

Penrose Options

Jigsaw Project

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Jigsaw Project provides outreach recovery and rehabilitation support for people with complex mental health needs living in the community. At the time of our inspection, Jigsaw Project was providing support to 35 people.

At the last Care Quality Commission (CQC) inspection in January 2015, the overall rating for the service was Good.

We carried out this unannounced inspection of the service on 15 and 17 February 2017. At this inspection, we found the service remained Good. The registered manager and provider showed the service continued to meet CQC regulations and fundamental standards.

People remained safe at Jigsaw Project. Staff knew how to identify and protect people from the risk of abuse. Risks to people were identified and managed appropriately to keep them safe from avoidable harm at the service and while in the community.

The provider ensured the service continued to have sufficient numbers of suitable staff deployed to meet people's needs. Recruitment procedures remained safe to protect people from unsuitable staff. People continued to receive care from knowledgeable and skilled staff who were supported in their role. Staff supported people to take their medicines when needed. Medicines were managed and administered appropriately by staff who were trained and assessed as competent to do so. Staff had received regular supervision and support to monitor their performance and development needs. They attended regular training to help them undertake their role.

People's dignity and privacy was upheld. Staff delivered people's care and support in a caring and compassionate manner.

People were supported to access healthcare services to maintain their health and well-being. Staff encouraged people to eat healthy foods. People prepared their own meals as they lived independently in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff continued to provide people's support in line with the requirements of the Mental Capacity Act 2005. People consented to care and treatment.

People received individualised care that met their needs and reflected their preferences and choices. Staff had sufficient guidance on how to provide support to people and to meet their needs. People were involved in making day to day decisions about their care. Staff regularly reviewed people's needs and updated their care plans to reflect their changing needs and the support they required.

People continued to take part activities of their choosing and were supported to pursue their interests. People knew how to make a complaint about the quality of care and felt confident their concerns would be resolved. People had an opportunity to share their views about the quality of the care and their feedback was considered.

The service continued to be managed well. The registered manager drove improvements of the service through regular checks and audits of the quality of care. The service maintained close partnerships with other healthcare professionals in the delivery of good care to people.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jigsaw Project

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 15 and 17 February 2017 and was unannounced.

The inspection was carried out by an 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with nine people using the service. We also spoke with five members of staff, the registered manager and the service manager who was responsible for the day to day management of the service. We looked at 10 people's care records and their medicines management records. We looked at 10 staff files, training schedule and duty rotas. We reviewed management information on the quality of service and complaints and incidents. We read feedback people had given about the service.

After the visit, we received feedback from two healthcare professionals who were involved with people living at the service.

Is the service safe?

Our findings

People told us there were sufficient numbers of staff to support them and meet their needs. One person told us, "Yes anytime you need help they [staff] are in the office. If it is outside office hours there is a number you can call." There were mixed views from staff about the adequacy of the staffing levels to meet people's needs. One member of staff told us, "The workload is currently manageable. However, this might need to be looked at closely if the number of individuals living individually in the community is increased." However, another member of staff told us, "The number of people we support has increased over the years without a corresponding increase in staffing levels." A third member of staff said, "The spread of areas where people live is becoming a challenge. At times, it requires tight balancing when one uses public transport. We feel stretched." A shift coordinator told us they allocated a member of staff to support people in one geographical area to minimise travelling times and the risk of delayed calls. We asked the registered manager about this and how they planned the rota. They explained staffing levels were determined by looking at people's needs and where they lived. This information was taken into account when allocating work to members of staff. The registered manager said although the number of people receiving support had increased, the staffing hours required to meet people's needs were within the provider's acceptable levels and in line with their needs. We reviewed the rota for the six weeks prior to our inspection visit and observed that the planning of the rota could pose challenges to members of staff. This was because some calls were scheduled and allocated in sequence of each other within one hour but without a specific time for each visit. The registered manager and staff confirmed that people were given the flexibility to change their visit times. They said some people changed their visit times and that this was considered as it ensured that they continued to receive the care they required. Office staff contacted people if any of their visits were going to be delayed. Daily records confirmed people continued to receive their care as planned. The registered manager told us they would continue to monitor and review the staffing levels in line with people's needs. We will assess the progress made by the registered manager about the staffing concerns raised by staff at the service's next inspection.

