with respect and dignity. One person and relatives confirmed that staff were respectful and treated people with respect and dignity. We saw that staff respected people's privacy and staff knocked on their doors to ask for permission before entering. In one instance a person was being assisted with having a shower. Staff respected this person's privacy and did not disturb them. We noted that some information regarding people's medical conditions and professionals who can be contacted in an emergency were on display in the office. This was

brought to the attention of the registered manager. He promptly removed them and said they would be kept in a folder instead.

Is the service responsive?

Our findings

The service responded well to suggestions for improvement. One relative informed us that they knew how to make a complaint. This relative stated that their concerns had been promptly responded to by staff and they were satisfied with the care of their relative. Another relative said, "Yes, I complain and they sort it out." A social care professional who communicated with us stated that staff responded well to people and provided excellent care.

The care provided was centred on people's needs. People had been assessed by the registered manager and care staff to ensure that their needs and preferences were noted. Care plans were detailed 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. In one record a person had specified how staff should communicate with them. In another there was information on the person's personality, what activities they liked to engage in, what they did each day and what they enjoyed doing. It also contained information regarding their daily household chores. This ensured that staff were fully informed regarding people's care and their daily routine.

Reviews of people's care had been carried out to ensure that the care provided was relevant and people can feedback on their progress. This was confirmed by relatives we spoke with who said that regular reviews took place. The care records of people contained detailed daily entries of what people had done during the day and weekly key worker reports of people's progress.

People had been encouraged to engage in activities within the community. We noted that people had participated in activities such as shopping at Westfield, going to the cinema, visit to Winter Wonderland in London and attendance at day centres. We noted that the service had use of a sensory room. The registered manager explained that people could sit in this room and listen to music, relax or watch the soft lights and pleasant images. There were board games and art and craft sets in the activity room for use by people. One professional informed us that their client had activity plans and could participate in activities which improved their life skills.

The care plans were person centred and took account of people's preferences and choices. We noted that one person chose to spend some time alone in their bedroom. Staff were aware of this and avoided disturbing this person.

The service had a complaints procedure and this was included in the service user guide. One person who spoke with us and three relatives we spoke with were aware of who to complain to if they were dissatisfied with any aspect of the service. Three complaints were recorded. These had been responded to.

Is the service well-led?

Our findings

One person who used the service and three relatives expressed confidence in the management of the home. They stated that they had been kept informed of progress and communication with staff was good. One professional stated that the staff and management team was efficient and helpful and care records were well maintained. Another professional stated that their client was well treated and they had no concerns regarding the management of the home.

We observed that staff worked well together and went about their duties in an orderly manner. Care documentation contained essential information and were up to date. When information was requested, these were provided promptly. 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.

Audits and checks of the service had been carried out by the registered manager and the 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 specialist contractors. In addition, senior staff of the company checked staff competency in areas such as knowledge of emergency arrangements, safeguarding and whistleblowing procedures. Checks were also made to determine if staff were aware of current care plans and risk assessments. Documented evidence of these checks was provided.

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 service had an action plan for improving the care provided.

Staff were aware of their roles and responsibilities. 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.