People remained safe at the service. One person told us, "I feel safe here." Another person said, "It's a place of shelter, a good place of safety." Another said, "Yes definitely the general practice of the staff make you feel safe." The provider's recruitment procedures remained appropriate and ensured staff recruited to work at the service were suitable for their role.

People continued to be safe from the risk of potential abuse. Staff knew how to identify signs of abuse and followed the provider's safeguarding procedures to help people keep safe. Records confirmed staff had received training in safeguarding adults and equality and diversity to ensure they understood how to protect people from abuse and discrimination. Staff supported people without discriminating against lesbians, gays, bisexual and transgendered individuals. One member of staff told us, "It doesn't make a difference in how we support people regardless of their sexual orientation." The registered manager reported safeguarding concerns to healthcare professionals involved in the person's care to protect them from harm.

People remained safe at the service as risks to their health and safety were identified and managed appropriately. Risk assessments were in place and reviewed regularly to ensure they remained effective.

Support plans were updated to reflect any changes in the risks to people and the support they required. For example when a person showed behaviours that challenged the service, the registered manager had ensured two members of staff were assigned to support the person. Staff had guidance on how to manage the identified risks without restricting people's freedom whilst encouraging them to be independent.

At this inspection, we found people continued to receive the support they required to take their medicines. Staff were trained and assessed as competent to manage people's medicines and did so in line with the provider's policy. Medicines administration records were accurately completed and had no gaps. This showed that people had received their medicines when they needed them. Staff kept medicines securely and safely stored in a lockable cabinet.

Is the service effective?

Our findings

People's needs continued to be met as they received care from skilled and competent staff. The registered manager had ensured staff continued to receive relevant training and support necessary to help them undertake their roles. Staff told us and records confirmed they had supervision meetings with the registered manager where they discussed their work, training needs and the support they required. One member of staff told us, "It's an opportunity to talk about any concerns with our work." Records showed the registered manager maintained a schedule to monitor that staff had attended training the provider considered mandatory.

People gave consent to care and treatment. Health professionals assessed and reviewed regularly people's ability to make specific decisions about their care. People's records contained sufficient information and guidance for staff about each person's ability to consent to care and the support they required to make a decision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions to deprive a person of their liberty were being met. Staff had received training in the MCA and supported people in line with its requirements. The DoLS did not apply to people as they were living in the community. However, people were subject to restrictions placed on them by other healthcare professionals and external agencies when necessary.

People continued to manage their own nutrition and hydration. One person told us, "I do that independently. I have my own flat with a kitchen upstairs." Staff supported people to develop their cooking skills and encouraged them to adopt a healthy diet. The service held regular 'breakfast sessions' where people and staff prepared a meal and shared ideas on healthy eating. We observed people take part in a group cooking session to develop their cooking skills.

At this inspection we found that people continued to receive the support they required to access healthcare service to maintain their health and well-being. One person told us, "Yes, the doctor and psychiatrist come once a month." Staff maintained records of appointments and outcome of the healthcare professional visits from the psychiatrists, care coordinators and GP's. Each person's records contained information about their health and the signs for staff to be aware of if their mental health was in decline. Staff had guidance on what action to take to ensure people received appropriate support with their health needs. Records showed healthcare professionals were informed of change's to people's health.

Is the service caring?

Our findings

People were happy with the care they received. One person told us, "Staff are good. They are kind and caring. If they don't hear from you, they will check to find out if everything is ok." Yes they are very caring for example they are very flexible with appointments." We observed that interactions between people and staff were pleasant and respectful as they talked about their plans for the day. Staff treated people with respect and talked about them in caring manner.

People and healthcare professionals where appropriate were involved in planning their care and support. One person told us, "I have my keyworker session every two weeks and talk about the support I need." Care plans had details of people's needs, preferences and choices and information about how they wanted their support delivered. People told us and daily records confirmed they had received care in line with their preferences.

People had their privacy and dignity consistently respected as staff knew how to maintain their rights. One person told us, "Staff call before they come to my room and knock on the door before entering." Another person said, "The give me privacy when I use the phone in the office." A member of staff told us, "We have one person at a time in the office when discussing their care, so as to maintain their dignity." We observed a member of staff discreetly give a person their medicines in the office. People's information was kept confidential and securely locked away to minimise the risk of unauthorised access.

Staff continued to encourage people to be as independent as possible. People received the support they required to develop their individual independent living skills such as maintaining their hygiene, doing their laundry, cleaning, budgeting, managing utility bills and shopping. One person told us, "I have been volunteering at a local shop and now feel I am ready to apply for a paid job." We observed staff encouraged a person to tidy their room before they went out.

Is the service responsive?

Our findings

Since our last inspection, people continued to receive care that was appropriate to meet their individual needs. Staff assessed people's needs before they started using the service to check whether they were able to support them appropriately. Each person's care and support plan was developed using the information gathered at their assessment. This ensured staff planned people's care around their individual needs and delivered their support as they wished. A healthcare professional told us staff understood each person's needs and provided the care they needed.

Each person continued to have a keyworker who was an assigned member of staff who provided one to one support and ensured they received care specific to their needs. A person told us, "Staff monitor my mental state, mood, medication and day to day activity." Staff were able to tell us people's individual needs and the support they required to maintain their well-being. Records showed staff held regular reviews of people's care and support needs and involved healthcare professionals when needed.

People were encouraged to pursue their interests and undertook activities of their choice. One person told us "Staff have helped me do voluntary work, peer mentoring, outreach and befriending work." People were supported to attend college, hold paid employment and attend activities in the community such as fitness classes, bowling, museum and the theatre. Records showed people undertook activities of their choice. For example, they had travelled on a day trip to France.

The registered manager continued to provide an appropriate environment for people to raise any concerns about the service. People knew how to make a complaint and had access to the provider's procedure on how to do so. One person told us, "I would complain to my support worker or care coordinator. If they could not resolve it I would go to the manager." People were confident that their concerns would be addressed. The registered manager told us the service had not received any complaints about the service in the past 12 months.

Is the service well-led?

Our findings

Since our last inspection, the service continued to have a person centred culture which ensured staff met people's individual needs.

The provider continued to ensure there was a registered manager in post in line with the Care Quality Commission's (CQC) registration requirements. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service continued to be managed well. One person told us, "The manager and staff are understanding and supportive." People were able to share their views about the service and their ideas were used to develop the service. People attended regular 'Speak out' meetings where they discussed changes they would like to see at the service to improve the quality of care. For example, people had asked for greater flexibility in the times staff supported them. Staff took notice of this request and made changes as appropriate.

The registered manager continued to hold regular meetings with staff and sought their views about the service. Records of staff meetings showed they discussed how to support people safely, dealing with challenging behaviours and any proposed changes at the service. Communication remained effective as staff continued to attend handovers meetings before the start of each shift. Staff used a communication book to write significant issues about people and received regular updates about the service from the registered manager by email.

The provider had embedded a drive for continuous improvement in the management of the service. Regular checks of the quality of the service and the care that people received were carried out to identify and address and shortcomings. This included audits on care planning, record keeping, risk assessments and the management of medicines to ensure they were accurate and reflected the care people had received.

The service continued to maintain their close partnership with other healthcare professionals and external agencies in the planning and delivery of people's care and support. There was collaboration with the community mental health teams and other teams such as the probation service, which ensured people, benefitted from up to date guidance, best practice and developments in the care sector. A health care professional told us that the partnership enhanced the quality of care people received.